Help for the Holidays: Surviving Stress During Pregnancy

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By Neely Cessac, Teratogen Information Specialist, MotherToBaby

The holidays are full of family, fun, and enjoyment – and the season is wonderful EVERY, SINGLE, DAY, right?! WRONG. Every year many pregnant women (as well as the general public) become so stressed and worried around this time. And rightly so…not only do pregnant moms have regular holiday stress, but they'll soon become moms! M-O-M-S! Holy cow. An overwhelming concept, to say the least, especially with everyone telling you what you can (or should) do and what you can't (or shouldn't) do during pregnancy. As a birth defects information specialist, I'm starting to get a ton of questions surrounding stress from moms-to-be. I can relate…and I'm not even pregnant yet!

I always want everything to be perfect, from clean floors and ceiling fans, to wonderfully wrapped presents and delicious food. Luckily my mom is an expert at all of those things, so I asked my mom how she survived the holidays while she was pregnant with me. Between my teratology expertise (the study of exposures that cause birth defects) and her "mom-ology" expertise (the study of being awesome in general, but especially as a mom), we've put together a list of some key questions and answers to help you survive the holidays too!

Survival Q #1: How can I avoid becoming too stressed?

- How you breathe is important! Be sure to take deep breaths, in through your nose and out through your mouth, and relax.
- Realize you are not alone. Most pregnant women and women in general are feeling the same way you are. Talk to others; it will help reduce your feelings of stress.
- Take a nap! Escape and take a quick cat nap when you are really stressed and tired.
- Light to moderate non-impact exercise is great too. Try walking, swimming or yoga.

Survival Q #2: How can I avoid becoming too fatigued?

- Don't be afraid to admit you are too tired to do some things. You cannot (and should not) be super woman during the holidays! Just say "no".
- Sleep, sleep, sleep! Try to get about eight hours of sleep each night.
- Have that morning cup of coffee or tea. Studies have shown that limited amounts of caffeine, 200-300 mg a day, have not been associated with any known increased risks for baby.

Survival Q #3: How can I avoid drinking alcohol?

- Don't be tempted to drink alcohol, as alcohol is known to be harmful for baby. Bring your own non-alcoholic beer or wine with you to the party.
- Want something bubbly to drink on New Year's Eve? Try a delicious non-alcoholic sparkling juice or cider.
- Make sure there is no alcohol in the drinks or desserts that your host/hostess is serving at the party. Don't be afraid to ask questions!

Survival Q #4: How can I avoid complications from overeating, such as gas and constipation?

- Eat more often, but eat smaller portions. With a baby on board, you do not have as much room in your tummy

as you used to!

- When needed for gas, it is okay to take over-the-counter products such as Gas-X®.
- To avoid constipation, drink lots of fluids and eat foods high in fiber, such as apples and broccoli. If constipation continues to be a problem, use commercial stool softeners as needed.

Survival Q #5: If I become sick, which over-the-counter cold and flu medicines can I take?

- Look for products that contain acetaminophen, while avoiding products that contain ibuprofen or aspirin.
- If you have high blood pressure, try to avoid using products that contain pseudoephedrine or phenylephrine, which can slightly narrow the blood vessels and increase blood pressure. Consistent use of decongestants is not recommended during pregnancy for anyone.
- You can use over-the-counter cough medications such as Mucinex® and Robitussin®, without any known increased pregnancy risks.
- And you know what they say about an ounce of prevention…! Get a flu shot!
    - In the United States the flu shot has been given to pregnant women since the 1960s. Studies of thousands of women who have received the flu shot just before or during pregnancy have found no increased risk for birth defects or other problems.
    - The flu vaccine given by injection is recommended for all women planning to become pregnant or who already are pregnant (whether in their first, second, or third trimester) during the flu season.

If you have any questions, don't forget that you can call, email, or live chat with a MotherToBaby expert. And to make it even less stressful for you, you can now just send us a text with your question! We're trying to make it as easy as possible for you, Mom – you have enough to worry about! **Just text us at 855-999-3525.** We are here to help. Happy holidays and may you have a zen-like season!



Neely Cessac is a Teratogen Information Counselor at the North Texas affiliate of MotherToBaby. She has been with the service for over two years and loves working with pregnant moms!

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By Dr. Sarah Običan, OBGYN, MotherToBaby

It's noon. I just ran into my academic office to call back a few patients in between a packed schedule. I just spent my morning seeing 17 patients and gauging by my afternoon schedule, the day was not going to get much easier. I was new at my job as an OBGYN having joined the academic practice where I completed my residency. It was a busy practice, but I loved my job and I loved my patients. As I sat in my chair, I finally felt my feet again and realized they were hurting, but before I could kick off my heels, my cell phone rang. It was my IVF doctor.

By this time, my husband and I had been dealing with infertility for over a year and had decided to have tests done by one of my medical partners. She phoned to give me results of my testing…. As it turns out a hormone, called anti-mullerian, was low. It may have been in part a cause to our inability to conceive naturally. I could not muster a response to her. Instead – silence. A whole minute must have passed, after which all I said to my doctor was "I must be one of the 10%."

I was not alone.
According to a CDC survey from 2006 – 2010, more than ten percent of couples trying to conceive have infertility. It's a medical problem that impacts entire families, marriages and your work. The journey is long, time intensive, costly, emotionally heavy with so much joy and pain all wrapped up into a six week treatment cycle. It's not for the faint of heart.

Since the first IVF conceived child was born in 1978, things have changed. In fact, even in the 3 year period and 11 cycles I went through in my own life things have changed. We are learning so much about new technologies and improving outcomes. We're able to offer patients better risk assessments and counseling today.

Is IVF safe?
All things considered, assisted reproductive technologies (ART) are safe and the studies are proving it. Multiple studies have supported that IVF does not increase your risk of breast cancer or cancer overall. However, pregnancy conceived by ART are at increased risk of multiples, including monochorionic twins (when twins share the same placenta). These types of twins do carry increased risk of birth defects, preterm labor and delivery.
On average, women necessitating these medical interventions tend to be older and may have additional medical issues, all which impact the pregnancy.

For the baby, while we do know any risk of birth defects is low, some studies do show a small increased risk of overall birth defects, specifically heart defects, in IVF-conceived children, including a 2012 Australian study that looked at more than 6000 children conceived by using ART. It's hard to completely understand if the risk is due to the interventions itself or due to any underlying issues the higher-risk patients being studied carry.

The formation of a baby's heart is an exceptionally complex biological process. Because of this, it's not surprising that, of all birth defects, heart defects tend to be most common. Similarly, the infertile population and those who undergo ART have an increased risk of having a baby with a heart defect, specifically defects affecting the ventricular and atrial septum, as well as a complex birth defect called Tetralogy of Fallot. All women with an ART conceived pregnancy should have a detailed ultrasound between 18-22 weeks to evaluate fetal anatomy and a fetal echocardiogram to evaluate for heart defects. Folic acid supplementation is also important.

Drawbacks to the studies
Despite 60,000 infants being born in the U.S. using ART, the vast majority of studies investigating the associated risk with ART have studied a population which conceived and delivered outside of the U.S. Other limitations of the early studies include looking at relatively small numbers of patients. As a doctor, I hope more studies will be conducted examining U.S. pregnancies involving ART since we have such a diverse population. Studying IVF among our differing ethnicities, age and socioeconomic backgrounds will help doctors make even better recommendations to the couples trying exhaustively to start their families.

For now, just breathe…
I did. Chin up, support system intact, I kept forging ahead. With each failed IVF attempt along the way, my heart may have broken a little, but, at least the absolute risk of heart defects in the potential pregnancy remained small. Three years of trying and my son finally arrived. My heart is now full.



Sarah G. Obican, MD, is an OBGYN, Maternal Fetal Medicine specialist at the University of South Florida. She currently serves on MotherToBaby's Board of Directors. She's also a councilmember of MotherToBaby's sister society, the Teratology Society.

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As it turns out, I'm not crazy nor am I a hypochondriac! After decades – and I mean more than 30 years – of bouts of severe constipation and diarrhea, fatigue, joint pain, migraines, skin rashes and infertility, I finally received the news that I have celiac disease. Oddly enough, it was only after adopting a sickly cocker spaniel named "Peanut" from the Humane Society that the mystery of my symptoms was solved. When our vet suggested that Peanut eat gluten-free food, I bought her some gluten-free pretzels as a treat. After eating some myself, I noticed fewer tummy issues; that feeling of the "kink" in my intestine and the bloating pain didn't happen!

I contacted my physician, whose first response was, "You don't have celiac disease, you would have already known it by this time." She tested me anyway and, when the blood test for **transglutaminase antibodies (tTG-IgA)** was positive, she sent me to a gastroenterologist for an endoscopy (a scope of the intestines), which also indicated celiac disease. It had taken countless trips to countless physicians, but at the age of 55, my health took a turn for the better after starting a diet without gluten.

In my case, it was unfortunate that the diagnosis took so long because for years I struggled to have children. I feel

lucky to have gotten pregnant five times and was able to carry two pregnancies to term. My boys are now wonderful adult men and I feel blessed to have them in my life! I'll never know if my undiagnosed celiac disease contributed to my pregnancy losses or my harder time in getting pregnant, but as an information specialist with the MotherToBaby Utah program and over 20 years' experience talking to mothers and health care providers, here's what I do know from reviewing the published information about celiac disease…

What is Celiac Disease?

Celiac disease is inherited, meaning it runs in families. When people with this auto-immune disease have contact with gluten, it causes inflammation or swelling and can damage the small intestine. Over time, the damage to the intestine causes serious health concerns, including an increased risk of colon cancer and lymphomas (cancer of the lymphatic system, such as Hodgkin's). It is estimated that 1 in 100 people worldwide have celiac disease. Many are never diagnosed.

With celiac disease, food that is eaten is quickly released from the body with little time for nutrients to be absorbed by the body. That's because the finger-like tubes in the small intestine, called villi, are flattened from the swelling.

Celiac Disease and Pregnancy

For women who want to get pregnant or who are pregnant with celiac disease, it can be a nutritional nightmare and may lead to anemia (low iron) and other vitamin deficiencies, lactose intolerance (unable to eat dairy), and osteoporosis (weak and brittle bones). It is rare that people have only one autoimmune problem and, for many people with celiac, thyroid disorders and diabetes go hand-in-hand. A recently published study looking at 24 articles on 'reproductive' issues found women with celiac disease have a harder time getting pregnant, as well as a higher risk for miscarriage, prematurity, babies born small for their age and with low birth weight. With other autoimmune disorders, such as rheumatoid arthritis, multiple sclerosis, and Lupus, we see the same types of negative pregnancy outcomes. More studies are needed to confirm if celiac disease increases any risks.

Hope

The good news is that studies also show that when moms stay on their gluten free diets, the problems almost always go away! So, to my 'Celiac Sisters' there is hope! Here are a few suggestions to have a healthy pregnancy:

- **Avoid gluten, of course!** Not only is gluten in foods, but gluten hides in make-up (be extra careful with lipsticks), hair products, soap and even in sheetrock. Never lick an envelope or a stamp, because there is gluten in glues!
- **Take your Multivitamin Before, During and after Pregnancy.** A multivitamin will help balance nutritional deficiencies from celiac disease. Make sure your vitamin has at least 400mcg of folic acid.
- **Control the Other Maladies that Come with Celiac Disease.** Rarely will someone just have celiac disease. If you have thyroid problems, diabetes or hypertension, it is important to stay on your medications and control these issues before you try to have a baby.

Ultimately, if you control the symptoms from celiac disease, you can be healthy during your pregnancy. It takes some work to avoid gluten, but I promise you will feel better! In retrospect, the veterinarian really saved two lives that day…Peanut is also doing great on a gluten-free diet!

Julia Robertson, CPM, is the program manager for MotherToBaby's Utah affiliate, a program with the Utah Department of Health and University of Utah that aims to educate women about medications and more during pregnancy and breastfeeding. Along with answering questions from women and health providers regarding exposures during pregnancy/breastfeeding via MotherToBaby's toll-free hotline (866-626-6847) and email counseling service, Julia has authored several peer-reviewed publications focusing on maternal medication consumption and the effect on the developing fetus.

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affiliate.

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May is Maternal Mental Health Awareness Month

By Elizabeth Salas, MPH, Teratology Information Specialist, MotherToBaby California

If you are feeling anxious during your pregnancy, you're not alone. It seems every year there are more articles and news stories on the latest health hazards. Whether you read it online or in a medical journal, hear it on the news or from friends and family, there's no shortage of information on health concerns. This seems especially true during pregnancy.

Having Questions Vs. Having Anxiety

It's normal to have questions and concerns during pregnancy. Every woman has them. Every woman also deserves to have her questions answered and concerns addressed. Beyond having questions about what's safe to eat, products to use, or medications to take, pregnant women must balance their normal activities and responsibilities with scheduling prenatal appointments and preparing for their baby's arrival. With so much to think about, it's not unusual for pregnant women to feel a little bit anxious. So what's the difference between having questions and having anxiety?

How much anxiety is too much during pregnancy?

The month of May is Maternal Mental Health Awareness Month, and a great time to tackle these questions, raise awareness, and talk about mental health.

What Are Anxiety Disorders?

While stressful events in our lives can cause anxiety that is mild and temporary, anxiety disorders are different in that the fear and anxiety can be excessive and/or persistent over time and can interfere with a person's ability to function in their daily life. It is estimated that 13-18% of American adults or up to 40 million people each year experience an anxiety disorder.[1, 6] Anxiety disorders include generalized anxiety disorder (GAD), panic disorder, post-traumatic stress disorder (PTSD), social phobia, and other phobias. These conditions can cause individuals to experience a great deal of worry or fearfulness. Anxiety disorders can cause physical symptoms such as difficulty sleeping, fatigue, headaches, muscle aches, irritability, lightheadedness, dizziness, trembling, hot flashes, feeling out of breath, and nausea among other symptoms.[6]

Anxiety Disorders And Pregnancy

While more attention has been given to the study of anxiety disorders during pregnancy in the last decade, information is limited. Screening tools for anxiety disorders during pregnancy, such as those used to screen for depression during pregnancy and postpartum, have not been well studied and are not used regularly in obstetric clinics.[2] Without screening being part of routine prenatal care, it is up to pregnant women to express their concerns about anxiety to their healthcare providers. It also means that some women might not get the help they need.

Anxiety disorders during pregnancy are estimated to affect from 4%-39% of women.[3] While some studies suggest that pregnant women are more likely to have anxiety disorders than non-pregnant women, other studies found that pregnant women are just as likely than non-pregnant women to have an anxiety disorder.[4] How many women develop anxiety disorders during pregnancy is not well understood. A woman with a preexisting anxiety disorder may find that her condition is worse during pregnancy, but for others symptoms may stay the same. While gaps in our knowledge remain about anxiety disorders in pregnancy, the importance of maternal mental health is receiving more attention.[5]

What If I'm Having Problems With Anxiety?

Whether starting a new job, dealing with financial stressors, or struggling with a relationship or health complications, we have all experienced anxiety at some point in our lives. If your anxiety is affecting you more than usual or if you're concerned you may be experiencing an anxiety disorder, talk to your healthcare provider right away. Your provider will ask about your symptoms and may give you a screening questionnaire to fill out. If you are having symptoms they will talk to you about your options and may refer you to a mental health provider. Depending on a woman's diagnosis and the severity of her condition, she and her providers may decide to treat her condition with talk therapy, behavior modification, medications, or a combination of these. Many pregnant women take medications for anxiety during pregnancy and delivery healthy full-term babies.

Since anxiety disorders can cause significant physical symptoms and stress in a person's life, these conditions require attention and treatment just like any other medical condition during pregnancy. Every woman and every pregnancy is different. Working together with your provider to keep you healthy during pregnancy isn't just important for your health; it's important for the health of your developing baby too.

WHERE CAN I GET MORE INFORMATION?

Policy Center For Maternal Mental Health

To learn more about maternal mental health disorders, and obtain a list of resources that can help, visit the Policy Center For Maternal Mental Health website.

https://policycentermmh.org/mmh-disorders/

https://policycentermmh.org/contact/

National Institute of Mental Health

To learn more about anxiety disorders, check the National Institute of Mental Health website and their Anxiety Disorders information booklet.

http://www.nimh.nih.gov/health/publications/anxiety-disorders/index.shtml?rf=53414

http://www.nimh.nih.gov/health/publications/anxiety-disorders/nimhanxiety_34436.pdf

MotherToBaby

At MotherToBaby, we answer questions about exposures during pregnancy and breastfeeding. We receive questions on everything from hair dye to medications used to treat anxiety and depression and much more. Our service is free, confidential, and provides information that is evidence-based. Most importantly, our service is available to you and your healthcare providers. To speak to a MotherToBaby expert, you can call toll free at (866) 626-6847 or visit us online. https://mothertobaby.org/

Elizabeth Salas is the Lead Teratology Information Specialist for MotherToBaby California, a non-profit that provides information to healthcare providers and the general public about medications and more during pregnancy and breastfeeding. She is based at the University of California, San Diego, and is passionate about the work MotherToBaby is doing to promote healthy moms, healthy pregnancies and healthy babies.

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Help for the Holidays: Surviving Stress During Pregnancy

By Patricia Olney, MS, CGC, Genetic Counselor & Teratogen Information Specialist, MotherToBaby Georgia

Emily's call to MotherToBaby came in late at night. Her voicemail message sounded a bit garbled, almost as if she had been crying. I returned her call the next day and heard her anxious voice say, "My psoriasis flared up last week…it's been several years. I'm really worried because I just found out I'm pregnant." I replied calmly, "Emily, I'm glad you called MotherToBaby for information. We care about you and your baby!"

How did Emily find me? I'm a pregnancy risk specialist at MotherToBaby, which is a service of the Organization of Teratology Information Specialists (OTIS). MotherToBaby provides FREE, up-to-date, evidence-based information about exposures during pregnancy and breastfeeding. Exposures may include prescription or over-the-counter medications, chemicals in the environment, alcohol, illicit drugs, and viral or maternal illnesses, like psoriasis and psoriatic arthritis. After spending a lot of time searching the Internet for answers to her questions, a frustrated Emily found our website and our toll-free phone number and I was able to provide her with the information she needed.

Psoriasis is a life-long skin disease, but symptoms can come and go. The most common is chronic plaque psoriasis, the type Emily was diagnosed with at the age of 14. Emily described her life since being diagnosed as an emotional rollercoaster. As a teenager, she was self-conscience about how she looked, and often felt depressed. In college she studied by herself and avoided social gatherings. It wasn't until she met her future husband that she began feeling more in control of her life. He helped her find a specialist in dermatology with experience in treating psoriasis. After trying a variety of treatments, a combination of topical corticosteroids, moisturizers, and medications helped to control her symptoms. Compared with other family members, she described the severity of her psoriasis as mild to moderate. In her late twenties, she had several flare ups which often required medication or UVB phototherapy.

During Emily's first pregnancy, she told me her psoriasis improved, and she was hoping for the same during her next pregnancy. But the week before calling me, Emily had worked long hours on a project with a tight deadline. She came home late in the evenings, feeling stressed and discouraged. By the end of the week, she noticed the all too familiar red, scaly plaques on her elbows, knees and scalp.

The evening Emily called, she had taken a home pregnancy test. She and her husband planned to have another child, but were surprised how easy it was to conceive. This time, however, she was not prepared to face the possibility of a psoriasis flare up during the first few weeks of pregnancy. I reassured her that she was not alone, and many women face the same uncertainty with pregnancy.

So what can a woman with psoriasis and/or psoriatic arthritis do to prepare for a healthy pregnancy?
Every woman who is planning pregnancy should avoid drinking alcohol and smoking cigarettes, reduce stress, exercise, eat a healthy diet, and take prenatal vitamins with folic acid. In some woman with psoriasis, alcohol, cigarettes or stress may trigger a flare up or aggravate her disease.

Approximately 30% of individuals with psoriasis will develop psoriatic arthritis, characterized by pain and swelling in the joints. Psoriatic arthritis can be a side effect of psoriasis that's triggered by an interaction of genetic and environmental factors. Medications similar to those that treat psoriasis can improve psoriatic arthritis as well (1).

Women who require medication to treat their psoriasis/psoriatic arthritis should discuss pregnancy planning with their healthcare provider. Some treatments may require a period of time to clear from the body before conception, and certain medications should be avoided during pregnancy.

Will psoriasis and/or psoriatic arthritis go into remission during pregnancy?
This can be hard to predict, and it varies from person to person and even from pregnancy to pregnancy. In approximately two-thirds of pregnant women who have psoriasis, their psoriasis symptoms spontaneously improved during pregnancy due to the increase of estrogen hormones. Others, however, reported that their symptoms got worse during pregnancy. In addition, inflammatory flare-ups can occur 1-2 weeks after delivery (2). If your psoriasis symptoms get worse during your pregnancy or after you deliver, be sure to talk with your doctor. In 2012, the National Psoriasis Foundation published guidelines for treating psoriasis during pregnancy and lactation (3). For example, caution is advised when applying topical steroids to the breast to avoid passing the medication to the baby while nursing.

How can MotherToBaby help?
MotherToBaby counselors are here to help answer any questions or concerns about exposures in pregnancy or while nursing. If you have questions or concerns about psoriasis/psoriatic arthritis – and the medications used to treat these conditions – during pregnancy, call us toll-free at (866) 626-6847. Our service is FREE and confidential. MotherToBaby also conducts research on psoriasis/psoriatic arthritis during pregnancy. This research is observational, meaning participants are not asked to take any medications or to change their daily routine. To learn more about our research program, please contact one of our MotherToBaby Pregnancy Studies experts at (877) 311-8972.

After our call, Emily felt a lot more confident that she was on the right track to having a healthy pregnancy. However, her fear over how a psoriasis flare could affect her pregnancy was quickly followed by questions about how her psoriasis could be safely treated during pregnancy.

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Online resources for individuals with psoriasis/psoriatic arthritis:
National Psoriasis Foundation (**http://www.psoriasis.org**)
TalkPsoriasis Support Community (**http://www.inspire.com/groups/talk-psoriasis/**)
Talk Health Partnership **(http://www.talkhealthpartnership.com/talkpsoriasis/**)

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