Cancer Diagnosis in Pregnancy: You Have Options

A couple of weeks ago, a friend of mine who is in her second trimester of pregnancy, called me in a panic. Due to her recent medical history, it was recommended that she get an MRI in addition to her yearly mammogram as a way to screen for breast cancer. She, like many women who have the same question, was relieved and grateful to get this information. She then asked, “do women get diagnosed with cancer in pregnancy? Can they be treated?”

What We Know about Cancer in Pregnancy

Yes, cancer occurs in about one in a thousand pregnancies every year. The most commonly diagnosed cancers in pregnancy are breast, cervical, Hodgkin’s disease, malignant melanoma, and leukemias. It can be tricky to diagnose cancer during pregnancy because common cancer symptoms such as fatigue, changes in the breasts, bloating, headaches, rectal bleeding, blotchy skin, and achy joints can also be symptoms of pregnancy.

Diagnosis

Cancer can be diagnosed in different ways, including physical exams, biopsies, blood tests, ultrasounds and pap smears – all of which are used in pregnancy. But what about other tests?

- X-rays can be used to diagnose cancer during pregnancy. The level of radiation used during an x-ray is too low to cause any known harm to the developing baby. When possible, women can use a lead shield that covers the abdomen during x-rays.
- Computed tomography (CT or CAT) scans of the head or chest do not directly expose the developing baby to radiation. CT scans of the abdomen or pelvis can be done in pregnancy if absolutely necessary.
- Magnetic resonance imaging (MRI) does not use radiation and can be used in pregnancy.

Once diagnosed, the next thing to consider are various treatment options. Cancer can be successfully treated during pregnancy, but there are some important things to think about such as the size and location of the tumor, if the cancer has spread to other body parts, how far along you are in the pregnancy, and any other health conditions you may have.

- Many medications used for cancer treatment (chemotherapeutic agents) are usually not given in the first trimester of pregnancy, because that’s when a lot of the baby’s development is happening. However, it’s possible to use them in the second or third trimesters. This can vary based on many factors, including the medication itself.
- Surgical procedures (including using anesthesia) can usually be done during pregnancy.
- For treatments such as radiation, hormone therapy, and targeted therapies, it’s often suggested to wait until after the baby is born.

- Depending on the exact treatments and medications, breastfeeding may or may not be recommended.

Thankfully, my friend's MRI is normal at this time. She was reminded to watch for any changes in her breasts and keeping an eye on any symptoms. Remember, whether you are pregnant or not, it's always best to report any concerns to your healthcare provider as soon as possible. This way you can be properly evaluated, and treated if necessary, because most of the time a healthier mom leads to a healthier baby.

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Cancer Diagnosis in Pregnancy: You Have Options

By Lauren Kozlowski, MSW, MPH, MotherToBaby Georgia

"I didn't even know I should ask my OB about that!" It's a reaction I hear almost daily as a teratogen information specialist (a fancy way of saying I've been trained in evaluating and communicating risks of exposures, like medications, during pregnancy). This particular caller's reaction was like so many women going into their first appointment after finding out they were pregnant – she really didn't know how to be her own best advocate. I don't blame her by any stretch. How are women supposed to just know this? What questions should they be asking? Why should they be asking them? I thought, not only did I want to help her, but all of the pregnant women out there, to have a positive, empowering experience once they've found their pregnancy care provider team.

The Importance of the HCP Match

Finding the right health care provider (HCP) for you is essential because doctors, physician's assistants, nurse practitioners, and midwives are people just like you and me. They come with a wide range of personalities and styles of care. Sometimes they will match your own and sometimes they won't. You want to be sure that the people that you

entrust with your health and your baby's health are going to help you make the right decisions about your care. Plus it is worth thinking about how you can reduce any stress you may have about sitting down with the person who will care for you and be a source of support during your pregnancy. In this blog I'd like to suggest some ways that you can plan for the most successful experience during pregnancy with your HCP. In this case, success means finding a provider who listens to you, makes you feel comfortable and discusses all of your concerns and options openly and respectfully.

Getting the Most Out of Your Appointments

The good news is there are some ways to empower yourself in these situations and be more likely to get what you need! Below I have a list of some ways you can get the most out of appointments with your pregnancy care provider:

- You should be able to ask your provider anything you'd like to know about their experience and philosophy around pregnancy and child birth. You can even ask to make a non-clinical appointment to sit down with her or him and discuss this if you'd like to.
- Be prepared for a short visit with the provider at regular appointments throughout your pregnancy. Write down your most important questions and make sure to ask them first.
- If you'd like to research some topics before your HCP visit, choose your sources wisely. The internet is full of a lot of misinformation, but there are reputable organizations from whom you can get evidence-based information about pregnancy. Just a few examples include the American College of Obstetricians and Gynecologists (ACOG, the professional society for HCPs specializing in women's health); the Centers for Disease Control and Prevention (CDC); the Food and Drug Administration (FDA); and our own service, MotherToBaby. Pull information from your sources and bring it with you to your appointment to drive your conversation with your HCP.
- Bring a trusted family member or friend who can bring up anything you forget to – or that can step into the conversation to help make sure you are being heard correctly. This is particularly important at the first visit or when you are worried about something.
- If you routinely take any medications, bring them up as soon as you find out you are pregnant (and when possible, even ***before*** you become pregnant); this will allow you and your HCP to talk about whether there are any alternative medications or therapies better suited for pregnancy and/or breastfeeding. And remember that our specialists at MotherToBaby are available to provide you with up-to-date information on the safety/risk during pregnancy and breastfeeding of any medications you may be taking.
- If you see a specialist for other medical conditions (such as asthma, diabetes, arthritis, lupus, psoriasis, etc.), tell your OB provider who you are seeing and authorize them to communicate with one another about your care. When you are living with a chronic health condition, connecting your pregnancy care provider with your other health providers is important to ensure your disease is well-managed throughout your pregnancy and when you are breastfeeding.
- Even if they don't ask about it, tell your HCP about your use of alcohol, tobacco, or any recreational drugs (like marijuana, heroin, meth, etc.). Some of these substances can affect your pregnancy or your baby's development, so it's important for you and your HCP to talk about it even if you are just an occasional user. Recreational drugs are another type of exposure where MotherToBaby experts can provide you with confidential, up-to-date information on the safety/risk of use during pregnancy and breastfeeding. Importantly, talk to your HCP if you need help quitting any of these substances; there are ways to treat substance use disorders during pregnancy. You also have a chance of being screened for substances at birth – meaning they may test both you and your baby at the hospital. Being prepared for this is important so you know what to expect.
- Ask questions about the hospital at which you will be delivering. Do they have any specific policies or practices you would want to know about in advance? Your HCP will be connected to a specific hospital(s); if you do not want to deliver at that hospital and your insurance allows for other options, you may need to find another prenatal care provider. It is best to ask these questions before you become pregnant or as soon as you start your prenatal care visits.
- If for any reason you do not feel like your HCP listens to you or is able to create a welcoming, safe environment, change providers! If it's a requirement of your insurance, get a list of providers in your network. Then ask friends or family if they have someone they'd recommend. You can further whittle down your list by other things that may be important to you, such as a male vs. female provider or office location. Pregnancy is such an important time in a woman's life, so it's critical that you are under the care of a health provider that you trust. Depending on where you live and what insurance you have, it may not be possible to find another provider – but

if you are able and want to, the sooner you do so in your pregnancy the better. You deserve to feel comfortable and cared for!

A lot of these tips apply to any type of HCP, but pregnancy is a perfect time to flex your self-advocacy muscles and find the provider that is best suited for you. You and baby deserve wonderful and respectful care, and the reality is that sometimes it takes a bit of seeing what's out there to find the right fit. Finding the right HCP can feel a lot like dating, but don't be discouraged! If you don't like the care you are getting, move on to another HCP – with so many exceptional ones out there you can find the best match for you and your pregnancy.

Although not specific to a pregnancy visit, ACOG also offers some tips to help you make the most out of your health care visit: https://www.acog.org/Patients/FAQs/Making-the-Most-of-Your-Health-Care-Visit

If you want to read more about advocating for yourself as a patient, some other resources are below:

Your Best Birth: Providers, Plans and Being Proactive

https://bloomlife.com/wp-content/uploads/2018/11/Best-Birth-Bloomlife-ebook-1.pdf

At the end this includes a great acronym BRAIN (**B**enefits, **R**isks, **A**lternatives, **I**ntuition, Do **N**othing) that can be used whenever you are making decisions or have questions about receiving medical care.

A Doctor's Guide: How To Be A Patient Advocacy Rockstar (For You or a Loved One)

https://www.acsh.org/news/2018/06/21/doctors-guide-how-be-patient-advocacy-rock-star-you-or-loved-one-13106

Health Care Self-Advocacy: Be the Squeaky Wheel

https://www.care2.com/causes/health-care-self-advocacy-be-the-squeaky-wheel.html

The Complete Guide to Becoming Your Own Medical Advocate

https://betterhumans.coach.me/the-complete-guide-to-becoming-your-own-medical-advocate-ddc658a10a57

Lauren Kozlowski, MSW, MPH is serving as the Program Coordinator for MotherToBaby Georgia. She graduated from Boston University with both a Masters of Social Work and a Masters of Public Health. She has experience working with families in both an educational setting, as well as in housing and health, allowing her to recognize the multiple factors contributing to the ability of women and children to thrive. She enjoys living in Atlanta and exploring what the city has to offer.

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Cancer Diagnosis in Pregnancy: You Have Options

By Lori Wolfe, CGC, MotherToBaby North Texas

Nicole called me in tears. She had been trying to become pregnant for the past nine months and was not having any luck. She asked if it could be due to being overweight. As I talked with Nicole, I found out she is about 100 pounds over a healthy weight for her height. As a MotherToBaby specialist, I often talk with women who are trying to become pregnant. It just so happened this question came along as I was reviewing tips for January's Birth Defects Prevention Month. Tip #4 is: **Before you get pregnant, try to reach a healthy weight.**

I explained to Nicole that studies have shown that women who are overweight can have a number of different problems trying to become pregnant, but she shouldn't worry. Many of the problems outlined below can be reversed when healthy eating and exercise are incorporated into her routine. Some of the issues which can result from being overweight while trying to conceive include:

- An increased chance of having irregular or absent periods, making it difficult to conceive
- Producing too much estrogen, which can also make it harder to get pregnant
- An increased chance of having complications during fertility treatments
- Having polycystic ovary syndrome , a hormonal disorder that is a major contributor to infertility in women of child bearing age

Once they get pregnant, women who are overweight or obese are at a higher risk for the following complications during pregnancy:

- Miscarriage
- Heart disease
- Increased chance for a birth defect in the baby
- Gestational diabetes
- High blood pressure and preeclampsia (a dangerous kind of high blood pressure that can happen during or right after pregnancy))
- Cesarean birth

After discussing all of this with Nicole, her next question to me was what can she do to reduce these possible risks? Fortunately, most women with overweight can expect to have a healthy pregnancy. I explained to Nicole that it is best to talk with her doctor and try to lose weight before becoming pregnant. Losing weight once you are pregnant is not advised. Start now to eat a healthy diet and exercise regularly before pregnancy, and keep this up once you become pregnant.

Healthy eating includes folic acid
Another important Birth Defects Prevention Month tip is Tip #1: **Be sure to take 400 micrograms (mcg) of folic acid every day.**

We all need folic acid every day in our bodies to help make new cells. Folic acid is a synthetic form of Vitamin B9, also known as folate. It is very important to take enough folic acid just before and during pregnancy. Many studies have shown that taking 400 mcg of folic acid before and early in pregnancy every day reduces the chance that a baby will have serious birth defects of the spine and brain, called neural tube defects (NTDs). This is even more important in women who are overweight as their body requires more folic acid.

Nicole was relieved to hear that her weight didn't have to be an obstacle and that there were things she could do to increase her chance of becoming pregnant and having a healthy baby. Losing weight, eating healthy foods and daily exercise can increase her chances of becoming pregnant and can decrease her chances of miscarriage, birth defects and other pregnancy problems. She said she will call her health care provider right away to schedule an appointment to talk about everything and was excited that the future looked brighter to one day become a mom!

Lori Wolfe, CGC, is a board certified Genetic Counselor and the Director of MotherToBaby's North Texas affiliate. MotherToBaby aims to educate women about medications and more during pregnancy and breastfeeding. Along with answering women's and health professionals' questions regarding exposures during pregnancy/breastfeeding via MotherToBaby's toll-free number, text line and by email, Wolfe also teaches at the University of North Texas, provides educational talks regarding pregnancy health in community clinics and high schools.

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Cancer Diagnosis in Pregnancy: You Have Options

By Patricia Markland Cole, MPH, MotherToBaby Massachusetts

I heard the pregnant mom on the phone say, "I get this miserable feeling at night with my legs. I feel this constant urge to move my legs and it feels like ants crawling all over. It only happens at night and I just cannot rest like I want to. What can I do?"

Although I haven't had many calls like this in my years with MotherToBaby, every now and then I get a call with a mom describing this condition with her legs and how miserable it makes her. She's trying to get a good night's sleep for the sake of her baby but this condition makes that impossible. Totally frustrating!

The condition she's describing is called Restless Leg Syndrome, or RLS.

RLS, also known as Willis-Ekbom Disease (WED), is a common sleep disorder that affects 5-15% of the US population with women being affected twice as often as men. Although not limited to pregnancy, RLS is commonly associated with pregnancy with approximately 10-34% of pregnant women experiencing RLS.

RLS is associated with an unpleasant feeling in the legs that tends to get worse in the evening (especially at bedtime) and produces an overwhelming desire to move your legs. The movement of your legs or massaging them relieves the sensation to move. As you can imagine, this is quite disruptive when you are trying to get a good night's rest, which is

so important during pregnancy. Pregnancy is considered to pose an increased chance for developing RLS, and the symptoms appear to be the most intense during the last three months of pregnancy. When RLS occurs for the first time during pregnancy it is considered secondary RLS, compared to idiopathic RLS (a condition with an unknown cause). Fortunately for most women who experience RLS in pregnancy, the symptoms disappear soon after birth. Yet for some women the symptoms can last for weeks after childbirth. And depending on when the symptoms start, it can be a long time for a woman to experience many restless nights before any relief is seen.

I would just like to say to any woman who has experienced this during pregnancy, you have my deepest sympathies because this sounds very unpleasant.

So what is a pregnant woman to do?
The first thing to do is to have a conversation with your doctor or nurse. These are the four criteria that need to be met for a diagnosis with RLS:

- Urgent desire to move your legs, along with discomfort such as pain, restlessness, tingling, burning, aching, or a creeping feeling.
- The strong urge to move your legs and the unpleasant feelings in the legs occur just before a person is ready to fall asleep or has not been active for a while. At times the longer the person has been inactive, the worse the symptoms get.
- Moving or massaging your legs relieves the discomfort or greatly reduces it.
- The symptoms show a pattern of only getting worse in the evening or at night.

RLS needs to be properly diagnosed because other conditions that can mimic it must be ruled out. For example, nocturnal leg cramps (i.e., occurring at night) are painful but unlike RLS, moving the legs will not relieve or improve symptoms. Similarly, hypnic jerks are uncontrolled twitches that occur just when a person is falling asleep, but unlike RLS, they are not linked with a desire to move the legs and movement does not improve the symptoms.

What is the cause of RLS in pregnancy?
The answer to this remains unclear. Many hypotheses have been generated and not one agent appears to be solely responsible for RLS during pregnancy.

The most common suspected causes have been associated with folate, iron, and ferritin levels. There is data suggesting that pregnant women suffering from RLS have lower folate levels than women who do not have RLS, but the results have not been consistent. The same is true regarding iron deficiency and low ferritin levels. There have been some results that showed improvement with iron supplements, but there have also been cases where taking these supplements made little improvement. Also, improvement of symptoms after childbirth have not been linked to iron or folate levels. (Note: Glossary for underlined words are at the end of blog)

Another suspect has been Vitamin D. Low levels of Vitamin D are not uncommon in pregnancy and this can affect dopamine activity. Dopamine is a neurotransmitter (a chemical in the brain) in the brain that helps regulate movement (among other things). Since we are dealing with pregnancy (a time when a woman experiences hormonal changes), hormones have also been considered as a cause, especially because the symptoms of RLS disappear for the majority of women after childbirth when hormone levels return to normal.

Other factors that can increase the chance of RLS are a family history of this disorder, having RLS in a previous pregnancy, smoking and caffeine exposure, and inadequate blood flow through veins of the body.

What can be done to manage symptoms?
Helping pregnant women to manage their symptoms is important because the lack of sleep, fatigue and sleepiness in the daytime can impact mood and your general sense of well-being. In addition, there are concerns that dealing with RLS can increase pregnancy complications including prolonged labor, preeclampsia, and a difficult delivery. The data is not strong in these areas and further research is needed.

Treating RLS can reduce the level of stress for the pregnant woman. Avoiding RLS triggers may help; this includes smoking (which in general is not recommended for a healthy pregnancy), caffeine, and medications that lower

dopamine action in the body (like older antihistamines). Conservative treatments include massage and stretching the legs, wearing elastic compression stockings, taking warm baths and moderate exercise on a regular basis. If there is an iron and folate deficiency, supplements can be taken to increase levels, or in extreme cases supplementation by IV for increased iron levels. If these conservative measures have failed, then treatment with medications can be considered.

There are various medications for consideration like certain antiepileptics, benzodiazepine, dopaminergic (certain medications used in the treatment of Parkinson's disease) , opioids (for the most severe cases) and blood pressure medications; each has its positives and negatives. It appears that clonazepam (a benzodiazepine) and clonidine (a blood pressure medication) are the most favorable but neither one is risk-free. If medication is needed, the goal is to use the lowest dose for the shortest amount of time possible. Talk with your health provider about medication options for RLS, and feel free to contact a MotherToBaby specialist for a summary of what is known about these medications when used in pregnancy.

Overall, it is not uncommon for pregnant women to experience sleep disorders during pregnancy and RLS is one of them. It can occur for the first time during pregnancy and symptoms can increase with each stage of pregnancy. Women who have had a family history, had multiple pregnancies, a previous pregnancy with RLS and low levels of some key vitamins and nutrients have a higher chance of experiencing RLS during pregnancy. For the majority of women the symptoms disappear after childbirth, but depending on the severity of symptoms and stage of pregnancy, waiting for childbirth may be unbearable. Fortunately, there are some conservative measures that have helped and, when all else has failed, there are medications as options for treatment. It is important to get a good night's rest, so pregnant women should discuss the matter with their doctors for proper diagnosis and appropriate treatment; and then who knows, maybe you can just "sleep in heavenly peace".

Wishing you a healthy holiday season and a very "silent night."

Patricia Markland Cole, MPH, is the Program Coordinator for MotherToBaby Massachusetts. She obtained her Bachelor's degree in Biology from Simmons College in Boston and her MPH in Maternal and Child Health from Boston University School of Public Health. She has been the serving the families of New England as a teratogen counselor since 2001 and provides oversight for the day-to-day functions and outreach of the program. She has also provides education to graduate students and other professionals.

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Glossary:

Folate is water-soluble (can dissolve in water) and must be taken in every day. Not enough folate can cause anemia

(a condition in which the number of red blood cells is below normal), diseases of the heart and blood vessels, and defects in the brain and spinal cord in a fetus.

Ferritin is a protein in the body, especially found in the bone marrow, spleen, skeletal muscles and liver. It is responsible for storing iron in the cells. By binding with iron, ferritin is decreasing the toxicity of iron and enables its transport.

Dopamine is one of the brain's neurotransmitters—a chemical that ferries information between neurons. Dopamine helps regulate movement, attention, learning, and emotional responses.

References:

Garbazza C, et al. 2018. Management Strategies for Restless Legs Syndrome/Willis-Ekbom Disease During Pregnancy. Sleep Med Clinics. Sep; 13(3):335-348

Gupta R, et al. 2016. Restless legs syndrome and pregnancy; prevalence, possible pathophysiological mechanisms treatment. Acta Neurol Scand. May;133(5):320-9.

Grover A, et al. 2015. Restless leg syndrome in pregnancy. Obstet Med. Sep;8(3):121-5

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Cancer Diagnosis in Pregnancy: You Have Options

By Bethany Kotlar, MPH, Teratogen Information Specialist, MotherToBaby Georgia

Anyone who has been pregnant knows it's no walk in the park. From the intense nausea, vomiting, and strange cravings of the first trimester, to all the aches and pains of the third trimester, carrying a baby can feel like a marathon! It's no wonder pregnant women look high and low for any form of relief. Two questions we are asked frequently here at MotherToBaby are-"Can I get a massage?" and "Is acupuncture safe during pregnancy?"

Want a massage? Here's the rub…

At 38 weeks pregnant, my feet hurt, my back hurt, sometimes it felt like even my hair hurt! All I wanted was someone to knead all my aches and pains away. I wanted a massage, so being a MotherToBaby information specialist, I set out to research massage during pregnancy. On the plus side, studies have shown that massage can benefit pregnant women. Massage during pregnancy not only helps with those aches and pains, it has also been shown to decrease stress, help ease symptoms of depression, and increase feelings of wellbeing. Sounds pretty good, right?

So, should you run out and book that massage right this second? Not too fast – there are a couple of things to keep in mind. The safety of massage in the first trimester hasn't been studied well. Because of this, some massage therapists and medical professionals recommend avoiding massage during the first three months of pregnancy. If you do decide to get a massage in the first trimester, it's better to choose a massage that doesn't use heat (like a hot towel or hot stones), especially around the stomach area or lower back. This is because overheating during pregnancy can increase the risk of birth defects. See our fact sheet on hyperthermia for more information: https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/.

When getting a massage at any point in pregnancy, choose a massage therapist who is trained to work with pregnant women. These therapists will know to avoid pressure in certain areas and will also know which places can get especially sore when you're carrying a baby. It's also best to avoid massages that apply a lot of pressure, like deep tissue massages, since these haven't been well studied. Finally, make sure your therapist knows whether you have any allergies to certain oils and that they are using products that are not known to increase risk during pregnancy.

If you're getting a massage in late pregnancy, the massage therapist may offer to apply pressure to certain points on your body that are thought to bring on labor. Studies have not shown that this actually induces labor, but to be on the safe side it's better to wait until you are at least 39 weeks pregnant to try.

What about acupuncture? A few points…

Acupuncture is a technique in which a trained practitioner inserts very small needles into certain points of the body. Stimulating these points is thought to help with pain, indigestion, infertility, and much more. Acupuncture is usually recommended to pregnant women to help with nausea and vomiting, and to relieve pain.

The available studies do not show an increased risk of birth defects or other pregnancy problems when pregnant women use acupuncture. The most common risk with acupuncture is to feel a little pain when the needles are placed. While the risk from acupuncture is low, studies also haven't shown that acupuncture necessarily helps with nausea, vomiting, or pain during pregnancy.

If you do decide to get acupuncture during pregnancy, be sure to find a trained practitioner. You may want to find a practitioner with experience working with pregnant women as well. Make sure your practitioner is not re-using needles from other clients as this may increase the risk of certain infections. Like massage, there are a few acupuncture points that are thought to bring on labor. Studies haven't shown that this will bring baby earlier, but it's best to avoid these points unless you are at least 39 weeks pregnant.

As with any treatment, it's best to talk to your healthcare provider before starting. Remember, we're here to help too! If you have any questions about massage, acupuncture, or any other exposure during pregnancy, you can contact an expert at MotherToBaby by calling 866-626-6847, texting 855-999-3525, or by live chat or email at https://mothertobaby.org//a>.

***Bethany Kotlar, MPH**, is a teratology information specialist with MotherToBaby Georgia. She holds a Masters in Public Health specializing in Maternal and Child Health, and is a Certified Childbirth Educator. She enjoys exercising, traveling and Netflix.*

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