Intense Exercise During Pregnancy: How Much Is Too Much?

If you are an athlete or have an active lifestyle, you may have wondered: 'Should my exercise routine change during pregnancy and breastfeeding?' As a former division 1 athlete, I sure have. You may have seen the news about athletes who compete at the highest level during or shortly after pregnancy. Serena Williams won the Australian Open while 8 weeks pregnant. Alysia Montano ran the 800-meter race at a national meet in her third trimester. Allyson Felix won a gold medal at the World Championship in track only 10 months after delivering her baby. At the same time, you may hear concerns about intense physical activity during pregnancy. So, what is the recommendation for pregnant women who have an active lifestyle?

Benefits of Exercise

Most healthcare providers recommend exercise during pregnancy as part of a healthy lifestyle. Women who are active before pregnancy can usually continue these activities during and after pregnancy. Since everyone is different with different medical histories, ALWAYS have a discussion with your healthcare providers about what exercise is best for you.

In general, exercising during pregnancy might lower the chances of preterm delivery (birth before week 37) and low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth). It might also help to lower the chance of diabetes and high blood pressure.

In addition, physical activity might help with the muscle aches of pregnancy as well as postpartum depression. Exercising in general has not been known to increase the chances of miscarriage, birth defects, or other pregnancy-related problems.

Studies looking at exercise during pregnancy have not looked at intense exercise specifically.

Level of Activity

Some changes to your routine may be needed because of normal changes in your body during pregnancy. Talk with your healthcare provider about your exercise routine. This is even more important for women who have pre-existing health conditions.

It is important to listen to your body during pregnancy. Every woman and every pregnancy is different. Your body goes through many changes during pregnancy:

- Blood volume increases

- Heart pumps harder
- Heart rate increases
- Fitness level decreases

Many women experience nausea and fatigue throughout their pregnancy making exercise more difficult and harder to maintain proper nutrition and hydration. Listen to your body, do not push it past its limits.

It is difficult to compare vigorous exercise between people. Jogging 10 miles may seem like a piece of cake for a marathon runner while it can be difficult for an Olympic lifter. For this reason, vigorous activity is most frequently defined as up to 85% of capacity. While maximum effort is difficult to measure, capacity is often described in terms of heart rate.

Another way to check your intensity level is the "talk test." If you are breathing hard but can still have a conversation easily—but you cannot sing, that is moderate intensity. An activity would be considered vigorous if you can only say a few words before pausing for a breath.

If you were in the habit of doing vigorous exercise before your pregnancy, it can be continued for most healthy women during pregnancy according to experts. However, there is limited information on individuals who exceed the accepted 85% capacity. An upper level of 'safe' exercise intensity has not been established.

In general, ACOG recommends aiming for at least 150 minutes (2 hours and 30 minutes) of moderate intensity aerobic activity spread out over a week. For most people, keeping your heart rate at or below 140 beats per minute is considered moderate intensity.

What to Consider When Exercising

Below is some general information to consider and discuss with your healthcare provider. Remember, everybody is different. Always discuss your specific exercise program with your healthcare providers, who know your specific medical history and how your pregnancy is progressing.

- Stick with what your body is used to. If you are used to long-distance running, pregnancy is not the time to turn into a power lifter.
- Stay hydrated. Drink plenty of fluids before, during and after exercising.
- Avoid overheating. Even if you are used to exercising in 90-degree heat, you may have to look for an alternative method such as air-conditioned gyms. Do not use steam rooms, hot tubs, or saunas.

- Avoid exercises lying flat on your back in the second and third trimester of pregnancy. This allows less blood flow to your womb.
- Do not engage in sports where you can fall, get injured, or get hit in the abdomen.
- Reduce weight load. Holding your breath during heavy lifts can result in baby's heart rate slowing down. Because of this, you may have to reduce the weight.
- Allow enough time for your body to recover after each training session.
- Make sure you get enough calories. If you regularly participate in intense exercise, you might have to adjust your nutrition.
- Continue to fuel your body. Long, intense exercise can result in low blood sugar. Make sure you continue to fuel your body if you plan on exercising for over 45 minutes.
- Check with your healthcare provider before continuing or starting any supplements.
- Stop exercising if you:
    - Feel dizzy
    - Have a headache
    - Develop chest pain or swelling
    - Have muscle cramps
    - Experience vaginal bleeding
    - Have leakage of fluid
    - Feel contractions
    - Have shortness of breath before exertion.
- Call your healthcare provider with any concerns.

Postpartum and Breastfeeding

Make sure you talk with your healthcare provider about when to start exercising after birth. Exercise can be resumed slowly after delivery as soon as it is medically safe. When exercise can be resumed varies among women, with some being able to start exercising within days after delivery. This may depend on if delivery was a c-section vs. vaginal birth and any additional health problems or complications.

Healthcare providers will tell you it is important to remain hydrated while breastfeeding, especially when exercising. The amount of nutrition you need may also change depending on the level of your activity during breastfeeding.

At the end of the day, all athletes have different needs during pregnancy and after the baby is born. There is no 'one-size-fits-all' for exercising during pregnancy. The best thing you can do is talk with your healthcare provider and listen to your body. For more information, see our MotherToBaby fact sheet on exercising here. You can also find more information on exercise during pregnancy here.

Originally written 8/18/20, Updated 9/24/26

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, September 24, 2026.

Intense Exercise During Pregnancy: How

Much Is Too Much?

Sara contacted us at the recommendation of her OB/GYN to talk about the paroxetine she takes for her depression. Sara wanted to see if taking paroxetine can increase the chance of having a baby with a heart defect. She was confused because her genetic screening result was normal. She asked: “Is it possible for my baby to have a heart defect if my non-invasive prenatal testing (NIPT) was negative?”

There are many tests that can check on the development of your baby during pregnancy. It can be difficult to keep track of what they are looking for. Knowing the differences between a birth defect and a chromosomal condition can help you understand these tests.

What are birth defects and how can you look for them?

Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. Certain exposures, like medications, can increase the chance of birth defects. Most birth defects happen during the first trimester when the baby’s organs (body parts) are developing. A certain organ might look or work differently. You may have heard of a baby being born with a hole in the heart. This is a common birth defect. Ultrasounds during pregnancy can look for birth defects. Read more about ultrasounds through our blog here. Most women will have an anatomy ultrasound between 18 and 22 weeks of pregnancy. You might know this as the time when you can learn the sex of the baby. The goal of this ultrasound is to take a detailed look at the baby’s organs to check for birth defects. It will also check the growth of the baby. While this is an important screening test, it is not perfect. A normal anatomy ultrasound does not rule out the baby having a birth defect or other pregnancy-related problems.

A birth defect can be an isolated finding, meaning that there are no other related health problems. A birth defect might be caused by a change in the baby’s genetic information, such as a chromosomal condition.

What are chromosomal conditions and how can you look for them?

Chromosomal conditions are genetic, meaning they are a change in the baby’s genetic information. Chromosomal conditions do not usually run in families and are not inherited. Chromosomes are like a recipe book that holds all the recipes for the development of the baby. If a certain recipe calls for one stick of butter, but the book accidentally says two sticks of butter, the recipe will turn out differently. In the same way, sometimes people have extra or missing chromosomes that can cause changes in development. For example, people who have a chromosomal condition known as Down syndrome have three copies of chromosome 21 rather than two. This extra amount of genetic information causes developmental differences. Babies that have Down syndrome sometimes also have birth defects that are seen on ultrasound. Other babies that have Down syndrome can have normal ultrasounds. Therefore, ultrasound is not the best way to screen for chromosomal conditions.

Your healthcare provider will offer you screening for the most common chromosomal conditions. Testing for a chromosomal condition includes a screen called NIPT or diagnostic testing through procedures called CVS (chorionic villi sampling) or amniocentesis. NIPT involves drawing blood from you as early as 8-10 weeks of pregnancy. NIPT can tell you if you have a high or low chance of having a pregnancy with certain chromosomal conditions. Diagnostic testing can tell you “Yes” or “No” about your baby having a chromosomal condition. Diagnostic testing involves a procedure that might come with small risks to the pregnancy. These screens and tests are optional. Your healthcare

provider might suggest you meet with a genetic counselor. Genetic counselors can talk with you about the pros and cons of these tests, help with decision making and interpret the results.

During our conversation, Sara asked: “So because my NIPT results were low risk, the baby is unlikely to have a chromosomal condition. However, a birth defect could have happened in the first trimester, and I need to wait until my anatomy scan to get those results. Is that right?” That is exactly right! Although some studies show an increased chance of heart defects with paroxetine use in pregnancy, most other studies do not show an increased risk. If there is an increased chance of birth defects with paroxetine use in the first trimester, it is expected to be small. See our factsheet on Paxil® for more detail.

Sara shared that she was feeling more knowledgeable about the difference between a birth defect and a chromosomal condition. She was relieved that her NIPT results showed low risk. She also felt more confident heading to her anatomy scan knowing that this test, while not perfect, would be the best way to identify birth defects during pregnancy.

If you have any questions about exposures during pregnancy, contact MotherToBaby. To find a genetic counselor in your area, visit the Find a Genetic Counselor page on the National Society of Genetic Counselors website.

Originally published 10/31/23, Updated 6/3/26 by Nevena Krstic and Reka Muller

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, September 24, 2026.

Intense Exercise During Pregnancy: How

Much Is Too Much?

During my own three pregnancies, I learned how even the smallest skin discomforts can feel like a lot. Pregnancy had a way of making me hyperaware of every sensation in my body. Most of the skin problems I had during pregnancy were minor irritations, like dry skin and acne, and they eventually went away. This was not the case with my hidradenitis suppurativa (HS). HS didn't take a break just because I was pregnant. So, what happens when the discomfort is something more chronic, something that doesn't come and go with a particular week or trimester, but shows up again and again, like HS?

What is hidradenitis suppurativa (HS)?

HS is a long-term skin condition that causes repeated painful lumps, areas that drain (abscesses), or pits and tunnels under the skin. These areas tend to show up where skin folds and rubs together, such as the armpits, groin, inner thighs, under the breasts, or along the buttocks. Over time, HS may also cause ropelike scars to develop, which can limit movement in some areas. For example, scarring in the armpits may make it difficult to fully lift the arms. HS can also cause pain, which can make daily activities, work, and intimate relationships hard for people with HS.

Symptoms of HS can include ingrown hairs, infections, or cysts, which is why diagnosis by a healthcare provider familiar with HS, like a dermatologist, is important. HS is considered an inflammatory condition because the same spots can get inflamed over and over again, often described as "flares." HS is not caused by infection, poor hygiene, diet, or anything you did or didn't do. HS is not contagious (it does not spread from person to person). Instead, HS is "multifactorial," meaning it is influenced by several things at once, including the immune system, genetics, hormones, and more.

How do pregnancy and HS interact with each other?

Everyone's experience with HS in pregnancy is different. Some people notice that their symptoms get better in pregnancy, others notice little change, and some find that their symptoms worsen and flares increase. Experiences can also be different between pregnancies. For two of my pregnancies, my symptoms stayed the same, but in the third, the number of my flares increased, and I had much more pain.

Can HS affect pregnancy outcomes?

Pregnancy hormones, increased body heat, and sweating can sometimes make areas with HS feel more inflamed or tender. And as your body grows and shifts during pregnancy, areas that weren't rubbing before may suddenly start rubbing now. Occasionally, an area of the skin may become more irritated or develop signs of infection. Because HS can get better or worse during pregnancy, it is helpful to check in with your healthcare provider whenever you notice new symptoms or changes in how HS feels in your body.

Pregnancy complications, like miscarriage, are common and can occur in any pregnancy for many different reasons. Birth defects can also happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect.

Many people with HS have no complications during pregnancy. At the same time, recent research has suggested that HS may increase the chance for certain pregnancy-related problems, not because HS directly causes them, but because the underlying inflammation in HS may play a role.

Several studies looking at more than 5,000 pregnant women with HS found that pregnant women with HS had a higher chance of miscarriage and of developing high blood pressure and/or diabetes in pregnancy when compared with pregnant women without HS. And when looking at babies, these studies found that babies born to moms with HS had a slightly higher chance of being born preterm (birth before week 37). One study did show a slightly higher chance of birth defects, which was not seen in other studies. Learning that for the first time can feel scary, and I remember feeling that way too. However, while having HS ***may*** increase the chance for certain pregnancy related problems, it does not mean that if you have HS something ***will*** happen. We are still learning a lot about HS and pregnancy.

What do we know about HS medications in pregnancy?

Some people may not need any treatment during pregnancy or may be able to pause certain medications. Others may need ongoing therapy to manage and treat their HS symptoms. For some people, the potential benefits of treatment may outweigh the risks of using medication. In addition to reduce inflammation, treating HS in pregnancy may help improve comfort for some people and might reduce pain or lower the chance of infections.

Thinking about treatments during pregnancy can feel confusing, especially when your symptoms change. For me, because I had no flares in my first two pregnancies and required no treatment, I felt very nervous when my breakouts increased during my third pregnancy. Yes, I was in pain and uncomfortable every time I walked, but that wasn't what was worrying me most. I was anxious about the stress HS was placing on my body and how constant inflammation might affect my baby. It was the first time pregnancy made me feel unsure about what my own body might do next. I needed to make decisions about the best course of treatment, and that felt overwhelming at first. The good news is that I didn't have to make those decisions alone. With the help of my healthcare providers, and resources available at MotherToBaby, we talked through what was known about my treatment options and what made the most sense for my HS and made me more confident in my pregnancy.

Some of the treatments options we discussed included **topical antibiotics**, such as clindamycin, and **antiseptic washes**, such as chlorhexidine or diluted bleach baths. Based on available data, using washes and antibiotics on the skin is not known to increase risks to a pregnancy because most of the medication is not well absorbed into the bloodstream, where it could reach the baby. Small amounts of **corticosteroids** may be injected directly into inflamed bumps to help calm down painful flares. When a corticosteroid is injected into the skin, it primarily stays in that area, and very little of the medication enters the bloodstream.

Antibiotics taken by mouth (**oral antibiotics**) are sometimes used to help manage HS symptoms or treat suspected infections. The antibiotics most often used to manage HS symptoms, cephalexin (Keflex) and clindamycin, are not expected to increase the chance for pregnancy complications or birth defects when they are used as prescribed. Some other antibiotics, however, have been associated with certain pregnancy-related complications.

People with HS may also use medications called **biologics**, which target the inflammation caused by HS. These may include medications such as adalimumab (Humira), secukinumab (Cosentyx), and bimekizumab (Bimzelx). Some biologics, like adalimumab, have been used to treat other inflammatory or autoimmune conditions in pregnancy and have been very reassuring. For newer biologics such as secukinumab and bimekizumab, we don't have as much information yet. Because antibiotic or biologic choices can vary based on your HS symptoms, you can always contact MotherToBaby to talk through what is known about a specific medication.

Other things that can also make a big difference for some pregnant women, especially as your body changes, include wearing loose, breathable clothing, minimizing friction in skin folds, using gentle non-scrubbing body soaps, changing out of damp or sweaty clothing as soon as possible, and trimming (not shaving) in areas that are more sensitive to HS. Some healthcare providers may also recommend taking an extra zinc supplement.

Even if you take medication and follow all these steps, you may still experience HS flares in pregnancy. That is not your fault. HS is a long-term condition, and pregnancy can add new layers to how it feels day to day. But you don't have to navigate it alone. I didn't either. Understanding how HS and pregnancy interact, along with having reliable resources like MotherToBaby, may give you comfort and confidence throughout your pregnancy. Your experience matters, and so does feeling supported during it.

What can you do to help us understand more about HS and pregnancy?

We continue to learn about the relationship between HS and pregnancy to better support pregnant women and their babies. If you are pregnant and living with HS, your experience matters. MotherToBaby is currently enrolling participants in a study on HS in pregnancy, and your story could help us learn more. Participation is simple, completely confidential, and can be done from home. You can learn more at:
https://mothertobaby.org/ongoing-study/hidradenitis-suppurativa/

HS Resources:

- HS Connect at https://hsconnect.org/
- HS Foundation at https://www.hs-foundation.org/

References:

- Chen YN, Shen CH, Tai CC, Wang TY, Chi CC. Adverse pregnancy outcomes among pregnant women with hidradenitis suppurativa: a systematic review and meta-analysis. Clin Exp Dermatol. 2026 Mar 26;51(4):578-586. doi: 10.1093/ced/llaf515. PMID: 41268934.
- Ghanshani R, Lee K, Crew AB, Shi VY, Hsiao JL. A Guide to the Management of Hidradenitis Suppurativa in Pregnancy and Lactation. Am J Clin Dermatol. 2025 May;26(3):345-360. doi: 10.1007/s40257-025-00935-x. PMID: 40131719;

- Rivin GM, Fleischer AB Jr. Women of Childbearing Age With Hidradenitis Suppurativa Frequently Prescribed Medications With Pregnancy Risk. J Drugs Dermatol. 2023 Jul 1;22(7):706-709. doi: 10.36849/JDD.6818. PMID: 37410037.

Disclaimer from the author: Artificial intelligence tools were used for proofreading, grammar refinement, and development of the title

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, September 24, 2026.

Intense Exercise During Pregnancy: How Much Is Too Much?

The runs, the trots, the green apple quickstep. You have heard all the nicknames for it, but even hearing something as cute as “bubble guts” does not make diarrhea any better, especially during pregnancy or breastfeeding.

Just last week, I got a call from someone in a panic: “Leah, it is really bad. I am so uncomfortable. I thought you were supposed to get constipated during pregnancy.”

That caller was not wrong – constipation can be common during pregnancy. Hormones like prostaglandins – which help signal to your intestines that it is time to ***move things along*** – tend to slow down during pregnancy. Even still, constipation does not always happen.

Food poisoning, viral illnesses (like COVID-19), and chronic conditions (like IBS or Crohn's disease) can all cause diarrhea, even during pregnancy or breastfeeding. No matter where it comes from, everyone asks the same question, "How do I make this stop?" Before we answer that question, let us talk about what is really going on when you have diarrhea.

Diarrhea: What is Actually Going On?

What makes diarrhea different from your regular poops? Diarrhea is when you have loose or watery stools (poops). Diarrhea can look brown, but it can sometimes look yellow, mucous-y, or mostly clear. Some other symptoms of diarrhea can include abdominal cramping, feeling the urge "to go," or gas. Diarrhea can be caused by lots of different things. Sometimes, diarrhea can be caused by food or drinks (such as food poisoning, contaminated water, or allergies to food products like lactose). Diarrhea can also be caused by other conditions (such as viral infections, conditions that affect the GI system, or medications). When you have diarrhea, your body gets rid of water and electrolytes much faster than usual. It is always important (but especially when you have diarrhea) to wash your hands for at least 20 seconds with soap and water after going to the bathroom. This helps prevent the spread of infections.

What Does That Mean if I am Pregnant or Breastfeeding?

One of the main concerns with diarrhea is the risk of dehydration. If you are severely dehydrated during pregnancy, this can increase the risk of some pregnancy-related issues, like oligohydramnios (not enough amniotic fluid). If you are severely dehydrated while breastfeeding, this can lower the amount of breastmilk that you produce. Yellow or dark urine, being unable to urinate, feeling dizzy or faint, and feeling thirsty are some signs of dehydration. Typically, rehydration includes giving yourself more water and more electrolytes to replace the water and electrolytes that you lost from the diarrhea. If you are experiencing dehydration, you should check with your healthcare team about what you can do to rehydrate yourself.

Over-The-Counter Options

Over-the-counter medications might be a helpful way to treat diarrhea, depending on the situation. Let us explore what we know about the common over-the-counter antidiarrheal medications: loperamide (Imodium) and bismuth subsalicylate (Pepto-Bismol). For more information on these types of medications, or any others, contact a specialist at MotherToBaby.

Loperamide

Loperamide is a common over-the-counter antidiarrheal. Loperamide works by attaching to certain receptors in your intestines to say, "please don't move things along so much." Taking loperamide slows the movement in your intestines, which slows down how often you have a bowel movement.

When you take loperamide as directed, most of the medication stays in your intestines and it is not expected that you would absorb a lot of the loperamide into your bloodstream where it can then reach the baby. Loperamide, however, is not well-studied in pregnancy and it is not known if taking loperamide as directed during pregnancy changes the chance of miscarriage or pregnancy-related issues, like preterm delivery (birth before week 37) or low birth weight

(weighing less than 5 pounds, 8 ounces at birth). One study showed that taking loperamide during the first trimester of pregnancy might increase the chance of birth defects and another study did not find an increased chance.

Because there is not a lot of information about using loperamide during pregnancy, you and your healthcare provider may need to decide what's best for you. Treating diarrhea is important especially to prevent dehydration, but it is also important to consider the limited information we have about this medication in pregnancy.

Loperamide does pass into breastmilk. If you decide to take loperamide while breastfeeding, your infant will get a very small exposure. It is not expected that exposure to loperamide through breastmilk will lead to side effects in the infant.

Bismuth Subsalicylate

Bismuth subsalicylate is another over-the-counter medication that is commonly used for diarrhea. Some common names for bismuth subsalicylate are Pepto-Bismol, Kaopectate, and BisBacter. Bismuth subsalicylate works by slowing prostaglandins down (which helps to lower inflammation and slow intestinal movements) and encouraging your body to reabsorb water from the intestines (which helps make bowel movements less watery). Bismuth subsalicylate turns into two components in the body: bismuth and salicylate.

Most of the bismuth stays in your intestines and it is not expected that you would absorb a lot of the bismuth into your bloodstream where it can reach the baby.

However, salicylate can be absorbed into your bloodstream. Taking something that has salicylate in it during pregnancy (like bismuth subsalicylate or NSAIDS, like aspirin or ibuprofen), can cause problems with how the baby's heart works or how baby's kidneys work which may cause oligohydramnios (not enough amniotic fluid around the baby) and poor lung development. It may also cause bleeding concerns for you. Because of this, it is generally recommended to avoid any medications that have salicylate in them, especially in the second and third trimester of your pregnancy.

If you take something that has salicylate in it while breastfeeding (like bismuth subsalicylate or NSAIDS, like aspirin or ibuprofen), some salicylate will most likely be present in your breastmilk. There is concern about giving salicylate directly to an infant. Infants tend to metabolize (or process) salicylate slower than adults do. Reye's syndrome, a rare condition involving brain swelling and liver damage, can happen if an infant is recovering from a viral infection and is exposed directly to salicylate.

For more information on bismuth subsalicylate, check out our "Managing Tummy Troubles During Pregnancy" blog.

The Bottom Line – No Pun Intended

Diarrhea is uncomfortable, exhausting, and when you are pregnant or breastfeeding, often stressful on a whole new level. You should not have to choose between feeling better and worrying about your baby.

Staying hydrated is always a priority, but when symptoms don't improve, medications might be helpful, depending on

your situation. As always, if you notice any changes in your body during pregnancy or in your infant during breastfeeding (like an increase in stools, or a change in color or consistency of stools), you can reach out to a healthcare provider for guidance on what to do next.

And remember, if you ever feel unsure about an exposure, medication, or symptom during pregnancy or breastfeeding, you don't have to figure it out alone. Evidence-based guidance can bring peace of mind — even on the days your stomach has other plans. Contact a MotherToBaby specialist to talk to someone about your concerns.

Good luck and I hope your tummy feels better soon!

References

https://www.acog.org/womens-health/faqs/problems-of-the-digestive-system

https://www.acog.org/womens-health/faqs/morning-sickness-nausea-and-vomiting-of-pregnancy

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, September 24, 2026.

Intense Exercise During Pregnancy: How

Much Is Too Much?

Is it a cold? The flu? Or is it COVID-19? Either way, it is miserable.

It is Friday afternoon. You are pregnant, or actively planning, and you wake up with a scratchy throat, pressure in your nose and forehead, and runny nose. You think you have a cold… or is it the flu or COVID-19? You have left a message with your healthcare provider to ask them about what to do and what medication you can take. You are worried about taking the wrong medication. As the hours pass, you think it is unlikely that you will be able to get in touch with them before the end of the workday. Now, you are worried about going into the weekend without medication.

What to do? First, try to figure out if it is a cold, flu, or COVID-19. Some healthcare providers may share instructions for this situation and/or give their pregnant patients a list of medications that they approve for common medical conditions. When this list is not provided, many pregnant women contact MotherToBaby specialists for help. Although MotherToBaby specialists cannot make specific medication recommendations, we can provide information on most medications based on the studies and how the drugs work.

Is It a Cold?

A cold is caused by one of more than 200 viruses. Colds can spread easily from person to person. Symptoms can include sore throat, runny or stuffy nose, sneezing and coughing, headache, and muscle aches. For healthy pregnant women, an infection with a cold is not associated with a higher risk to her or her developing baby. There is no testing for a cold. Generally, colds are treated with over-the-counter medications.

Is it the Flu?

Influenza, often called “the flu,” is an illness caused by a virus. Flu symptoms include fever (typically between 100°F to 104°F), chills, cough, sore throat, body aches, and tiredness. Pregnant women and their pregnancy are at higher risk from flu. Testing for flu is available in the doctor’s office and at some pharmacies. Antiviral medications are recommended for pregnant women even if the testing has not been completed due to the risks from flu.

Is it COVID-19?

COVID-19 is caused by the SARS-CoV-2 (virus). The symptoms of flu and COVID-19 are similar. Symptoms include fever, cough, shortness of breath, sore throat, body aches, headache and change of taste or smell. Some people may have symptoms that last a short time and others may get very sick. Pregnant women and their pregnancy are at higher risk from COVID-19 infection. Testing for COVID-19 is available over the counter. Medication is recommended by health organizations for pregnant women with COVID-19.

Fever

In adults, a fever is a temperature of 100.4°F (38°C) or higher. Most healthcare providers recommend acetaminophen to treat fever, headache, and body pain in pregnancy. Studies on acetaminophen use during pregnancy have not shown a higher risk to the developing baby when it is used as directed for a short time.

A high fever that is untreated in pregnancy increases the chance of birth defects. A temperature of 101°F that lasts for over 24 hours early in pregnancy may increase the risk for a birth defect of the spine. You can read more about fever at https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/.

Over the Counter and Self-care Treatments

Pharmacies have rows of cough and cold products. In pregnancy, it is best to take an alcohol-free medication that contains only those ingredients that address the specific symptoms. For example, if the only symptom is body aches, taking a multi-symptom medication for congestion, cough and body aches would mean unnecessarily exposing yourself and the developing baby to medications.

Below we review some over-the-counter cold treatments and self-care treatments. The options below do not cover all treatments and should not be considered a recommendation. Ideally, it is best to always discuss your symptoms with your healthcare provider, because they know you best and can take into account any unique health issues that you may have.

Medication for Cough

Because many cough syrups can contain up to 10% alcohol, it is important to select an alcohol-free cough syrup. Cough syrups may also contain ingredients for stuffy nose or pain. If the only issue is a cough, taking the medication with the least ingredients is preferred to minimize the exposure to the pregnancy.

Cough drops and throat lozenges can contain flavorings such as honey, menthol, or anesthetics to numb the throat. There is no warning about using these during pregnancy for cough or a sore throat.

Vitamin C and other vitamins are taken during a cold or for cold prevention. During pregnancy, it is recommended to limit vitamins to those in the prenatal category unless recommended by the healthcare provider. Vitamins, like medications, cross the placenta and expose the developing baby which does not have a need for higher doses and in some cases, could be harmful.

Tea and Honey

Honey and warm tea may be helpful in relieving a sore throat caused by coughing and may thin mucus so that the

cough is more productive. There is no warning about eating honey in tea, toast, or any other food during pregnancy. Herbal tea does not have caffeine and if taken as a beverage, there is no warning. Black tea, green tea, and white tea may have caffeine. If taking tea with caffeine, it is important to read the label to learn about the amount of caffeine per cup. Pregnant women can have up to 200 mg of caffeine per day from all sources combined. If drinking decaf tea, there is no warning to pregnant women.

Medications for Nasal Congestion

A stuffy nose can cause painful sinuses and make it less enjoyable to eat and hard to sleep. Over-the-counter nasal decongestant choices fall into two categories: oral (pills by mouth) or nasal spray. Some oral decongestants are pseudoephedrine and phenylephrine. Nasal sprays may contain phenylephrine, oxymetazoline, or steroid medications. Taking an oral decongestant means that your developing baby will be exposed to the medication. Nasal sprays reduce the chance of exposure to your baby, depending on the frequency of use and dose. Always read the labels and take them as directed.

Nasal Congestion: Non-medication Options

Nasal irrigation (bulb syringe, squeeze bottle, or neti pot): Studies of nasal irrigation have not shown a proven benefit on the duration or severity of colds. However, some people who have used nasal irrigation have reported feeling better. For pregnant women, the most reassuring part is that it uses only water and saline, so there is no medication involved and no exposure to the pregnancy. It is important to use only previously boiled, distilled, or sterile water to irrigate; and to keep nasal irrigation equipment clean and sterilized to avoid the risk of infection.

Shower tablets/vaporizers: Shower vapor tablets have become popular because they might help clear stuffy noses for a short time. These tablets are placed on the shower floor and as the warm water reaches the tablet, it dissolves and makes a steam with a vaporizer-like effect. Most shower tablets ingredients include sodium carbonate, sodium bicarbonate (baking soda), and essential oils (such as peppermint, rosemary, eucalyptus, and lavender). There are no studies on the use of shower tablets during pregnancy, but essential oils are used in many candles, lotions, and other home products, so exposure to these oils is common. With use as directed, it is not expected that the ingredients in shower tablets would increase the chance for problems during pregnancy.

Humidifiers: Humidifiers are used to add moisture to the air and provide relief from sinus pressure, dry skin, and throat. They use only water so there is no medication exposure. It is important to keep humidifiers clean to avoid the risk of putting mold and bacteria into the air, which could then cause allergies.

Nasal strips: Nasal strips are marketed to people who have a hard time sleeping due to snoring, but they also claim to help with congestion from colds. Although there are no studies that show these products help with colds, there is some evidence that they may help with snoring by spreading the nose and widening the air passage. Nasal strips do not contain medication, so there is no concern about their use during pregnancy.

Electric Blankets and Heating Pads: Electric blankets are sometimes used by people with body chills from having the flu or a cold. Electric blankets produce heat that varies from 86°F (30°C) to 122°F (50°C), which can be comforting. However, there is some concern about the heat from use of electric blankets in early pregnancy, raising body temperature and increasing the risk of birth defects of the spine. However, the studies on electric blanket use during pregnancy have some problems and not all have shown problems in pregnancy. As the studies are unclear, pregnant

women may want to avoid the higher heat for peace of mind.

Remedies to Avoid

Vitamin C and zinc: When you feel a cold coming on, you could be tempted to reach for vitamin C and zinc. This is not recommended during pregnancy. First, there is not enough evidence that vitamin C or zinc help in preventing or treating colds. Second, the doses of vitamin C and zinc in supplements for colds are higher than recommended doses for pregnant women. The recommended vitamin C dose is 80 mg for pregnant teens and 85 mg per day for pregnant adults. The recommended dose for zinc is 12 mg for pregnant teens and 11 mg per day for pregnant adults. If you are taking prenatal vitamins, it is likely that they contain the vitamin C and zinc that you need for the day.

Non-steroidal anti-inflammatory drugs (NSAIDs): For most healthy pregnant women, over-the-counter pain relievers such as ibuprofen, naproxen, and aspirin are generally not recommended during pregnancy. NSAIDs are associated with a risk for premature closure of the ductus arteriosus (a heart and lung condition) in the baby if the medication is used at higher doses in the second half of pregnancy. Although low dose aspirin is sometimes recommended in pregnancy under a doctor's supervision to treat or prevent specific medical conditions, regular strength aspirin and other NSAIDs are not typically recommended for treating pain or fever in pregnancy.

Herbal products: Many herbal supplements marketed for treating colds and flu have not been studied in pregnancy, so the possible risks are not known. In addition, the benefits of using herbal supplements are not always proven. For example, echinacea has been promoted as a cold remedy, but a review of over 24 studies with over 4,000 participants did not find that it shortened the number of days for a cold compared to people who did not take echinacea.

Prevention

Vaccination is key and the best tool that we have for preventing flu and COVID-19 or reducing the severity of the symptoms if you do get infected. Studies involving many thousands of pregnant women have not shown a higher risk of birth defects or complications. MotherToBaby has fact sheets with information on both the flu vaccine and COVID-19 vaccine.

References:

Botto LD, Lynberg MC, Erickson JD. (2001). Congenital heart defects, maternal febrile illness, and multivitamin use: A population-based study. Epidemiology. 12:485-90.

Centers for Disease Control and Prevention. (2025). Treating Flu with Antiviral Drugs. Retrieved from https://www.cdc.gov/flu/treatment/antiviral-drugs.html

Centers for Disease Control and Prevention, NIOSH Science Blog, April 9, 2020. Respiratory Protection During Outbreaks. Retrieved from https://blogs.cdc.gov/niosh-science-blog/2020/04/09/masks-v-respirators/

Chambers CD, Johnson KA, Felix RJ, Dick LM, Jones KL. (1997). Hyperthermia in pregnancy: a prospective cohort study. Teratology. 55:45.

Hubner, N-O., Hubner C., Wodny M., Kampf G., Kramer A. (2010). Effectiveness of alcohol-based hand disinfectants in a public administration: Impact on health and work performance related to acute respiratory symptoms and diarrhea. BMC Infectious Diseases. Retrieved from http://www.biomedcentral.com/1471-2334/10/250

Karsch-Völk, M., Barrett B., Kiefer D., et al. (2014). Echinacea for preventing and treating the common cold. The Cochrane Database of Systematic Reviews. 2014(2):CD000530.

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, September 24, 2026.