Planning a Healthy Pregnancy

Tanya called in on a Monday morning. “I’m getting married in a few months and we want to start trying to get pregnant right away. What should I be doing now to have the best chance of a healthy baby?”

Preconception health and pregnancy planning present a terrific opportunity to assess a wide range of factors that can give your baby the best start. This blog will outline the things to consider, as I relayed to Tanya:

Your Personal Health

Are you generally healthy? If you already get headaches or have acid reflux, know that pregnancy can make these more frequent. Ask your doctor if the way you treat these common conditions should change once you are pregnant. Ask about your current exercise routine and if you need to alter it during pregnancy. Get checked for sexually transmitted infections because some may not show symptoms. Also discuss your medications – some should be stopped before you start trying to conceive, such as Valproic acid, leflunomide (e.g. Arava®), teriflunomide (Aubagio®), methotrexate, and isotretinoin (e.g. Accutane®) to name just a few. For others, you’ll want to weigh the risks vs. the benefits with your health provider before you conceive. Talk with your doctors now to make a plan.

Caffeine

Do you drink caffeinated coffee, tea, or soda? What about energy drinks, protein powders, or Kombucha? MotherToBaby’s fact sheet on caffeine may put your mind at ease and encourage you to think about all your beverage options.

Body Weight

Is your weight a concern? One of the best things you can do before conception is to get to a healthy weight. Women who are overweight or obese have increased risks for miscarriage, birth defects, gestational diabetes, high blood pressure and preeclampsia, and unplanned cesarean birth. Now is a good time to meet with a nutritionist or go on a sensible diet to get to a healthy weight in anticipation of pregnancy. Once you are pregnant, continue to watch what you eat but don’t try to lose weight. Weight gain is inevitable during pregnancy but guidelines from the American College of Obstetricians and Gynecologists (or ACOG, the leading professional society for OB/GYNs) advise women to gain anywhere from 11-40 pounds, depending on your pre-pregnancy weight. It’s a myth that you need to “eat for two,” so don’t set yourself up for postpartum weight gain by eating more than you should. After delivery of an average 7-8 lb. baby, you may lose 2 lbs. in amniotic fluid, 1.5 lbs. of placenta, 5-7 lbs. in blood volume, and 2 lbs. as the uterus returns to its normal size. That could still leave you with 10 pounds of excess weight, or more if you gained more weight during the pregnancy. Some women never take off those extra pounds, and their weight creeps up with successive pregnancies and age, which can lead to pregnancy complications and chronic health problems later on. See our exercise fact sheet for more information.

Chronic Health Conditions

Do you have chronic health conditions like diabetes, high blood pressure, migraines, asthma, high cholesterol, heart conditions, varicose veins, or anemia? Do you have an autoimmune disease like Crohn's or ulcerative colitis, lupus, rheumatoid arthritis, ankylosing spondylitis, multiple sclerosis, psoriasis or psoriatic arthritis? Meet with your obstetrician for a "preconception" appointment to discuss how a pregnancy might impact your health, and how your health might affect a future pregnancy. Your specialist can provide an important opinion too. A maternal-fetal medicine specialist (MFM) is a doctor who specializes in high-risk pregnancies, and consulting with a MFM once you are pregnant could help you learn how to optimize your and your baby's health.

Mental Health

What about your mental health? If you have a history of anxiety or depression, ADHD or other conditions, ask your psychiatrist and OB about treatment, and don't make changes before you do. Many medications can be continued during pregnancy and while breastfeeding. In fact, mental health is incredibly important – for example, when a woman doesn't treat her mood disorder or inadequately treats it, some studies suggest risks for miscarriage, premature birth, low birth weight, and preeclampsia. Talk therapy is vitally important too. And if you struggle with mental health concerns during the pregnancy, you are at risk for postpartum depression. Let's face it – pregnancy and caring for a new baby is stressful, so now is the time to marshal your helpers – friends, relatives, therapists and doctors – to ensure you have enough support. Your obstetrician should ask about mental health but if not, speak up. Your doctor can be your ally here, helping you get treatment and addressing concerns related to pregnancy and postpartum mental health. And MotherToBaby can give you an overview of the research related to any prescriptions you might choose to take.

Dental Health

Have you seen a dentist lately? Oral health can impact a pregnancy, meaning that if you have swollen or bleeding gums, a toothache or an infection, it can increase risks to the pregnancy. If you need to have a dental x-ray, take antibiotics, or have local anesthesia for a dental procedure, these are generally acceptable during pregnancy, but best to complete before you get pregnant. Contact MotherToBaby for more details.

Your Workplace

Where do you work? MotherToBaby can give you information to minimize exposures in a veterinarian office, dry cleaners, salon, laboratory/hospital, imaging center, pest control service, or other business. Your occupational safety department can recommend personal protective equipment (PPE) and tell you about ventilation that may be in place to ensure workplace safety. Safety data sheets (SDS) give an overview of chemicals used in industry and are available online or at work.

Food Safety

Read up on food safety and learn how to minimize your exposure to foods that have commonly been associated with foodborne illness such as E. coli or listeria. Get in the habit of washing your fresh fruits and vegetables well. Check out other blogs on our website too.

Vitamins and Supplements

Have you started taking a prenatal vitamin? Are you getting enough folic acid? ACOG recommends that women take at least 400 mcg of folic acid before getting pregnant and at least 600-800 mcg/day once they are pregnant. This can help prevent birth defects of the brain and spinal cord. Call MotherToBaby if you want to learn the recommended daily intake for specific vitamins or minerals. In general, taking more than what is recommended is not advisable – we haven't studied how mega-doses of vitamins may impact a pregnancy. Other supplements beyond taking a prenatal vitamin are not advisable either – the Food & Drug Administration (FDA) doesn't supervise their manufacturing plants and past surveys have shown some supplements actually contain contaminants. Furthermore, we've seen instances where the label didn't match the contents of the bottle and could cause ill effects. Pregnant and breastfeeding women should avoid herbal supplements unless specifically recommended by your doctor.

Alcohol, Cannabis, and Tobacco

Do you smoke cigarettes? Do you use cannabis for medicinal or recreational purposes? Do you drink alcohol? Recent research has demonstrated that marijuana use very early in pregnancy causes changes in brain development, which could result in behavioral or learning challenges we see later in the child's life. Cigarettes increase risks for pregnancy loss, among other things. And alcohol is known to cause a variety of birth defects known as fetal alcohol spectrum disorder (FASD). We don't believe that there is a "safe" amount of alcohol which when consumed doesn't cause issues for a developing child. Now is the time to quit smoking, drinking, and using cannabis – your baby will be heathier for it. MotherToBaby can provide resources, or check with your doctor.

Vaccinations

Are you up to date on all your vaccines? Did you get a flu shot this past season? You don't want a vaccine-preventable illness to have an impact on your pregnancy. Flu infection can increase risks for more severe symptoms, longer-lasting illness, pregnancy loss and premature delivery, which can have a lifelong impact on your baby. Flu vaccine helps prevent infection. Another benefit to vaccinating during pregnancy? Studies show the protection extends to your baby, and gives them a little extra immunity from birth until they can receive vaccines. Also good to know: some vaccines can be given and are recommended during pregnancy, like a flu shot or TDAP, but others are best given before you conceive to avoid a small risk of spreading the illness to the fetus (e.g. the measles, mumps, and rubella (MMR) vaccine, as well as the Varicella (chicken pox) vaccine) – so try to get these done at least a month before trying to conceive. Check your medical records to see the last time you received any of these vaccinations. If you don't know if you were previously vaccinated, your doctor can draw blood to check if you have immunity.

Your Pets

Do you have a cat? There is some concern in pregnancy about an infection called toxoplasmosis, which is caused by a parasite that can be found in cat feces. Read our blog for more info on what you can do to prevent this infection if you have a fur baby at home.

Other Illnesses

Do your upcoming travel plans involve travel to a warm tropical place? Check out our Zika fact sheet to learn more before you book nonrefundable tickets. In general, women will want to wait to try to conceive for eight weeks from the time of your return home; the wait time is three months if your male partner travels with you. COVID-19 is also spreading around the globe and our fact sheet can give you the latest information on whether and how it could affect a pregnancy.

Finally, your obstetrician or primary care doctor would be glad to see you for a Preconception consultation. Make an appointment to discuss your personal history and health. It's a great way to get you and your baby off to the best start.

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The holiday season was in full swing when Katie found out she was pregnant. She called me and wanted to know if she could continue to take Zoloft (or sertraline), the medication she was prescribed to treat her depression. The idea of coming off of the medication scared Katie, just as much as the idea of taking something that could affect her baby did. Katie also had been feeling a bit more exhausted and down than usual, possibly due to both her pregnancy and to a case of the holiday blues. 'Tis may be the season to be jolly – but it is also a time when emotions (and stress levels) can run high.

Reasons for the Holiday Blues

Some of the most common reasons that people feel extra stress during the holidays include money, family, traveling, over-committing to attending events, and for some, the inability to spend time with their loved ones. Being pregnant can add another layer of anxiety to an already hectic time. Though the season is always presented as a time filled with joy, it can certainly take a toll on people's mental health. It is important to note that when depression is left untreated during pregnancy, there may be increased risks for miscarriage, preeclampsia, preterm delivery, low birth weight, and a number of other harmful effects on mom and baby. See our fact sheet on depression and pregnancy. It's also important during pregnancy to not stop (or start) taking any medications without first talking with your health provider. Whether or not a woman continues to take a medication throughout her pregnancy will depend on the benefits of taking the medication versus any possible risks associated with the medication. For that reason, I suggested to Katie that she should speak with her healthcare provider about whether or not continuing to take sertraline is in her best interest given her particular health history and pregnancy.

Mental Health & SSRIs

I then reviewed with Katie everything that we know about sertraline use during pregnancy. Sertraline has been one of our most viewed fact sheets on MotherToBaby.org in recent months, and is in a class of medications called SSRI's, or selective serotonin reuptake inhibitors. A small number of studies have found associations between sertraline use during pregnancy and particular birth defects, such as heart defects. However, the majority of the studies looking at over 10,000 pregnant women, have found that women taking sertraline during pregnancy are not more likely to have a baby with a birth defect than women not taking the medication. Overall, the available information does not suggest that sertraline increases the chance for birth defects above the 3-5% background risk that is there for every pregnancy. We have a wonderful fact sheet on this medication that you can view here. We also have a mental health web page where you can see links to fact sheets on other SSRI's and commonly prescribed medications for people dealing with depression and anxiety, as well as Baby Blogs on related topics. All of our fact sheets also address breastfeeding, so if you are in the postpartum period please also take a look or reach out to us with questions.

If you're feeling blue this holiday season, remember that it is just as important to take care of yourself as it is to care for those around you. The holidays can also be a wonderful time of year to take stock of what it is in life that you're thankful for. If you do find that you are feeling down or depressed and have been feeling this way for quite some time, seeing your healthcare provider may be a good step to take. If you are pregnant and dealing with feelings of sadness and depression, do not assume you cannot take a medication to help with your symptoms. If you are pregnant and already taking a medication for depression, don't stop taking it without talking to your healthcare provider. Always check with your health care provider before starting or stopping any medication.

The experts at MotherToBaby are always here to offer the latest information on medications in order to help you and

your healthcare provider make the best care plan possible for you and baby. If you're feeling blue, make sure to reach out to a friend or family member that can remind you you're not alone, and that you are cared for. To all women and their families, here's to a healthy, happy holiday season!

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Planning a Healthy Pregnancy

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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Planning a Healthy Pregnancy

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.

About MotherToBaby

***MotherToBaby** is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new **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 or connect with all of our resources by downloading the new MotherToBaby free app, available on **Android** and **iOS** markets.*

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Planning a Healthy Pregnancy

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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