

That Bites! Rattlesnakes and Pregnancy

At MotherToBaby we receive all kinds of questions about exposures during pregnancy. Most often, we teratogen information specialists get similar questions no matter what state or part of the country we work in. Commonly asked questions cover topics like medications, supplements, and alcohol. We also get questions about less common exposures too, such as someone taking their pet's medication or a chemical spill in the workplace. Working in Arizona, we sometimes get questions that specialists in other parts of the country do not get- such as what happens if a woman is bitten by a rattlesnake during pregnancy.

Get Medical Care Right Away

Anyone who is bitten by a rattlesnake should seek medical care immediately—even if they do not notice symptoms at first. This is especially important during pregnancy.

Symptoms can include:

- Pain and swelling at the bite site
- Nausea
- Swelling of the mouth or throat
- Trouble breathing
- Bleeding or blood clotting problems

People should **not** try to treat a snake bite themselves. Quick and appropriate medical care can lower the risk of serious complications.

Complications

Blood clots are one serious complication that is possible from a rattlesnake bite. Although anyone can develop a blood clot, **pregnancy increases the risk by about five times**. Clots can reduce blood flow to the fetus or travel to the lungs (pulmonary embolism), which can be life-threatening. Complications related to blood clots include miscarriage, stillbirth, reduced fetal growth, thrombosis (clots blocking veins or arteries), placental insufficiency (reduced oxygen and nutrients reaching the fetus), changes in blood pressure, preterm delivery (before week 37), heart attack, stroke, and death.

It is important to remember that birth defects and miscarriage can happen in any pregnancy for many reasons. About 3 out of 100 babies (3%) are born with a birth defect each year, and miscarriage is common. Information on snake bites during pregnancy is limited. Case reports describe hydrocephalus (fluid buildup in the brain), intracranial hemorrhage (bleeding in the skull), reduced fetal movement, placental abruption, miscarriage, stillbirth, and maternal death. While case reports cannot prove that venom caused these outcomes, they show that snake bites can be serious and require prompt treatment. Outcomes may depend on the amount of venom, the stage of pregnancy, how quickly treatment begins, and the type and quality of care received.

Treatment During Pregnancy

Treatment for rattlesnake bites may include:

- Antivenom (medicine made of antibodies that helps neutralize venom)
- Blood tests to monitor clotting
- Monitoring fetal movement and/or fetal heart rate

There are reports of healthy babies being born after treatment with antivenom. Although information is limited, experts believe that treating a rattlesnake bite with antivenom is safer than leaving the bite untreated during pregnancy. In the small number of babies followed after exposure to antivenom during pregnancy, no long-term health problems have been reported.

Final Thoughts

A rattlesnake bite during pregnancy is a medical emergency. Immediate treatment and careful monitoring are likely to be recommended to protect both the mother and fetus. While there are still gaps in what we know, prompt medical care offers the best chance for a healthy outcome.

More information on rattlesnake bites can be found at the Arizona Poison and Drug Information Center [website here](#).

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By Lorrie Harris-Sagaribay, MPH, President of OTIS/MotherToBaby, in partnership with Joanne Samuel Goldblum, CEO and founder of National Diaper Bank Network.

MotherToBaby is proud to partner with the **National Diaper Bank Network (NDBN)** as the organization marks its 15th anniversary in 2026 – celebrating a decade and a half of supporting families across the country by ensuring access to diapers and other essential material needs. Through our partnership, we’ve learned that many parents and caregivers, especially those who are pregnant or caring for newborns, often ask the same kinds of questions about everyday exposures during pregnancy and lactation.

These concerns come straight from the field, as NDBN staff and volunteers working directly with families hear questions like these every day. To help answer them, MotherToBaby experts weigh in on some of the families’ most common questions about pregnancy and breastfeeding exposures.

First, it’s important to remember that birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. Pregnancy problems (like miscarriage) can also happen in any pregnancy. MotherToBaby looks at research studies to understand if a certain exposure could increase the chance of birth defects or other problems in a pregnancy.

Here are five of the exposures that NBDN families ask about most frequently:

1. Caffeine

During pregnancy, it’s recommended to keep your **caffeine** intake to less than 200 milligrams (mg) per day from all sources, including coffee, tea, energy drinks, and chocolate. (For reference, an 8-ounce cup of brewed coffee can

contain 70 to 140 mg of caffeine, depending on the type of coffee and how it is brewed.) During breastfeeding, it's been suggested to stay under 300 mg per day, although that amount might be too high when the baby is very young (it takes young babies much longer than adults to process, or metabolize, caffeine). Even some older babies can be more sensitive to caffeine than others are. If you notice that your baby seems jittery, irritable, or wide awake in the middle of the night after you drink caffeine, you could consider cutting back.

Let's talk more about **energy drinks**. Most energy drinks contain not only caffeine, sugar, and B vitamins, but also **herbal ingredients** that most likely haven't been studied in pregnancy or breastfeeding. This means there is no information about how much of these ingredients might reach the developing baby during pregnancy or get into the breast milk. For this reason, it might be preferred to hold off on energy drinks until you aren't pregnant or breastfeeding any longer.

2. Over-the-Counter Pain Medications

Two of the most common over-the-counter pain medications are **acetaminophen** (such as Tylenol®) and **ibuprofen** (such as Advil®). These pain relievers are also found in multi-symptom products, such as cold medications. During pregnancy, using acetaminophen for a short time when directed by a healthcare provider to treat pain or fever has not been shown to increase pregnancy risks. Acetaminophen should be used as directed and only for as long as you need it to treat your condition. Ibuprofen, on the other hand, is typically not recommended in pregnancy, especially in the second half of pregnancy, unless your healthcare provider has specifically advised using it.

During breastfeeding though, acetaminophen and ibuprofen can both be used as directed without expected side effects for the baby. The amount of acetaminophen or ibuprofen that gets into the breast milk is much less than the dose that could be given directly to an infant.

3. Fish and Mercury

You might have heard a rumor that eating fish is not a good idea during pregnancy. But this is not the case. While it's true that most fish could contain some amount of mercury (or more specifically, a form of mercury called methylmercury), these amounts are often too small to increase pregnancy risks as long as you make thoughtful choices about eating fish.

The amount of **methylmercury in fish** gets higher as fish move up the food chain. Big predatory fish that eat smaller fish usually have higher levels of methylmercury. These big fish include swordfish, marlin, bigeye tuna, and king mackerel, among others. These fish should be avoided during pregnancy and while breastfeeding.

Other kinds of fish can be enjoyed in moderation (1 to 3 servings per week, depending on the kind of fish and where it is caught). The U.S. Food & Drug Administration (FDA) and United States Environmental Protection Agency (EPA) developed a helpful guide that lists many kinds of fish and gives advice on how often they can be eaten by women who are pregnant or breastfeeding and by children ages 1-11 years:
<https://www.fda.gov/food/consumers/advice-about-eating-fish>.

4. Cleaning Products

Is it better to use natural cleaning products like vinegar during pregnancy or while breastfeeding? What about when you have a young child in the home?

The way you use a **cleaning product** is usually more important than what the product is. Although using vinegar as a cleaner isn't expected to increase risks during pregnancy or while breastfeeding, there could be some surfaces or situations that require more effective products for sanitizing and disinfecting. In order for a chemical to be able to reach a developing baby during pregnancy or to get into the breast milk, the chemical first has to be circulating in your bloodstream. As long as a product is used in a well-ventilated area (open doors or windows, turn on fans) and your skin is protected from direct contact with the cleaner, then using the cleaner as directed is unlikely to result in an exposure that would get into your bloodstream. If you start to feel any symptoms, such as nausea, dizziness, or headache, increase ventilation in the area and get some fresh air. If you do use vinegar to clean, be sure not to mix it with ammonia or other chemicals, as that can create harmful fumes. With any cleaning product, follow the directions on the label for how to use and store it.

As far as what kinds of cleaners are preferred when you have young children in the home, that is a great question to talk about with your child's healthcare provider.

5. Animal Dander/Feces

Common household pets like dogs, cats, and rodents tend to be furry. Although pet dander itself is not known to be harmful during pregnancy or while breastfeeding, dander could increase the chance of breathing problems if you have significant allergies or **asthma**. If you are experiencing worsening symptoms of allergies or asthma during your pregnancy, be sure to talk about it with your healthcare provider. It's also a good idea to wash your hands after handling any kind of rodent, even sweet, furry, household pets.

What about animal feces? It's best to avoid direct contact with any animal feces during pregnancy. This means you get a free pass on cleaning the gerbil cage or scooping the litterbox, if possible. Cat feces, in particular, can contain a parasite responsible for an infection called **toxoplasmosis**, especially if the cat is allowed outside or is fed raw meat. A toxoplasmosis infection during pregnancy increases the chance of pregnancy complications, and could even pass to the fetus. There's no need to rehome your cat or avoid petting it, but you should avoid direct contact with the cat's feces while you are pregnant.

Closing Thoughts

Through our partnership with NDBN, MotherToBaby is committed to answering the real questions families are asking—accurately, clearly, and compassionately. We know that parents want the best for their babies, and they deserve trusted, evidence-based information to make informed choices.

If you or someone you know has questions about exposures while pregnant or breastfeeding, you can contact a MotherToBaby specialist for free and confidential information via phone, text, or chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Together with NDBN, we'll continue listening, learning, and supporting families when it matters most.

More About the National Diaper Bank Network

The National Diaper Bank Network (NDBN) leads a nationwide movement dedicated to helping individuals, children and families access the basic necessities they require to thrive and reach their full potential...including clean, dry diapers, period supplies and other basic needs. Launched in 2011 with the support of founding sponsor Huggies®, NDBN is dedicated to creating awareness of diaper need/diaper insecurity and advocating for public policy to end it. The Network is made up of more than 300 basic needs banks serving local communities throughout the U.S. More information on NDBN and diaper need is available at nationaldiaperbanknetwork.org, and on [Twitter \(@DiaperNetwork\)](https://twitter.com/DiaperNetwork), [Instagram \(@DiaperNetwork\)](https://www.instagram.com/DiaperNetwork) and [Facebook \(facebook.com/NationalDiaperBankNetwork\)](https://www.facebook.com/NationalDiaperBankNetwork).

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For breastfeeding people living in rural areas, it is often difficult to find appropriate breastfeeding and lactation resources as they can be few and far between. According to the Centers for Disease Control and Prevention (CDC), infants in rural areas are less likely to ever breastfeed than infants living in urban areas.

Emma, a new mother to a baby boy, lives in a rural area where the nearest town with a healthcare facility is over an hour away. Even by phone, it was difficult to reach her provider's office. She was determined to provide the best for her son, including breastfeeding; however, she was concerned about managing her post-partum **anxiety and depression**. She wasn't sure where to find out if her medications were something she could take while breastfeeding -

which made her more anxious! Emma faced some common challenges living in a rural area:

- **Travel Barriers** – Emma struggled with general breastfeeding and medications concerns, all while managing the demands of a newborn; traveling long distances for an appointment was not only exhausting, but also not ideal.
- **Limited Local Support** – Emma’s town had no specialized breastfeeding support services. The nearest support group was a two-hour drive away, making it difficult for Emma to access help when she needed it most.
- **Limited Resources** – Finding reliable information about breastfeeding was another challenge. Emma felt isolated and unsure where to turn for accurate information.

One day, while searching for answers online and discovering mixed information about the medications she wanted to start, Emma discovered MotherToBaby. Intrigued by our expert support that was available remotely and promptly, she explored our fact sheets, blogs, and podcasts that cover a range of breastfeeding topics. After reviewing our website, she was delighted to see our live chat service!

During our conversation, we addressed Emma’s concerns about breastfeeding while on her medications to treat her post-partum anxiety and depression. We were also able to discuss the recommendations for vaccines while breastfeeding (like the updated **COVID-19** and **influenza vaccines**). We also answered her questions about cold medications, referring her to our **specialized blog**. She was very relieved to connect with someone so quickly and receive accurate information on the spot.

The flexibility of MotherToBaby’s online services was also a game-changer for Emma. She was now able to access information at times that suited her schedule, as she also could use our text, email, or phone service. This was particularly important for Emma, since her days were unpredictable and often included late-night feedings and other unexpected moments!

MotherToBaby referred Emma to online lactation resources and support groups. Engaging with other breastfeeding parents and experts on an online platform can provide her with emotional support and encouragement. Sharing experiences and hearing from others who faced similar challenges can also help Emma feel less alone and more empowered in her breastfeeding journey. Engaging with the online community and support can provide Emma with a sense of connection and support that was missing in her rural area, which can help her more easily navigate the ups and downs of breastfeeding.

Mental health support was also very important to Emma because she lacked this in her daily life. Resources like **Post-**

Partum Support International (PSI) and the National Maternal Mental Health Hotline are now tools Emma has to support her along the way.

With evidence-based information about her medications and referrals to the appropriate resources, Emma felt much more reassured about treating her anxiety and depression while breastfeeding. She felt more knowledgeable and prepared to continue taking care of herself and her newborn. The convenience of online support and education alleviated much of the stress she had been feeling. She could now focus more on bonding with her baby, knowing she can turn to MotherToBaby should she have more questions or concerns about medications or exposures while breastfeeding.

References:

<https://www.ruralhealthinfo.org/toolkits/maternal-health/2/breastfeeding>

<https://www.cdc.gov/breastfeeding/data/facts.html>

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Let's face it, being pregnant can be hard, having a baby is without a doubt hard, and taking care of a newborn might be even harder, especially if it's your first. Even when it feels like you are doing a great job, there is always someone who can't stop suggesting ways to make things better.

Think about it, I am sure you have heard...

“If you do this _____, your baby will sleep through the night.”

“I had 4 kids and that has never happened to me...”

“You need to stop drinking coffee if you want to breastfeed.”

“You should consider changing your diet, it might help you lose some of the baby weight.”

Sound familiar? That someone can be your parents, siblings, partner, the in-laws, grandparents, extended family members, or some random person/influencer online. With no shame, those are probably good ideas that may have worked for them whenever you had their own kids but it might not be the same for you and that is okay. Every experience is different, and no kid is the same.

When I was pregnant, I felt so great! I was on top of the world (ignoring the weight gain, and the shortness of breath). Really, no joke. Receiving compliments everywhere I went felt awesome!

But now that I have my baby... it sometimes feels like everyone wants me to do more and do “better”. Culture and ethnicity play a huge part in how we approach parenthood but let me tell you... being a Latina woman holds no exception.

So, let’s talk about some myths among the Latino community.

#1, Adding a little bit of cereal to the baby’s bottle will help him/her sleep better, especially at night.

Fact or Myth?

This is true or a fact but not necessarily for a healthy standpoint. You may notice your baby sleeping for longer periods of time but it’s because they are being overfed and it will require more effort from the digestive system to break down this heavy meal. Think about that time when you ate way more than what you were used to. You might have felt tired and opted for a nap; the same thing happens to your baby. Remember that babies need to eat every 2-3 hrs., and sometimes earlier if you are exclusively breastfeeding (since breastmilk is easier to digest, compared to formula).

So, next time you hear this, please, do not add any cereal to your baby’s bottle unless your pediatrician instructs you to do so. You can read more about “Boosting your Breastmilk” here:
<https://mothertobaby.org/baby-blog/boosting-milk-for-baby-the-supply-demands-of-breastfeeding/>.

#2 You should start a liquid diet once you have your baby to produce more breastmilk and lose the weight gained.

Fact or Myth?

Myth! You have spent 9 months “eating for two” and now they want you to stop eating and go on a liquid diet! This is not only a myth, but it could also be harmful to you, especially if breastfeeding is a goal of yours. To successfully produce enough breastmilk to feed your baby, your body needs to be well nourished. The goal is to be hydrated and eat a variety of foods from each food group [carbohydrates, proteins (vegetable or animal sources), vegetables, fruits, and dairy] and to nurse your baby as often as they want/need (on demand). So please, drink lots of water but also eat solid foods, unless your healthcare provider instructs you to do something else.

PS: If you want to know more about nutrition, talk to a registered dietitian. They will work with you to help achieve your goals. Read more about other blogs on nutrition at: <https://mothertobaby.org/category/food-beverages/>.

#3 Eating eggs after delivery will make your breastmilk smell bad and your baby won't latch.

Fact or Myth?

Yet, another myth! All foods have different mechanisms of digestion, and although some take longer to digest, it is a myth that some residues will affect the smell of your breastmilk. Same as above, if you are a fan of eggs and you have been eating them throughout the pregnancy, there is no conclusive evidence to suggest that you should stop eating them after delivery. On the contrary, studies show that the earlier we expose our babies to the Big 8 food allergens (milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat, and soybeans; with sesame being the 9th added), the better likelihood there is that this may reduce their chances of having a food allergy later in life. So once again, it is safe to say you can continue drinking your water and eating your meals, bearing in mind the importance of practicing **food safety** [eating fully cooked foods, with an internal temperature of 160°F, for the eggs] Learn more about food safety here: <https://mothertobaby.org/fact-sheets/eating-raw-undercooked-or-cold-meats-and-seafood/>,

#4 Drinking coffee while breastfeeding will make your baby fussy.

Fact or Myth?

This is a fact but when the intake of caffeine surpasses 300mg a day. Remember that being fussy is not a diagnosis, it is a symptom of some underlying problem. Fussiness and gassiness are very common in babies since they are not moving. If you are breastfeeding and your baby is getting fussy very often, contact your healthcare provider. But rest assured that one cup of brewed coffee a day will not make your baby fussy as it is typically around 137 mg of caffeine. More often than not, there are other reasons why your baby might be fussy such as: excessive sugar intake, complex carbohydrates intake (which are harder to break down in your digestive system), among many other reasons. To learn more about caffeine intake during the pregnancy or while breastfeeding, check out our Fact Sheet at:

<https://mothertobaby.org/fact-sheets/caffeine-pregnancy/> .

Now that we have talked about some myths among our community, I hope we can spread the word and you may feel more empowered to make your own decisions based on what we have discussed today.

Being a Latina mom living in the United States has given me a different perspective but no matter where I am, I have heard these myths about motherhood more often than I would like to admit. Hopefully debunking and explaining some of these myths will help you and others understand that at the end of the day, you are more than capable of making good choices and you know what works best for you and your baby.

Take care of yourself so you can take care of that little person you just had. At MotherToBaby we are here to help you, just one call, text, chat, or email away.

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As the famous song croons, “Summertime and the living is easy....” Summer is finally here! COVID-19 has interfered with outdoor gatherings, but people are starting to venture out...with good social distancing, of course! Outdoor activities mean more sun exposure, and healthcare providers recommend protecting your skin from the sun. These recommendations stem from concerns that the sun’s UV (ultraviolet) rays can damage the skin and increase the risk for skin cancer and early aging. Studies show that an exposure as short as 15 minutes in duration can cause skin damage.

Sunscreen and Pregnancy

Pregnant women often ask MotherToBaby about whether sunscreen is ok to use during pregnancy. The US Food and Drug Administration (FDA) regulates sunscreen ingredients to ensure safety and effectiveness. The FDA is currently in the process of updating requirements, so stay tuned for news on that front. The FDA reminds us that, “Given the recognized public health benefits of sunscreen use, Americans should continue to use sunscreen with other sun protective measures as this important rulemaking effort moves forward.”

What’s in Sunscreen?

There are two types of UV rays that cause skin damage: UV-A and UV-B. Sunscreens that protect against both types of rays are called ‘broad spectrum’. There are many different active ingredients in sunscreens sold in the US. Some contain chemicals like oxybenzone, an agent banned in some areas because it is harmful to coral. It used to be thought that because they were applied topically to the skin, sunscreens did not end up in the bloodstream. However, several recent studies have found that there is some absorption of sunscreen chemicals through the skin, although in relatively small amounts. Many of these sunscreen chemicals have not been studied very well in pregnancy, although they are not known to have a negative effect on the pregnancy or baby. Aside from active sunscreen ingredients, many products contain other ingredients such as CBD oil (made from the marijuana plant) that have not been studied well in pregnancy. Read the label! Apply your sunscreen properly and then wash your hands.

Alternatives

One alternative is to use a mineral sunscreen such as titanium dioxide and zinc oxide. These are physical blocking agents and stay on top of the skin. That means they are not absorbed through the skin and may be a good choice. These mineral sunscreens are best applied as a lotion rather than a spray since they may be a hazard when inhaled.

Also, limit your exposure by using a hat and other protective clothing, and not going out in the sun during peak hours (between 10a – 2p).

Our last bit of advice? Enjoy your summer!

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