

What's the Scoop on Protein Supplements during Pregnancy and Breastfeeding?

Do you enjoy protein shakes, adding protein powder to your smoothies, or using pre-workout mixes with protein? My friend, Emily, is currently in her first trimester and loves getting extra protein. Before she got pregnant, she started power lifting, which also came with extra protein supplementation. Once she got pregnant, Emily asked me, like so many others in her position, if she could continue her protein supplementation during pregnancy and when breastfeeding.

With any pregnancy, there is a 3% chance of developing a birth defect. So I looked into protein supplementation to see if it changes the risk for birth defects, side effects during breastfeeding, or any other issues. That way, Emily could make a well-informed decision for her health and the health of her family.

Many of these protein products contain types of protein that are also found in everyday foods and even in breast milk. Everyone needs a certain amount of protein every day as a part of a balanced diet. However, there are certain reasons why someone might have a specific daily protein intake goal. Like Emily, many people are interested in having more protein to build muscle. There are other health conditions, like phenylketonuria (PKU), that affect how much protein you should get in your diet. Ultimately, it is very important for you to review your personal daily protein intake goals with your healthcare team to make sure your health is supported.

Not every protein supplement has been well studied, so information on using them during pregnancy or breastfeeding is limited. In addition, many protein powders and drinks also include other ingredients, such as added vitamins or herbal products. For more information on herbal products, check out our fact sheet on here: <https://mothertobaby.org/fact-sheets/herbal-products-pregnancy/>.

Supplements are regulated differently than prescription drugs. Even though the United States Food and Drug Administration (FDA) regulates supplements, the FDA doesn't check every product for safety or effectiveness before it goes on the shelf. This means some protein powders might contain some unknown or unlisted ingredients.

So before adding that extra scoop of protein powder, take some time to figure out if protein supplementation is right for you.

How Much Protein Do You Need?

How much protein you need depends on different factors, such as age, activity level, and health. Some proteins have a daily recommended dietary allowance (RDA). The RDA depends on a person's weight. You, most likely, get some amount of protein from your diet naturally. It's important to take your diet into consideration when trying to figure out how much protein you should be having. Because there are so many things to consider, it's recommended to talk with your healthcare team to make sure you are meeting your nutritional needs. Getting the right amount of protein for you is not expected to increase the risk for issues during pregnancy or side effects during breastfeeding.

What are the typical amino acids in protein supplements?

Most protein powders contain many amino acids. Amino acids are the building blocks of protein. The list below may not include everything that might be found in your protein powder. Since not every amino acid has an RDA, here is a list of the known amino acids with an RDA. It's always a good idea to double check with your healthcare team on what your specific protein intake goals are.

- **Cysteine & Methionine***
 - RDA during pregnancy: 25 mg/kg
 - RDA during breastfeeding: 26 mg/kg
- **Isoleucine**
 - RDA during pregnancy: 25 mg/kg
 - RDA during breastfeeding: 30 mg/kg
- **Leucine**
 - RDA during pregnancy: 56 mg/kg
 - RDA during breastfeeding: 62 mg/kg
- **Lysine**
 - RDA for adults: 12 mg/kg
- **Threonine**
 - RDA during pregnancy: 26 mg/kg
 - RDA during breastfeeding: 30 mg/kg
- **Tryptophan**
 - RDA for adults: 3.5 mg/kg
- **Valine**
 - RDA for pregnancy: 31 mg/kg

- RDA for breastfeeding: 35 mg/kg

*Note: The RDA for methionine and cysteine is combined.

What About Other Ingredients?

Often, protein powders can have other ingredients in addition to the protein. Again, check the label on your specific products, as they can vary.

- **Caffeine:** For more information on caffeine, check out our fact sheet: <https://mothertobaby.org/fact-sheets/caffeine-pregnancy/>
- **Collagen:** There aren't any studies that look at the use of collagen as a supplement during human pregnancy or breastfeeding.
- **Creatine:** Creatine is naturally found in the body and in breastmilk. There aren't any studies that look at the use of creatine as a supplement during human pregnancy or breastfeeding.

So What Now?

Emily realized that since there is not a lot of information on protein supplementation during pregnancy and breastfeeding. The best next step for her was to chat with her healthcare team about what would best support her health and pregnancy. Some providers on her healthcare team include her primary care provider, her nurse-midwife, her nutritionist, and her endocrine specialist. Emily decided that she's even going to talk to a lactation consultant now so she can have time to prepare for breastfeeding. She knew how to measure how much protein she was getting in her protein powder, but she needed help estimating how much protein she naturally gets in her diet as well.

Have more questions about supplements or other exposures during pregnancy or breastfeeding? Talk to a teratogen-information specialist at [MotherToBaby.org](https://mothertobaby.org).

References

Elango R. & O Ball, R. 2016. Protein and amino acid requirements during pregnancy. *Advances in Nutrition*, 7(4): 839-844. <https://doi.org/10.3945/an.115.011817>.

Food and Nutrition Board. 2005. Dietary reference intakes for energy, carbohydrate, fiber, fat, fatty acids, cholesterol, protein, and amino acids. Washington, DC: The National Academies Press.

National Research Council. 1989. **Recommended dietary allowances: 10th Edition**. Washington, DC: The National Academies Press. <https://doi.org/10.17226/1349>.

U.S. Food & Drug Administration. 2025. Infant formula. <https://www.fda.gov/food/resources-you-food/infant-formula>

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, July 14, 2026.

What's the Scoop on Protein Supplements during Pregnancy and Breastfeeding?

Ever wonder if you're getting the right amount of vitamins and minerals during pregnancy or breastfeeding? Like Goldilocks, you don't want too little or too much — you want **just right**. Even though it took Goldilocks multiple tries to find the right size chair and the right bowl of porridge, it doesn't have to take you that long to find the right amount of vitamins and minerals for you!

Everyone has a 3% chance of developing a birth defect during pregnancy. Getting the right amount of vitamins and minerals FOR YOU is not expected to increase the risk for issues during pregnancy and it is not expected to increase

the risk for side effects during breastfeeding.

Most people in the United States get some vitamins and minerals in their diet. However, your healthcare provider might have specific goals for you to get certain amounts of a vitamin or mineral, particularly during pregnancy or breastfeeding. One way to get that extra support during pregnancy is to take a prenatal vitamin that has at least 600 mcg of folic acid (for more information on folic acid, check out our fact sheet: <https://mothertobaby.org/fact-sheets/folic-acid/>).

If you also take other supplements, or drink juices and shakes that list vitamins on the nutrition label, you could be getting more than you need. Reading nutrition labels help you track how many vitamins and minerals you are getting into your body.

DRIs: What Are They?

DRI stands for Dietary Reference Intake. DRIs are a list of nutritional values that are used to guide people to make sure they are getting a well-balanced diet that supports their health. There are a couple different DRIs, but the ones that are used in this blog are called RDA and UL.

- **RDA (Recommended Dietary Allowance):** The average daily amount of a vitamin or mineral that most people need.
- **UL (Tolerable Upper Limit):** The maximum safe amount you can take in a day without raising the risk of side effects.

Not every vitamin and mineral has an RDA or UL. For the vitamins and minerals that do have DRIs, it's typically recommended to aim for the RDA every day, unless your healthcare provider tells you differently. For the ones that do have DRIs, they can change based on age or when pregnant or breastfeeding. You will also get many nutrients from your regular diet, so supplements are intended to help fill in gaps — not overload your system.

Why Supplement Safety Matters

Supplements are regulated differently than prescription drugs. Even though the United States Food and Drug Administration (FDA) regulates supplements, the FDA doesn't check every product for safety or effectiveness before it goes on the shelf. This means labels may not always tell the whole story, and some products could include unknown or unlisted ingredients.

Talk to your healthcare provider before taking a supplement to make sure you are getting the right amount of vitamins and minerals to support your health. You can contact MotherToBaby to get more information on a supplement you are considering.

Have more questions about supplements or exposures during pregnancy or breastfeeding? You can reach a teratogen-information specialist at [MotherToBaby.org](https://www.MotherToBaby.org).

DRIs for Vitamins and Minerals During Pregnancy and Breastfeeding:

Name	RDA-pregnancy	UL-pregnancy	RDA-lactation	UL-lactation
Biotin	14+ years old: 30 mcg	Unknown	14+ years old: 35 mcg	Unknown
Boron	Unknown	14-18 years old: 17 mg 19+ years old: 20 mg	Unknown	14-18 years old: 17 mg 19+ years old: 20 mg
Calcium	14-18 years old: 1,300 mg 19+ years old: 1,000 mg	14-18 years old: 3,000 mg 19+ years old: 2,500 mg	14-18 years old: 1,300 mg 19+ years old: 1,000 mg	14-18 years old: 3,000 mg 19+ years old: 2,500 mg
Choline	14+ years old: 450 mg	14-18 years old: 3,000 mg 19+ years old: 3,500 mg	14+ years old: 550 mg	14-18 years old: 3,000 mg 19+ years old: 3,500 mg

Chromium	14-18 years old: 29 mcg 19+ years old: 30 mcg	Unknown	14-18 years old: 44 mcg 19+ years old: 45 mcg	Unknown
Copper	14+ years old: 1,000 mcg	14-18 years old: 8,000 mcg 19+ years old: 10,000 mcg	14+ years old: 1,300 mcg	14-18 years old: 8,000 mcg 19+ years old: 10,000 mcg
Folic Acid	14+ years old: 600 mcg DFE	14-18 years old: 800 mcg 19+ years old: 1,000 mcg	14+ years old: 500 mcg DFE	14-18 years old: 800 mcg 19+ years old: 1,000 mcg
Iodine	14+ years old: 220 mcg	14-18 years old: 900 mcg 19+ years old: 1,100 mcg	14+ years old: 290 mcg	14-18 years old: 900 mcg 19+ years old: 1,100 mcg

Iron	14+ years old: 27 mg	14+ years old: 45 mg	14-18 years old: 10 mg 19+ years old: 9 mg	14+ years old: 45 mg
Magnesium	14-18 years old: 400 mg 19-30 years old: 350 mg 30+ years old: 360 mg	9+ years old: 350 mg*	14-18 years old: 360 mg 19-30 years old: 310 mg 30+ years old: 320 mg	9+ years old: 350 mg*
Manganese	14+ years old: 2.0 mg	14-18 years old: 9 mg 19+ years old: 11 mg	14+ years old: 2.6 mg	14-18 years old: 9 mg 19+ years old: 11 mg
Molybdenum	14+ years old: 50 mcg	14-18 years old: 1,700 mcg 19+ years old: 2,000 mcg	14+ years old: 50 mcg	14-18 years old: 1,700 mcg 19+ years old: 2,000 mcg
Niacin	14+ years old: 18 mg NE	14-18 years old: 30 mg 19+ years old: 35 mg	14+ years old: 17 mg NE	14-18 years old: 30 mg 19+ years old: 35 mg

Omega-3 fatty acids	14+ years old: 1,400 mg	Unknown	14+ years old: 1,300 mg	Unknown
Pantothenic acid	14+ years old: 6 mg	Unknown	14+ years old: 7 mg	Unknown
Phosphorus	14-18 years old: 1,250 mg 19+ years old: 700 mg	14+ years old: 3,500 mg	14-18 years old: 1,250 mg 19+ years old: 700 mg	14+ years old: 4,000 mg
Potassium	14-18 years old: 2,600 mg 19+ years old: 2,900 mg	Unknown	14-18 years old: 2,500 mg 19+ years old: 2,800 mg	Unknown
Riboflavin	14+ years old: 1.4 mg	Unknown	14+ years old: 1.6 mg	Unknown
Selenium	14+ years old: 60 mcg	14+ years old: 400 mcg	14+ years old: 70 mcg	14+ years old: 400 mcg
Thiamin	14+ years old: 1.4 mg	Unknown	14+ years old: 1.4 mg	Unknown

Vitamin A	14-18 years old: 750 mcg RAE 19+ years old: 770 mcg RAE	14-18 years old: 2,800 mcg 19+ years old: 3,000 mcg	14-18 years old: 1,200 mcg RAE 19+ years old: 1,300 mcg RAE	14-18 years old: 2,800 mcg 19+ years old: 3,000 mcg
Vitamin B6	14+ years old: 1.9 mg	14-18 years old: 80 mg 19+ years old: 100 mg	14+ years old: 2.0 mg	14-18 years old: 80 mg 19+ years old: 100 mg
Vitamin B12	14+ years old: 2.6 mcg	Unknown	14+ years old: 2.8 mcg	Unknown
Vitamin C	14-18 years old: 80 mg 19+ years old: 85 mg	14-18 years old: 1,800 mg 19+ years old: 2,000 mg	14-18 years old: 115 mg 19+ years old: 120 mg	14-18 years old: 1,800 mg 19+ years old: 2,000 mg
Vitamin D	14+ years old: 15 mcg (600 IU)	14+ years old: 100 mcg (4,000 IU)	14+ years old: 15 mcg (600 IU)	14+ years old: 100 mcg (4,000 IU)

Vitamin E	14+ years old: 15 mg	14-18 years old:	14-18 years
		800 mg 19+ years old: 1,000 mg	old: 800 mg 19+ years old: 1,000 mg
Vitamin K	14-18 years old: 75 mcg 19+ years old: 90 mcg	Unknown	14-18 years old: 75 mcg 19+ years old: 90 mcg
		Unknown	Unknown
Zinc	14-18 years old: 12 mg 19+ years old: 11 mg	14-18 years old: 34 mg 19+ years old: 40 mg	14-18 years old: 13 mg 19+ years old: 12 mg
		14-18 years old: 34 mg 19+ years old: 40 mg	14-18 years old: 34 mg 19+ years old: 40 mg

(This chart has last been updated on 9/29/2025)

***Note: The UL for magnesium only applies to supplements. You can safely get more from food since the RDA includes dietary magnesium.**

Where Can I Find More Information?

MotherToBaby has fact sheets on a couple of the common vitamins and minerals that might be found in a multivitamin or a prenatal vitamin. For more detailed information on a specific vitamin or mineral, check out our fact sheets below:

- **Folic acid** – <https://mothertobaby.org/fact-sheets/folic-acid/>

- **Iodine** – <https://mothertobaby.org/fact-sheets/iodine-pregnancy/>
- **Iron** – <https://mothertobaby.org/fact-sheets/iron/>
- **Vitamin A** – <https://mothertobaby.org/fact-sheets/vitamin-a/>
- **Vitamin B12** – <https://mothertobaby.org/fact-sheets/vitamin-b12/>
- **Vitamin C** – <https://mothertobaby.org/fact-sheets/vitamin-c/>
- **Vitamin D** – <https://mothertobaby.org/fact-sheets/vitamin-d/>
- **Vitamin E** – <https://mothertobaby.org/fact-sheets/vitamin-e/>
- **Vitamin K** – <https://mothertobaby.org/fact-sheets/vitamin-k/>
- **Zinc** – <https://mothertobaby.org/fact-sheets/zinc/>

References

National Academies of Sciences, Engineering, and Medicine. 1998. Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B6, Folate, Vitamin B12, Pantothenic Acid, Biotin, and Choline. Washington, DC: The National Academies Press. <https://doi.org/10.17226/6015>.

National Institutes of Health Office of Dietary Supplements. 2025. Dietary Supplement Fact Sheets. U.S. Department of Human and Health Services. <https://ods.od.nih.gov/factsheets/list-all/>

Office of Disease Prevention and Health Promotion. 2023. Dietary Reference Intakes. U.S. Department of Human and Health Services. <https://odphp.health.gov/our-work/nutrition-physical-activity/dietary-guidelines/dietary-reference-intakes>

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, July 14, 2026.

What's the Scoop on Protein Supplements during Pregnancy and Breastfeeding?

During my own three pregnancies, I learned how even the smallest skin discomforts can feel like a lot. Pregnancy had a way of making me hyperaware of every sensation in my body. Most of the skin problems I had during pregnancy were minor irritations, like dry skin and acne, and they eventually went away. This was not the case with my hidradenitis suppurativa (HS). HS didn't take a break just because I was pregnant. So, what happens when the discomfort is something more chronic, something that doesn't come and go with a particular week or trimester, but shows up again and again, like HS?

What is hidradenitis suppurativa (HS)?

HS is a long-term skin condition that causes repeated painful lumps, areas that drain (abscesses), or pits and tunnels under the skin. These areas tend to show up where skin folds and rubs together, such as the armpits, groin, inner thighs, under the breasts, or along the buttocks. Over time, HS may also cause ropelike scars to develop, which can limit movement in some areas. For example, scarring in the armpits may make it difficult to fully lift the arms. HS can also cause pain, which can make daily activities, work, and intimate relationships hard for people with HS.

Symptoms of HS can include ingrown hairs, infections, or cysts, which is why diagnosis by a healthcare provider familiar with HS, like a dermatologist, is important. HS is considered an inflammatory condition because the same spots can get inflamed over and over again, often described as "flares." HS is not caused by infection, poor hygiene, diet, or anything you did or didn't do. HS is not contagious (it does not spread from person to person). Instead, HS is "multifactorial," meaning it is influenced by several things at once, including the immune system, genetics, hormones, and more.

How do pregnancy and HS interact with each other?

Everyone's experience with HS in pregnancy is different. Some people notice that their symptoms get better in pregnancy, others notice little change, and some find that their symptoms worsen and flares increase. Experiences can also be different between pregnancies. For two of my pregnancies, my symptoms stayed the same, but in the third, the number of my flares increased, and I had much more pain.

Can HS affect pregnancy outcomes?

Pregnancy hormones, increased body heat, and sweating can sometimes make areas with HS feel more inflamed or tender. And as your body grows and shifts during pregnancy, areas that weren't rubbing before may suddenly start rubbing now. Occasionally, an area of the skin may become more irritated or develop signs of infection. Because HS can get better or worse during pregnancy, it is helpful to check in with your healthcare provider whenever you notice new symptoms or changes in how HS feels in your body.

Pregnancy complications, like miscarriage, are common and can occur in any pregnancy for many different reasons. Birth defects can also 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.

Many people with HS have no complications during pregnancy. At the same time, recent research has suggested that HS may increase the chance for certain pregnancy-related problems, not because HS directly causes them, but because the underlying inflammation in HS may play a role.

Several studies looking at more than 5,000 pregnant women with HS found that pregnant women with HS had a higher chance of miscarriage and of developing high blood pressure and/or diabetes in pregnancy when compared with pregnant women without HS. And when looking at babies, these studies found that babies born to moms with HS had a slightly higher chance of being born preterm (birth before week 37). One study did show a slightly higher chance of birth defects, which was not seen in other studies. Learning that for the first time can feel scary, and I remember feeling that way too. However, while having HS **may** increase the chance for certain pregnancy related problems, it does not mean that if you have HS something **will** happen. We are still learning a lot about HS and pregnancy.

What do we know about HS medications in pregnancy?

Some people may not need any treatment during pregnancy or may be able to pause certain medications. Others may need ongoing therapy to manage and treat their HS symptoms. For some people, the potential benefits of treatment may outweigh the risks of using medication. In addition to reduce inflammation, treating HS in pregnancy may help improve comfort for some people and might reduce pain or lower the chance of infections.

Thinking about treatments during pregnancy can feel confusing, especially when your symptoms change. For me, because I had no flares in my first two pregnancies and required no treatment, I felt very nervous when my breakouts increased during my third pregnancy. Yes, I was in pain and uncomfortable every time I walked, but that wasn't what was worrying me most. I was anxious about the stress HS was placing on my body and how constant inflammation might affect my baby. It was the first time pregnancy made me feel unsure about what my own body might do next. I needed to make decisions about the best course of treatment, and that felt overwhelming at first. The good news is that I didn't have to make those decisions alone. With the help of my healthcare providers, and resources available at MotherToBaby, we talked through what was known about my treatment options and what made the most sense for my HS and made me more confident in my pregnancy.

Some of the treatments options we discussed included **topical antibiotics**, such as clindamycin, and **antiseptic washes**, such as chlorhexidine or diluted bleach baths. Based on available data, using washes and antibiotics on the skin is not known to increase risks to a pregnancy because most of the medication is not well absorbed into the bloodstream, where it could reach the baby. Small amounts of **corticosteroids** may be injected directly into inflamed bumps to help calm down painful flares. When a corticosteroid is injected into the skin, it primarily stays in that area, and very little of the medication enters the bloodstream.

Antibiotics taken by mouth (**oral antibiotics**) are sometimes used to help manage HS symptoms or treat suspected infections. The antibiotics most often used to manage HS symptoms, **cephalexin (Keflex)** and **clindamycin**, are not expected to increase the chance for pregnancy complications or birth defects when they are used as prescribed. Some other antibiotics, however, have been associated with certain pregnancy-related complications.

People with HS may also use medications called **biologics**, which target the inflammation caused by HS. These may include medications such as **adalimumab (Humira)**, **secukinumab (Cosentyx)**, and **bimekizumab (Bimzelx)**. Some biologics, like adalimumab, have been used to treat other inflammatory or autoimmune conditions in pregnancy and have been very reassuring. For newer biologics such as secukinumab and bimekizumab, we don't have as much information yet. Because antibiotic or biologic choices can vary based on your HS symptoms, you can always contact MotherToBaby to talk through what is known about a specific medication.

Other things that can also make a big difference for some pregnant women, especially as your body changes, include wearing loose, breathable clothing, minimizing friction in skin folds, using gentle non-scrubbing body soaps, changing out of damp or sweaty clothing as soon as possible, and trimming (not shaving) in areas that are more sensitive to HS. Some healthcare providers may also recommend taking an extra **zinc** supplement.

Even if you take medication and follow all these steps, you may still experience HS flares in pregnancy. That is not your fault. HS is a long-term condition, and pregnancy can add new layers to how it feels day to day. But you don't have to navigate it alone. I didn't either. Understanding how HS and pregnancy interact, along with having reliable resources like MotherToBaby, may give you comfort and confidence throughout your pregnancy. Your experience matters, and so does feeling supported during it.

What can you do to help us understand more about HS and pregnancy?

We continue to learn about the relationship between HS and pregnancy to better support pregnant women and their babies. If you are pregnant and living with HS, your experience matters. MotherToBaby is currently enrolling participants in a study on HS in pregnancy, and your story could help us learn more. Participation is simple, completely confidential, and can be done from home. You can learn more at: <https://mothertobaby.org/ongoing-study/hidradenitis-suppurativa/>

HS Resources:

- HS Connect at <https://hsconnect.org/>
- HS Foundation at <https://www.hs-foundation.org/>

References:

- Chen YN, Shen CH, Tai CC, Wang TY, Chi CC. Adverse pregnancy outcomes among pregnant women with hidradenitis suppurativa: a systematic review and meta-analysis. Clin Exp Dermatol. 2026 Mar 26;51(4):578-586. doi: 10.1093/ced/llaf515. PMID: 41268934.
- Ghanshani R, Lee K, Crew AB, Shi VY, Hsiao JL. A Guide to the Management of Hidradenitis Suppurativa in Pregnancy and Lactation. Am J Clin Dermatol. 2025 May;26(3):345-360. doi: 10.1007/s40257-025-00935-x. PMID: 40131719;
- Rivin GM, Fleischer AB Jr. Women of Childbearing Age With Hidradenitis Suppurativa Frequently Prescribed Medications With Pregnancy Risk. J Drugs Dermatol. 2023 Jul 1;22(7):706-709. doi: 10.36849/JDD.6818. PMID: 37410037.

Disclaimer from the author: Artificial intelligence tools were used for proofreading, grammar refinement, and development of the title

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, July 14, 2026.

What's the Scoop on Protein Supplements during Pregnancy and Breastfeeding?

The runs, the trots, the green apple quickstep. You have heard all the nicknames for it, but even hearing something as cute as “bubble guts” does not make diarrhea any better, especially during pregnancy or breastfeeding.

Just last week, I got a call from someone in a panic: “Leah, it is really bad. I am so uncomfortable. I thought you were supposed to get constipated during pregnancy.”

That caller was not wrong – constipation can be common during pregnancy. Hormones like prostaglandins – which help signal to your intestines that it is time to **move things along** – tend to slow down during pregnancy. Even still, constipation does not always happen.

Food poisoning, viral illnesses (like COVID-19), and chronic conditions (like IBS or Crohn’s disease) can all cause diarrhea, even during pregnancy or breastfeeding. No matter where it comes from, everyone asks the same question, “How do I make this stop?” Before we answer that question, let us talk about what is really going on when you have diarrhea.

Diarrhea: What is Actually Going On?

What makes diarrhea different from your regular poops? Diarrhea is when you have loose or watery stools (poops). Diarrhea can look brown, but it can sometimes look yellow, mucous-y, or mostly clear. Some other symptoms of diarrhea can include abdominal cramping, feeling the urge “to go,” or gas. Diarrhea can be caused by lots of different things. Sometimes, diarrhea can be caused by food or drinks (such as food poisoning, contaminated water, or allergies to food products like lactose). Diarrhea can also be caused by other conditions (such as viral infections, conditions that affect the GI system, or medications). When you have diarrhea, your body gets rid of water and electrolytes much faster than usual. It is always important (but especially when you have diarrhea) to wash your hands for at least 20 seconds with soap and water after going to the bathroom. This helps prevent the spread of infections.

What Does That Mean if I am Pregnant or Breastfeeding?

One of the main concerns with diarrhea is the risk of dehydration. If you are severely dehydrated during pregnancy, this can increase the risk of some pregnancy-related issues, like oligohydramnios (not enough amniotic fluid). If you are severely dehydrated while breastfeeding, this can lower the amount of breastmilk that you produce. Yellow or dark urine, being unable to urinate, feeling dizzy or faint, and feeling thirsty are some signs of dehydration. Typically, rehydration includes giving yourself more water and more electrolytes to replace the water and electrolytes that you lost from the diarrhea. If you are experiencing dehydration, you should check with your healthcare team about what you can do to rehydrate yourself.

Over-The-Counter Options

Over-the-counter medications might be a helpful way to treat diarrhea, depending on the situation. Let us explore what we know about the common over-the-counter antidiarrheal medications: loperamide (Imodium) and bismuth subsalicylate (Pepto-Bismol). For more information on these types of medications, or any others, contact a specialist at MotherToBaby.

Loperamide

Loperamide is a common over-the-counter antidiarrheal. Loperamide works by attaching to certain receptors in your intestines to say, “please don’t move things along so much.” Taking loperamide slows the movement in your intestines, which slows down how often you have a bowel movement.

When you take loperamide as directed, most of the medication stays in your intestines and it is not expected that you would absorb a lot of the loperamide into your bloodstream where it can then reach the baby. Loperamide, however, is not well-studied in pregnancy and it is not known if taking loperamide as directed during pregnancy changes the chance of miscarriage or pregnancy-related issues, like preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces at birth). One study showed that taking loperamide during the first trimester of pregnancy might increase the chance of birth defects and another study did not find an increased chance.

Because there is not a lot of information about using loperamide during pregnancy, you and your healthcare provider may need to decide what’s best for you. Treating diarrhea is important especially to prevent dehydration, but it is also important to consider the limited information we have about this medication in pregnancy.

Loperamide does pass into breastmilk. If you decide to take loperamide while breastfeeding, your infant will get a very small exposure. It is not expected that exposure to loperamide through breastmilk will lead to side effects in the infant.

Bismuth Subsalicylate

Bismuth subsalicylate is another over-the-counter medication that is commonly used for diarrhea. Some common names for bismuth subsalicylate are Pepto-Bismol, Kaopectate, and BisBacter. Bismuth subsalicylate works by slowing prostaglandins down (which helps to lower inflammation and slow intestinal movements) and encouraging your body to reabsorb water from the intestines (which helps make bowel movements less watery). Bismuth subsalicylate turns into two components in the body: bismuth and salicylate.

Most of the bismuth stays in your intestines and it is not expected that you would absorb a lot of the bismuth into your bloodstream where it can reach the baby.

However, salicylate can be absorbed into your bloodstream. Taking something that has salicylate in it during pregnancy (like bismuth subsalicylate or NSAIDS, like aspirin or ibuprofen), can cause problems with how the baby’s heart works or how baby’s kidneys work which may cause oligohydramnios (not enough amniotic fluid around the

baby) and poor lung development. It may also cause bleeding concerns for you. Because of this, it is generally recommended to avoid any medications that have salicylate in them, especially in the second and third trimester of your pregnancy.

If you take something that has salicylate in it while breastfeeding (like bismuth subsalicylate or NSAIDs, like aspirin or ibuprofen), some salicylate will most likely be present in your breastmilk. There is concern about giving salicylate directly to an infant. Infants tend to metabolize (or process) salicylate slower than adults do. Reye's syndrome, a rare condition involving brain swelling and liver damage, can happen if an infant is recovering from a viral infection and is exposed directly to salicylate.

For more information on bismuth subsalicylate, check out our “Managing Tummy Troubles During Pregnancy” blog.

The Bottom Line - No Pun Intended

Diarrhea is uncomfortable, exhausting, and when you are pregnant or breastfeeding, often stressful on a whole new level. You should not have to choose between feeling better and worrying about your baby.

Staying hydrated is always a priority, but when symptoms don't improve, medications might be helpful, depending on your situation. As always, if you notice any changes in your body during pregnancy or in your infant during breastfeeding (like an increase in stools, or a change in color or consistency of stools), you can reach out to a healthcare provider for guidance on what to do next.

And remember, if you ever feel unsure about an exposure, medication, or symptom during pregnancy or breastfeeding, you don't have to figure it out alone. Evidence-based guidance can bring peace of mind — even on the days your stomach has other plans. Contact a MotherToBaby specialist to talk to someone about your concerns.

Good luck and I hope your tummy feels better soon!

References

<https://www.acog.org/womens-health/faqs/problems-of-the-digestive-system>

<https://www.acog.org/womens-health/faqs/morning-sickness-nausea-and-vomiting-of-pregnancy>

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, July 14, 2026.

What's the Scoop on Protein Supplements during Pregnancy and Breastfeeding?

By MotherToBaby and experts from the Centers for Disease Control and Prevention (CDC)

At 16 weeks pregnant, Maria is busy planning a summer trip for her family. But lately, every time she opens her phone, she sees another headline about measles outbreaks.

It makes her pause and wonder: ***What does this mean for me and my baby?***

What is measles, and why are people worried about it?

Measles is a highly contagious virus that spreads through the air when someone who is sick with measles coughs or sneezes. Since measles **spreads** so easily, up to nine out of 10 unvaccinated people who come into close contact with someone who has measles will become infected.

Symptoms often include high fever, cough, runny nose, red eyes, and rash. Measles can lead to serious health **complications** and severe illness. During **2025**, about 1 in 10 people with measles were hospitalized.

In recent years, the United States has seen a rise in measles cases. In the past, measles has mostly affected children, but there are also recent increases among people of reproductive age. In **2025**, nearly a third of measles cases (1 out of 3) were in adults 20 years of age or older. So far in **2026**, nearly a quarter of measles cases (1 out of 4) have occurred in adults. This trend is one reason Maria may feel especially worried.

Why is measles infection concerning during pregnancy?

When you are pregnant, your body changes in many ways. These changes can increase your chances of getting sick from infections during pregnancy.

For example, if you are pregnant and get measles, you have a higher chance of:

- Being hospitalized
- Developing pneumonia
- Rarely, death

Measles during pregnancy can also increase the chance of health problems for the baby, such as:

- Pregnancy loss (including miscarriage or stillbirth)
- Preterm birth
- Low birthweight

Measles can also pass from mother to baby if an infection happens during pregnancy. This can cause serious illness in newborns, hearing loss, and—very rarely—a fatal brain condition called subacute sclerosing panencephalitis, or SSPE, years later.

Even after birth, measles can be dangerous for babies who are too young to get vaccinated against measles.

How can I protect myself and my baby from measles?

This was Maria's main question as she started planning her trip. When she talked with her healthcare team, she learned that the MMR (measles-mumps-rubella) vaccine is the best protection against measles. Luckily, Maria had received this vaccine when she was younger.

If you are not up to date with vaccinations, the ideal time to get the MMR vaccine is at least one month before becoming pregnant. The MMR vaccine is **not** recommended during pregnancy. However, it can be given after delivery, even while breastfeeding.

If you are not sure whether you have immunity against measles, talk with your healthcare provider. MotherToBaby has a **tool** to help you start the conversation. While it is important to weigh the risks and benefits of any vaccine with your

healthcare provider, serious reactions from MMR vaccination are rare.

After delivery, when you start taking your baby to their well-child visits, talk with your baby's healthcare provider about the MMR vaccine and ask any questions you may have. Starting conversations early can help you feel confident when it is time for your baby to get vaccinated.

What should I do if I am planning to travel soon or live in an area with a current measles outbreak?

This was also a key question on Maria's mind. She brought it up with her healthcare provider, and together they talked about her vaccination status as well the status of others in her household. They also looked up the measles activity at her summer trip location and talked about watching for symptoms of measles for 21 days after travel. If you are pregnant, these are helpful steps to take.

If a measles outbreak is happening near where you live, follow local recommendations. Consider avoiding crowded public settings and avoid contact with people who are sick. Encourage people around you (partners, family members, caregivers) to be up to date on MMR vaccination to help protect you and your baby.

What should I do if I am exposed to measles while pregnant?

If Maria is exposed to measles during her trip, her first step would be to call her healthcare provider's office right away. They can tell her what to do next and how to get into the office safely, if needed, to avoid exposing others.

For pregnant patients who are not immune to measles or do not know if they are immune, they could be given antibodies called immune globulin (IG) after a measles exposure. If you have measles during pregnancy, talk to your baby's healthcare provider about IG, which might also be recommended for your newborn.

What if I develop symptoms of measles while pregnant?

If you develop a fever and rash, especially if you live in an area with measles or have recently traveled, call your healthcare provider right away, and they can provide further instructions. Be sure to tell them if you have received the MMR vaccine before and where you have traveled.

A few key points:

- Fever in early pregnancy can pose risks, especially if it lasts for a long period of time. Talk with your healthcare provider about how best to treat your fever with fever-reducing medications.

- Taking extra Vitamin A is **not** recommended during pregnancy because high doses can increase the chance of certain birth defects.

What should I know if I am breastfeeding?

Measles is not spread through breast milk, and infants can receive breast milk from a mother with measles infection. Follow guidance from your healthcare team on precautions, which may include staying away from nonvaccinated people, expressing breast milk, and having a person who is not sick feed your infant your breast milk. Or, they may recommend you wear a mask and practice careful hygiene when breastfeeding and caring for your newborn.

If you are pregnant or breastfeeding and unsure about your immunity to measles or worried about exposure, you are not the only one with these questions. As with Maria, your healthcare provider and MotherToBaby are here to help answer any questions you may have.

References

- Joseph, NT. Measles in Pregnancy: Clinical Considerations and Challenges. *Obstetrics & Gynecology* 147(1):p 44-53, January 2026. | DOI: 10.1097/AOG.0000000000006126:
- Rasmussen, SA; Jamieson, DJ. What Obstetric Health Care Providers Need to Know About Measles and Pregnancy. *Obstetrics & Gynecology* 126(1):p 163-170, July 2015. | DOI: 10.1097/AOG.0000000000000903
- Congera P et al. Measles in pregnant women: A systematic review of clinical outcomes and a meta-analysis of antibodies seroprevalence. *Journal of Infection* 80(2):p152-160, February 2020. | DOI: 10.1016/j.jinf.2019.12.012

Disclaimer: The contents of this post are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Reference to any third party, company, or product is intended for factual information only and does not indicate any form of endorsement or approval from CDC, or the U.S. Department of Health and Human Services.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, July 14, 2026.