When Addiction Recovery Meets Pregnancy: Finding a Balance for Mom and Baby

“This is my first child, and I don’t know what to do!” exclaimed Lyndsay, a newly pregnant woman when I answered MotherToBaby’s free and confidential helpline. Lyndsay explained that she is taking several medications and was concerned about their potential effects on her unborn baby. She is currently very new to recovery from cocaine and opioid use disorder. She is taking buprenorphine and naloxone for the opioid use disorder, along with baclofen and n-acetylcysteine (NAC) for cocaine cravings. Her medication regimen also includes aripiprazole, escitalopram, bupropion and mirtazapine for depression, mood stabilization and insomnia.

“This combination has been working well for me,” she explained. “Having that said, I wonder if the treatments are increasing my chances for pregnancy complications or birth defects in my baby?” She wondered if she would be better off getting off the buprenorphine and naloxone now.

In preparing to answer her concerns, I reached out to Ellen Kolomeyer, PhD, PMH-C, a licensed clinical psychologist certified in perinatal mental health, who is part of the National Maternal Mental Health Hotline team to assist us in providing the best answers about recovery treatment while pregnant. The National Maternal Mental Health Hotline provides 24/7 support to pregnant and postpartum individuals experiencing challenges with mood and anxiety, as well as their support women and loved ones through its phone and text line 1-833-TLC-MAMA.

Q: How common is it for a woman in recovery and who is also pregnant to be treating an opioid use disorder with medications?

According to the Centers for Disease Control and Prevention (CDC), about 7% of pregnant women used opioids during pregnancy, with one in five of those women reporting that they misused opioids during pregnancy. But, only about half of the pregnant women who use opioids during pregnancy are in recovery, so it is wonderful that Lyndsay is reaching out to learn how to best care for herself and her baby. I hope her story shows that it is possible to get help and have a healthy pregnancy.

Q: What treatments can be used?

When a pregnant woman is dealing with opioid addiction, healthcare providers often prescribe medicines like methadone and buprenorphine. It is best if treatment starts before someone gets pregnant to help both the mother and baby stay healthy. But sometimes, people face challenges that make it hard to get treatment. These can be personal issues like having a tough time managing feelings or problems with relationships. There can also be unfair judgments from others about drug addiction that make it harder for people to seek help. Besides giving medicine, it is also important to get help for mental health. This means talking to a counselor or therapist about the things that might be causing someone to use drugs in the first place.

Q: Is discontinuing treatment while pregnant recommended? Why or why not?

It is important to know that stopping opioid use suddenly during pregnancy can be dangerous for both the pregnant woman and the baby. Managing opioid use with medication is a better way to stay healthy and reduce the risk of going back to using drugs. So, it is best to keep taking the medication rather than stopping it while pregnant. It is crucial to

talk with a healthcare provider before making any decisions about treatment.

Q: Should a pregnant woman expect her healthcare provider to start or stop medications or switch to alternatives?

Each pregnancy is different, so there is no one answer that fits everyone. Depending on the situation, a pregnant woman might start, stop, or switch medications. It is common for healthcare providers to talk about medications, like methadone https://mothertobaby.org/fact-sheets/methadone/ or buprenorphine, https://mothertobaby.org/fact-sheets/buprenorphine/ and suggest starting them if needed. Sometimes, providers might think about changing to a different medication but they will carefully consider the risks and benefits. It is best to see a healthcare provider who knows how to give the right recommendations for pregnant women.

Q: What can a pregnant woman do to advocate for herself in this scenario?

Pregnant women who are struggling with opioid use often face challenges in getting the right information and help. Even though there can be judgment from others, pregnant individuals can benefit from speaking up for themselves. One important way to do this is to understand the reasons behind the problems they are facing and to talk about their goals.

Research shows that many people turn to drugs because of past trauma, not having enough support or money, dealing with bad feelings, and having tough relationships, among other reasons. By thinking about their own situation and struggles, individuals can work to address the main issues they're facing.

I want every pregnant woman in this situation to know that they can still have a good relationship with their baby and take care of their baby's needs. It is a good idea to find a healthcare provider who knows a lot about opioid use disorder to get the right support. Building a strong support system could be the key to making a big change and getting better.

There are some great ways that pregnant women recovering from opioid use disorder can build their support system. Talking through personal hardships in support groups, with home visitors, with a counselor, or with a therapist can help build the tools and confidence you need to learn how to advocate for yourself and your baby with medical providers.

Q: What is the best way that a pregnant woman can share her questions and concerns with their Obstetric provider?

To make sure you get the best support, it is helpful to find a healthcare provider who knows about substance use issues. One great way for a pregnant woman to talk about their questions and worries with their OB is to write them down before an appointment and bring the list with them. As the pregnancy progresses, working together with the provider to plan for labor, delivery, and postpartum care can get the parent-to-be ready for what is ahead at each stage. I suggest asking your obstetric provider to be open and share information throughout the process so that there are fewer surprises when it is time for the birth, after-birth care, and taking care of the newborn.

Q: After delivery, what does a typical newborn period look like for the parent(s) and baby?

It is common for babies to experience withdrawal symptoms from medications used to treat opioid addiction (also

called neonatal abstinence syndrome), but this should not stop a healthcare provider from prescribing the medications or pregnant women from taking them. After the baby is born, parents should team up with their baby's healthcare provider to keep an eye on the newborn and get help when needed. It is important for parents to be involved in their baby's care and spend time bonding with them. If parents feel they are not getting these chances, they can speak up and ask for them.

Withdrawal symptoms in a baby are treatable, but some babies need to be monitored extra closely and around the clock. It can also be helpful to prepare ahead of time and learn if it is possible that your baby might go to the Neonatal Intensive Care Unit (NICU) instead of staying in the recovery room with you. While unexpected things can happen in any pregnancy and birth, you could ask your providers ahead of time whether they think there is a reason your baby might go to the NICU and what you might expect. For example, you might want to know how long your baby could be in the NICU and make a plan for advocating to still be able to see, touch, and care for your baby as often as possible during your baby's medical care.

Q: Can you share recommended resources?

There are widely available, free, and confidential programs, resources, and provider directories that anyone can access including the following:

- National Maternal Mental Health Hotline provides 24/7 support to pregnant and postpartum individuals experiencing challenges with mood and anxiety, as well as their support persons and loved ones. Call or text 1-833-TLC-MAMA.
- MotherToBaby provides information about exposures, like medications and diseases, during pregnancy and while breastfeeding through its free phone service 866-626-6847, text 855-999-3525, email and live chat via MotherToBaby.org.
- Substance Abuse and Mental Health Services Administration (SAMHSA) offers a directory to find medical providers who specialize in treating opioid use disorders. Locate a practitioner here. SAMHSA also provides a National Helpline that can provide treatment referral and information 24/7. Call 1-800-662-HELP.
- Postpartum Support International HelpLine provides basic information, support, and resources for pregnant, postpartum, and parenting individuals and their support persons and loved ones. This line is not 24/7 but messages are returned daily. Call or text 1-800-944-4773.
- Postpartum Support International Provider Directory lists medical and mental healthcare professionals who are specially certified to care for pregnant and postpartum individuals. Access the directory here.
- The Suicide and Crisis Lifeline is available 24/7 by calling or texting 988.
- Circle of Security is an evidence-based program that helps parents build secure parent-child relationships, effectively meet babies' needs, and help parents break cycles from their own childhoods that they do not wish to carry over to their children. Learn more here and a Circle of Security Parent Educator here.

We had just shared a lot of information with Lyndsay. She was relieved to hear that her recovery treatment was going to allow her to stay well in pregnancy and give her the best chance to have a healthy baby. “I feel like I have a better idea of what questions I need to ask my OB and pediatrician,” she told us. “I feel less alone in this now and it looks like there are places I can go to get more information too.”

References:

MotherToBaby Blog: “Dear Opioid-Addicted Moms-To-Be, We are Here for You”

Centers for Disease Control and Prevention. (2022). ***About opioid use during pregnancy***.

Centers for Disease Control and Prevention. (2022). ***Treatment for opioid use disorder before, during, and after pregnancy***.

Gerdts-Andresen, T. (2021). Circle of security-parenting: a systematic review of effectiveness when using the parent training Programme with multi-problem families. ***Nordic Journal of Social Research***, ***12***(1), 1-26.

Henry, M. C., Sanjuan, P. M., Stone, L. C., Cairo, G. F., Lohr-Valdez, A., & Leeman, L. M. (2021). Alcohol and other substance use disorder recovery during pregnancy among patients with posttraumatic stress disorder symptoms: A qualitative study. ***Drug and Alcohol Dependence Reports***, 1, 100013.

Horton, E., & Murray, C. (2015). A quantitative exploratory evaluation of the circle of security-parenting program with mothers in residential substance-abuse treatment. ***Infant mental health journal***, ***36***(3), 320-336.

Substance Abuse and Mental Health Services Administration. (2018). Clinical guidance for treating pregnant and parenting women with opioid use disorder and their infants. ***Vol HHS Publication No.(SMA) 18-5054***.

Substance Abuse and Mental Health Services Administration. (2024). Evidence-based, whole-person care for pregnant women who have opioid use disorder. SAMHSA Advisory. https://store.samhsa.gov/sites/default/files/whole-person-care-pregnant-people-oud-pep23-02-01-002.pdf

Note: This information should not take the place of medical care and advice from your healthcare providers.

When Addiction Recovery Meets Pregnancy: Finding a Balance for Mom and Baby

By Mara Gaudette, MS, CGC, Teratogen Information Specialist, MotherToBaby

My friend Jocelyn, newly (and unexpectedly!) pregnant called in a bit of a panic. Her cardiologist was switching her high blood pressure medication now that she was pregnant. Jocelyn was still waiting for her asthma doctor to call her back but she figured her asthma treatment plan was another of the many changes she needed to make to accommodate the pregnancy. “Does anything stay the same?” she asked.

Jocelyn was relieved to learn that at least in the case of asthma, the answer is, often, YES! The general thought is that the medications working to treat asthma in a non-pregnant woman are the same ones that should be continued during pregnancy. This is because the main concern is with asthma itself and making sure the developing baby is getting a good supply of oxygen. Improving asthma control is thought to be best for both mom and baby.

Jocelyn had been taking an inhaled corticosteroid for the past five years-ever since she otherwise needed to use her fast-acting rescue inhaler almost daily. Fortunately, for Jocelyn, if a daily preventative is needed, an inhaled corticosteroid like Pulmicort® that she was already taking is a preferred treatment. Why? Well, for one thing, it often works well to stop symptoms. Secondly, because it is inhaled, less of the medication should be able to reach a pregnancy compared to most oral medications. For the same reasons, albuterol for relief of immediate asthma symptoms is also considered a preferred treatment during pregnancy. But, had Jackie been on other types of inhalers when she identified her pregnancy, and they were working well for her, they probably would not need to be changed either.

Maternal asthma that is not well controlled is associated with higher rates of pregnancy complications, such as decreased growth of the baby and preterm delivery (birth before week 37). Therefore, it is important that asthma management during pregnancy continues to include the medications that best control an individual’s asthma symptoms. “Ok,” Jocelyn said. “I will keep going with my inhalers and bug the doctor’s office again to get back to me to confirm.”

Thankfully, the next call I got from Jocelyn wasn’t so panic-stricken. “It sounds like my doctor wants me to continue my asthma inhalers.” With a calmer tone to her voice since our first conversation, she added, “although I would never be a guinea pig, it would be nice if I could help other pregnant women with asthma so they wouldn’t have to go through the scare I just went through.” I told her we can never have too much information when it comes to asthma and treatments during pregnancy and let her know that at MotherToBaby we are still enrolling pregnant women with asthma, pregnant women taking asthma medicines, and even pregnant women without asthma. There is no cost and you are not asked to take any medication… so guinea pigs need not apply! Just call 877-311-8972 or volunteer for a study through our website.

“Oh, what about my allergy medicine?” Jocelyn remembered to ask. “When I don’t take Zyrtec®, my asthma flares, and my allergies have been crazy this spring.” I let her know that antihistamines in general have relatively reassuring pregnancy profiles, but it is always good to check on the specific medication. Pregnancy studies with cetirizine, the medication found in Zyrtec®, have found no increase in birth defects. You can check the product label to make sure

cetirizine is the only medication in your product since brand name products can make different formulations. As with any medication in pregnancy, check in with your healthcare provider and follow their dosing recommendations.

More detailed medication information can be found in the following fact sheets:

https://mothertobaby.org/fact-sheets/albuterol-pregnancy/

https://mothertobaby.org/fact-sheets/asthma-and-pregnancy/

https://mothertobaby.org/fact-sheets/cetirizine/

https://mothertobaby.org/fact-sheets/inhaled-corticosteroids-icss-pregnancy/

Bottomline, breathe in, breathe out, and enjoy your pregnancy as best as possible!

Mara Gaudette is a genetic counselor and received her Masters Degree from Northwestern University. Drawn to the satisfaction of providing immediate reassurance to worried women, she began educating the public about teratogens at MotherToBaby's Illinois affiliate more than a decade ago. Today, she counsels for MotherToBaby California via phone and live chat.

MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies, including the Centers for Disease Control and Prevention (CDC). If you have questions about medications, alcohol, diseases, vaccines, or other exposures during pregnancy or breastfeeding, call MotherToBaby toll-FREE at 866-626-6847 or visit MotherToBaby.org to browse a library of fact sheets and find your nearest affiliate.

When Addiction Recovery Meets Pregnancy: Finding a Balance for Mom and Baby

By Mara Gaudette, MS, CGC, Teratogen Information Specialist, MotherToBaby California

The chat message came through promptly at my morning start time. The words and exclamation marks clearly highlighted worry. "Just found out I'm pregnant! Taking a statin medication to lower cholesterol since 6th grade! Talked to my doctor and stopped taking it yesterday. But what damage have I already done? I know it's a class X drug! Need info – please help!" Mae agreed to a phone call, and I logged off from our MotherToBaby live chat service and phoned Mae.

First, you may wonder why someone would be on a cholesterol-lowering medication since late elementary or middle school. Isn't that extreme? Actually no- in Mae's case she has an inherited condition called familial hypercholesterolemia – or "FH" for short. This is a condition that occurs in about 1 in every 250 persons but is underdiagnosed and therefore undertreated. A simple blood test checking cholesterol levels and a review of your family history (such as checking for heart attacks at younger ages) can help determine if you have FH. Much less common, a more severe form of FH, inherited from both parents, can occur.

To back up a bit, cholesterol is that fatty substance in our bodies that is needed in some amount, but too much cholesterol increases our chance for early heart disease. The lifestyle changes that are recommended to all of us, such as exercising regularly, avoiding smoking, and eating a healthy diet are also part of the treatment plan for FH (and Mae had been working hard to follow these guidelines). But, cholesterol lowering medications are still often a needed part of treatment because lifestyle alone won't lower cholesterol levels enough in persons with FH. For some with FH, statin medications might be prescribed starting at 8-10 years old.

But what about the "category X" classification Mae mentioned-does this mean that statin medications are absolutely proven to increase birth defects? Fortunately, for Mae the answer is a resounding "no!" Many persons are not aware that the FDA decided in 2014 to phase out their letter category rating system. While an easy system to use, it was not a reliable system to predict pregnancy risk (see our January 2015 blog for more information).

So why were statins assigned that old category X? Well, the developing baby needs cholesterol to form properly so there is a theoretical concern that cholesterol-lowering medications could pose a pregnancy risk. Also, for many persons, particularly those without FH, stopping a cholesterol-lowering medication in the short term of a pregnancy is thought unlikely to significantly increase their heart disease risks. However, for some persons, avoiding all cholesterol treatments might pose concerns for both the pregnant woman and baby. So, if you have FH, talking with your cardiologist and obstetrician about a cholesterol treatment plan is important when planning a pregnancy or when you learn of your pregnancy.

Most studies with the class of medications called "statins" have not found an increase in birth defects with accidental use early in pregnancy. This should provide some reassurance to pregnant women who were taking statins before they realized they were pregnant, like Mae. (For more info, see our fact sheet on Statins in pregnancy.)

"I feel a little better. But, I wish there were more pregnancies that were studied. We need more info about medications we might have to take during pregnancy," Mae said. At MotherToBaby, we completely agree! And I appreciated her lead to bring up our optional follow-up program. I let Mae know that in addition to providing information, we have a study team that follows pregnancy outcomes. This will allow us to provide more information to worried parents and their healthcare providers. So, if you find yourself like Mae drawn to the importance of this information and wondering how you can contribute, call 877-311-8972, email mothertobaby@ucsd.edu or you can volunteer for a study through our website. There is no cost to participate and pregnant women are never asked to take a medication.

Mara Gaudette is a genetic counselor and received her Masters Degree from Northwestern University. Drawn to the satisfaction of providing immediate reassurance to worried women, she began educating the public about teratogens at MotherToBaby's Illinois affiliate more than a decade ago. Today, she not only continues to counsel for MotherToBaby via phone, but also on live chat and email as part of MotherToBaby California's team of experts.

MotherToBaby is a service of OTIS, a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures like cholesterol medication, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's text information service by texting questions to (855) 999-3525. You can also visit MotherToBaby.org to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding.

When Addiction Recovery Meets Pregnancy: Finding a Balance for Mom and Baby

Atopic dermatitis, commonly known as eczema, is a condition that makes the skin itchy and inflamed and can cause red or darker colored patches during a flare-up. Symptoms can be mild, moderate, or severe and can come and go. If you are one of the many people who are pregnant and dealing with this itchy, inflamed skin issue, you are not alone. Atopic dermatitis is common in pregnancy. Over half of people with eczema develop symptoms for the first time during their pregnancy. Hormonal changes in pregnancy can make symptoms worse.

There are many ways your healthcare providers may treat your atopic dermatitis during pregnancy. Treatment may be topical (used on the skin) such as moisturizers and creams or systemic (medication taken by mouth or by injection). Information on specific medications can be found in our fact sheets at https://mothertobaby.org/fact-sheets/ or by contacting a MotherToBaby specialist at 866.626.6847.

Generally, the first line of treatment in pregnancy is topical because of the route of exposure. The developing baby is exposed to things in a pregnant woman's blood. When you take a medication by mouth or swallow something, we know that is very likely to enter the bloodstream, where it can then potentially cross the placenta and reach the baby. With most topical products, the skin serves as a good barrier, so it is not expected that a significant amount of the product would be able to enter the pregnant woman's blood where it can then reach the baby. This is especially true when the topical product is used on small areas of the body, used infrequently, or used on healthy (non-broken) skin.

If topical treatment is not working for you, fear not, there may be a glimmer of hope – light therapy.

Understanding Light Therapy:

Light therapy, also known as phototherapy, is a treatment option for atopic dermatitis that involves exposing the skin to ultraviolet (UV) light under controlled conditions. There are various types of light therapy including: narrowband (NBUVB), broadband (BBUVB), UVA, UVA1, full-spectrum light, saltwater bath plus UVB (balneophototherapy), psoralen plus UVA (PUVA), and other forms of phototherapy. UV light is the same light that comes from the sun, and it is not radiation. This therapy aims to reduce inflammation and itchiness, ultimately improving the overall condition of the skin.

Light Therapy During Pregnancy:

While there's limited research on light therapy during pregnancy, it is not expected to increase the chance of pregnancy complications. Most of the types of light are not expected to be absorbed through the skin and reach the developing baby. However, while NBUVB and BBUVB phototherapy can be used during pregnancy, they may reduce folic acid levels. Folic acid is very important for baby's development especially in the first trimester of pregnancy. Make sure you talk with your healthcare provider about folic acid supplementation and monitoring folic acid levels if you do need to get phototherapy in the first trimester. You may find our factsheet on folic acid helpful here: https://mothertobaby.org/fact-sheets/folic-acid/. Additionally, psoralen plus ultraviolet A (PUVA) light therapy should be avoided during pregnancy due to increased chance of low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

In order to learn more about how atopic dermatitis and light therapy may affect pregnancy, MotherToBaby is currently enrolling people who are pregnant in the Eczema & Pregnancy Study. You can make an impact on the health of future families today by joining the study. Learn more about the study here: https://mothertobaby.org/ongoing-study/eczema-moderate-to-severe-atopic-dermatitis/

Protecting the Skin:

Your healthcare provider may recommend using sunscreen for additional skin protection after light therapy. Sunscreen ingredients such as avobenzone, homosalate, octisalate, and octocrylene may be absorbed through the skin in small amounts with regular use, especially if they are used on large areas of the body. However, there is no proven increased risk to a pregnancy from using these ingredients. Mineral sunscreens contain zinc or titanium which are physical blocking agents and stay on top of the skin. That means they are not absorbed through the skin and are not expected to reach the developing baby. More information is available on our blog: https://mothertobaby.org/baby-blog/screening-your-sunscreen-during-pregnancy/

As with any medical treatment during pregnancy, it's essential to weigh the potential risks and benefits with your healthcare provider.

Things to Consider:

Before diving into light therapy, here are a few things to consider:

1. Consult Your Healthcare Provider: Always consult with your healthcare provider before starting any new treatment, especially during pregnancy. Your healthcare provider can help you assess potential risks and determine if light therapy, and what type of light therapy, is right for you.

2. Alternative Treatments: If light therapy isn't suitable for you during pregnancy, don't worry! There may be other treatment options available that can help manage your symptoms. Information on specific medications can be found in our fact sheets at https://mothertobaby.org/fact-sheets/ or by contacting a MotherToBaby specialist at 866.626.6847.

3. Consider Joining the MotherToBaby Eczema & Pregnancy Study: Are you interested in joining our community of expecting parents who are sharing their pregnancy journey with our study team? If you would like more information, visit https://mothertobaby.org/ongoing-study/eczema-moderate-to-severe-atopic-dermatitis/ or call 877-311-8972.

In Conclusion:

Atopic dermatitis can be challenging to manage, especially during pregnancy. However, light therapy offers a ray of hope for many people who are pregnant and struggling with this skin condition. Remember to always consult with your healthcare provider to determine the best course of action for you and your baby. You've got this!

When Addiction Recovery Meets Pregnancy: Finding a Balance for Mom and Baby

Emily called MotherToBaby and confided, “My husband and I are thinking about getting pregnant…I am so excited but scared, too. I am wondering what I can do to make it more likely we will have a healthy pregnancy and baby.”

I assured Emily that we ***love*** it when people call ahead of their pregnancy and ask these questions. Preconception health is a topic that does not receive as much attention as it deserves, and it is important for both Emily and her husband. Good preconception health care can impact fertility and make it easier to conceive, and also helps to improve pregnancy outcomes and the health of the baby.

Here is a preconception prep guide– because if you are ready to have a baby, you want to take steps now to keep you and your baby as healthy as possible:

- **Make a pre-conception checkup appointment:** Begin by making an appointment about three months in advance with your obstetrical care provider. At that appointment you can confirm you are in good health. If you have any chronic conditions such as high blood pressure, thyroid disease, depression or diabetes you and your provider can make sure the condition is being managed effectively and confirm that any prescription or over-the-counter medications you are taking can be continued in the pregnancy. If you have a question about medications during pregnancy, MotherToBaby can help by providing you with information to bring to your appointment.

- **Begin taking a prenatal vitamin:** If you are not already taking a vitamin with folic acid this is a great time to start. The Centers for Disease Control and Prevention (CDC) recommend that all women who can become pregnant take a vitamin containing 400 micrograms of folic acid; this helps reduce the chances for certain birth defects such as spina bifida (when the spinal cord does not form properly).

- **Review your vaccine status**: During your preconception checkup, make sure that you are up to date on vaccinations such as the MMR (measles, mumps, rubella), Tdap (tetanus, diphtheria, whooping cough), influenza, and COVID. Planning ahead makes it more likely you will not get ill during pregnancy and helps protect the baby from getting infections from parents after birth.

- **Get your body fit for pregnancy:** Get regular exercise and consider whether you and your partner are at your preferred weight. If not, make plans to remedy that prior to attempting to get pregnant. You can also learn more about a healthy diet and nutrition. This is something that may improve fertility in both parents and lay the groundwork for a healthy pregnancy.

- **Eliminate harmful exposures:** It goes without saying that this is a great time to make lifestyle changes such as reducing use of alcohol, tobacco, and recreational drugs. Addressing stress and mental health concerns up front can improve fertility, make the whole pregnancy experience better, and prepare you for the excitement and hard work of parenthood.

- **Evaluate your home and work environment:** If you and your partner are exposed to toxic substances like lead in your work or home environment, working to reduce those exposures is very effective when done ahead of the pregnancy.

MotherToBaby has many resources for Emily and her husband – and you! We have fact sheets on medications, herbal agents and supplements, diabetes and other health conditions, illnesses and vaccinations, occupations such as veterinarian and dental, exercise, paternal exposures, and cosmetics (sunscreen, skin creams, nail polish, hair dye). There are also useful blogs and podcasts, and whole web pages on various conditions, and if you have questions, our information specialists are here to help.