Vaping during Pregnancy: Not Just a Bunch of Smoke

The use of vaping continues to increase, including women who are pregnant or planning a pregnancy. Here at MotherToBaby we review the newest studies and gather current information to answer the question, “What do we know about vaping and pregnancy?” For the purpose of this blog, I am going to focus on nicotine vaping.

What are ENDS (vapes)?

Electronic nicotine delivery systems (ENDS) describe a variety of products including:

- Vaporizers
- Vape pens
- Hookah pens
- Tank systems
- Mods
- Electronic cigarettes (e-cigarettes)

For ease, we will call them all vapes for the rest of the blog.

Vapes were originally developed as an alternative to cigarette smoking. Inside they include a battery, a heating device and liquid with many ingredients. These devices are also used to vape other substances, like cannabis. Vapes work by heating a liquid to create a mist (vapor) that a person inhales into their lungs.

The liquid can contain:

- Various flavors

- Nicotine
- Tetrahydrocannabinol (THC)
- Cannabidiol (CBD) oils
- Propylene glycol and glycerol
- Volatile organic compounds (VOCs)
- Contamination such as heavy metals

There is no standard liquid or heating process so knowing what is in the vape can be difficult.

Vapes can contain nicotine that is comparable to the amount in regular cigarettes. Nicotine crosses the placenta, enters the breastmilk, and reaches the developing baby. Some vape products that are marketed as free of nicotine are found to contain nicotine. While vape products may have less toxins than cigarettes, there is still exposure to nicotine and other toxic chemicals, which can increase the chances of pregnancy-related problems.

Studies have now shown that vaping can increase risks to pregnancy like cigarette smoking. This includes increased chances of:

- Miscarriage
- Preterm delivery (birth before week 37)
- Low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth)
- Gestational hypertension (high blood pressure during pregnancy)

Compared to cigarette smoking, vaping did not show lower risks to a pregnancy and dual use showed the highest risks.

Is vaping a safer alternative than cigarette smoking in pregnancy?

Vape products came on the market in the U.S. in 2007, and their popularity grew quickly. One of the reasons they became so popular was the belief that they were a safer alternative to cigarettes and could help smokers quit or reduce the number of cigarettes they smoke. Heavy cigarette smoking during pregnancy can increase the chances of:

- Miscarriage
- Cleft lip and/or palate (an opening in the upper lip or the roof of the mouth)
- Preterm delivery (birth before week 37)
- Low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth)
- Sudden infant death syndrome (SIDS)
- Problems with getting pregnant (infertility)
- Ectopic pregnancy (when a fertilized egg implants and grows outside the uterus)
- Placenta previa (placenta blocks the birth canal)
- Placental abruption (placenta breaks away from the uterine wall early)

Cigarette smoking can also have an impact on your baby's health after birth. Smoking has been associated with a higher chance of asthma, childhood obesity, and behavioral problems. See our factsheet on cigarette smoking here.

While pregnancy is a big motivation for women to quit smoking, quitting can be hard. This leads pregnant women to find an alternative that might make the quitting process easier like vaping. The Food and Drug Administration (FDA) does not recommend vaping to help people quit smoking. The use of vape products among non-pregnant patients found no evidence that they help in the effort to quit cigarette smoking. In fact, 2 out of 3 people who use vapes continue smoking cigarettes as well (known as "dual use").

Vaping is not a safer alternative to cigarette smoking in pregnancy.

Health experts recommend that pregnant women avoid all smoking including vaping. Any pregnant woman who is quitting smoking should talk with their health care provider to discuss a plan that is suitable to them. You can also contact resources such as the National Quitline Network (1-800-QUIT NOW) for additional support. You can find more resources to help you quit smoking here. See our factsheet on vaping here.

Quitting is best for you and your baby so go ahead and clear the air!

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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Pregnancy comes with plenty of surprises but getting bitten by a nonvenomous animal like a dog, cat, or squirrel is not on the top of the list.

The good news is that most animal bites can be managed safely during pregnancy. Knowing what to be concerned about can help protect both you and your developing baby.

When Are Animal Bites a Concern in Pregnancy?

Most concerns after an animal bite are related to the possibility of an infection.

Animals have bacteria in their mouths, and even a small bite can sometimes lead to an infection. Signs to watch for include:

- Increasing redness around the bite
- Swelling
- Warmth around the wound
- Pus or drainage
- Fever
- Worsening pain

If you notice any of these symptoms, contact your healthcare provider right away.

Some bites, especially cat bites, have a higher chance of becoming infected because cats' teeth can push bacteria deep under the skin.

If your healthcare provider believes there is a significant infection risk, they may recommend antibiotics. MotherToBaby has a podcast on antibiotics if you would like to know more: Antibiotics – MotherToBaby

What About Rabies?

Rabies is a viral infection that affects the nervous system (the brain, spinal cord, and nerves). In the United States, rabies is uncommon in people, however, it can be transmitted through bites from animals who have rabies. A healthcare provider may consider rabies prevention treatment if you are bitten by a:

- bat
- raccoon
- skunk
- fox
- stray animal
- or any animal acting unusually interested in biting humans or appearing sick

One question MotherToBaby specialists sometimes hear is: "Can I still get rabies shots while pregnant?"

Rabies shots have been studied for use in pregnancy and have not been known to increase risks for birth defects or cause other negative pregnancy problems. The deadly outcomes of untreated rabies can be avoided with appropriate treatment. Your healthcare team can help determine whether treatment is needed based on the type of animal and circumstances of the bite. If you are ever concerned about rabies exposure, always reach out to your healthcare provider right away.

Do Not Forget About Tetanus

Animal bites could also introduce bacteria that cause tetanus through an open wound. Tetanus is a serious illness that causes severe muscle tightness and spasms with no cure. In the United States, obtaining the Tdap or DTaP vaccines on schedule can help prevent tetanus.

If it has been a while since your last tetanus-containing vaccine, your healthcare provider may recommend a booster. Many pregnant women already receive a Tdap vaccine during pregnancy to help protect their newborn from pertussis (whooping cough), but timing and wound management recommendations can vary. Your healthcare provider can help determine what is appropriate for your situation.

What About My Pregnancy?

The primary concerns with animal bites in pregnancy are those that break the skin and could lead to an infection, or those causing harm to the abdomen. If a bite is not on the abdomen, and does not break the skin, the risks to a pregnancy are low.

Prompt wound care and medical evaluation can go a long way toward reducing risks. However, if you experience severe injury, significant blood loss, fever, or other concerning symptoms after a bite, seek medical attention immediately.

How Can I Prevent Animal Bites?

A few simple precautions can help:

- Avoid approaching unfamiliar animals.
- Never try to handle wild animals.
- Teach children to respect animals' space.
- Keep pets up to date on veterinary care and vaccinations.
- Be cautious around animals that are eating, sleeping, or caring for their young.

The Bottom Line

Most animal bites during pregnancy are more scary than dangerous. Cleaning the wound, contacting a healthcare provider, and getting prompt medical advice can help prevent complications.

If you have questions about animals, or other exposures during pregnancy or breastfeeding, MotherToBaby specialists are available to provide evidence-based information you can trust.



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Vaping during Pregnancy: Not Just a Bunch of

Smoke

If you are an athlete or have an active lifestyle, you may have wondered: ‘Should my exercise routine change during pregnancy and breastfeeding?’ As a former division 1 athlete, I sure have. You may have seen the news about athletes who compete at the highest level during or shortly after pregnancy. Serena Williams won the Australian Open while 8 weeks pregnant. Alysia Montano ran the 800-meter race at a national meet in her third trimester. Allyson Felix won a gold medal at the World Championship in track only 10 months after delivering her baby. At the same time, you may hear concerns about intense physical activity during pregnancy. So, what is the recommendation for pregnant women who have an active lifestyle?

Benefits of Exercise

Most healthcare providers recommend exercise during pregnancy as part of a healthy lifestyle. Women who are active before pregnancy can usually continue these activities during and after pregnancy. Since everyone is different with different medical histories, ALWAYS have a discussion with your healthcare providers about what exercise is best for you.

In general, exercising during pregnancy might lower the chances of preterm delivery (birth before week 37) and low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth). It might also help to lower the chance of diabetes and high blood pressure.

In addition, physical activity might help with the muscle aches of pregnancy as well as postpartum depression. Exercising in general has not been known to increase the chances of miscarriage, birth defects, or other pregnancy-related problems.

Studies looking at exercise during pregnancy have not looked at intense exercise specifically.

Level of Activity

Some changes to your routine may be needed because of normal changes in your body during pregnancy. Talk with your healthcare provider about your exercise routine. This is even more important for women who have pre-existing health conditions.

It is important to listen to your body during pregnancy. Every woman and every pregnancy is different. Your body goes through many changes during pregnancy:

- Blood volume increases
- Heart pumps harder

- Heart rate increases
- Fitness level decreases

Many women experience nausea and fatigue throughout their pregnancy making exercise more difficult and harder to maintain proper nutrition and hydration. Listen to your body, do not push it past its limits.

It is difficult to compare vigorous exercise between people. Jogging 10 miles may seem like a piece of cake for a marathon runner while it can be difficult for an Olympic lifter. For this reason, vigorous activity is most frequently defined as up to 85% of capacity. While maximum effort is difficult to measure, capacity is often described in terms of heart rate.

Another way to check your intensity level is the "talk test." If you are breathing hard but can still have a conversation easily—but you cannot sing, that is moderate intensity. An activity would be considered vigorous if you can only say a few words before pausing for a breath.

If you were in the habit of doing vigorous exercise before your pregnancy, it can be continued for most healthy women during pregnancy according to experts. However, there is limited information on individuals who exceed the accepted 85% capacity. An upper level of 'safe' exercise intensity has not been established.

In general, ACOG recommends aiming for at least 150 minutes (2 hours and 30 minutes) of moderate intensity aerobic activity spread out over a week. For most people, keeping your heart rate at or below 140 beats per minute is considered moderate intensity.

What to Consider When Exercising

Below is some general information to consider and discuss with your healthcare provider. Remember, everybody is different. Always discuss your specific exercise program with your healthcare providers, who know your specific medical history and how your pregnancy is progressing.

- Stick with what your body is used to. If you are used to long-distance running, pregnancy is not the time to turn into a power lifter.
- Stay hydrated. Drink plenty of fluids before, during and after exercising.
- Avoid overheating. Even if you are used to exercising in 90-degree heat, you may have to look for an alternative method such as air-conditioned gyms. Do not use steam rooms, hot tubs, or saunas.
- Avoid exercises lying flat on your back in the second and third trimester of pregnancy. This allows less blood

flow to your womb.

- Do not engage in sports where you can fall, get injured, or get hit in the abdomen.
- Reduce weight load. Holding your breath during heavy lifts can result in baby's heart rate slowing down. Because of this, you may have to reduce the weight.
- Allow enough time for your body to recover after each training session.
- Make sure you get enough calories. If you regularly participate in intense exercise, you might have to adjust your nutrition.
- Continue to fuel your body. Long, intense exercise can result in low blood sugar. Make sure you continue to fuel your body if you plan on exercising for over 45 minutes.
- Check with your healthcare provider before continuing or starting any supplements.
- Stop exercising if you:
    - Feel dizzy
    - Have a headache
    - Develop chest pain or swelling
    - Have muscle cramps
    - Experience vaginal bleeding
    - Have leakage of fluid
    - Feel contractions
    - Have shortness of breath before exertion.
- Call your healthcare provider with any concerns.

Postpartum and Breastfeeding

Make sure you talk with your healthcare provider about when to start exercising after birth. Exercise can be resumed slowly after delivery as soon as it is medically safe. When exercise can be resumed varies among women, with some being able to start exercising within days after delivery. This may depend on if delivery was a c-section vs. vaginal birth and any additional health problems or complications.

Healthcare providers will tell you it is important to remain hydrated while breastfeeding, especially when exercising. The amount of nutrition you need may also change depending on the level of your activity during breastfeeding.

At the end of the day, all athletes have different needs during pregnancy and after the baby is born. There is no 'one-size-fits-all' for exercising during pregnancy. The best thing you can do is talk with your healthcare provider and listen to your body. For more information, see our MotherToBaby fact sheet on exercising here. You can also find more information on exercise during pregnancy here.

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Sara contacted us at the recommendation of her OB/GYN to talk about the paroxetine she takes for her depression. Sara wanted to see if taking paroxetine can increase the chance of having a baby with a heart defect. She was confused because her genetic screening result was normal. She asked: "Is it possible for my baby to have a heart defect if my non-invasive prenatal testing (NIPT) was negative?"

There are many tests that can check on the development of your baby during pregnancy. It can be difficult to keep track of what they are looking for. Knowing the differences between a birth defect and a chromosomal condition can help you understand these tests.

What are birth defects and how can you look for them?

Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. Certain exposures, like medications, can increase the chance of birth defects. Most birth defects happen during the first trimester when the baby's organs (body parts) are developing. A certain organ might look or work differently. You may have heard of a baby being born with a hole in the heart. This is a common birth defect. Ultrasounds during pregnancy can look for birth defects. Read more about ultrasounds through our blog here. Most women will have an anatomy ultrasound between 18 and 22 weeks of pregnancy. You might know this as the time when you can learn the sex of the baby. The goal of this ultrasound is to take a detailed look at the baby's organs to check for birth defects. It will also check the growth of the baby. While this is an important screening test, it is not perfect. A normal anatomy ultrasound does not rule out the baby having a birth defect or other pregnancy-related problems.

A birth defect can be an isolated finding, meaning that there are no other related health problems. A birth defect might be caused by a change in the baby's genetic information, such as a chromosomal condition.

What are chromosomal conditions and how can you look for them?

Chromosomal conditions are genetic, meaning they are a change in the baby's genetic information. Chromosomal conditions do not usually run in families and are not inherited. Chromosomes are like a recipe book that holds all the recipes for the development of the baby. If a certain recipe calls for one stick of butter, but the book accidentally says two sticks of butter, the recipe will turn out differently. In the same way, sometimes people have extra or missing chromosomes that can cause changes in development. For example, people who have a chromosomal condition known as Down syndrome have three copies of chromosome 21 rather than two. This extra amount of genetic information causes developmental differences. Babies that have Down syndrome sometimes also have birth defects that are seen on ultrasound. Other babies that have Down syndrome can have normal ultrasounds. Therefore, ultrasound is not the best way to screen for chromosomal conditions.

Your healthcare provider will offer you screening for the most common chromosomal conditions. Testing for a chromosomal condition includes a screen called NIPT or diagnostic testing through procedures called CVS (chorionic villi sampling) or amniocentesis. NIPT involves drawing blood from you as early as 8-10 weeks of pregnancy. NIPT can tell you if you have a high or low chance of having a pregnancy with certain chromosomal conditions. Diagnostic testing can tell you "Yes" or "No" about your baby having a chromosomal condition. Diagnostic testing involves a procedure that might come with small risks to the pregnancy. These screens and tests are optional. Your healthcare provider might suggest you meet with a genetic counselor. Genetic counselors can talk with you about the pros and cons of these tests, help with decision making and interpret the results.

During our conversation, Sara asked: "So because my NIPT results were low risk, the baby is unlikely to have a chromosomal condition. However, a birth defect could have happened in the first trimester, and I need to wait until my anatomy scan to get those results. Is that right?" That is exactly right! Although some studies show an increased chance of heart defects with paroxetine use in pregnancy, most other studies do not show an increased risk. If there is an increased chance of birth defects with paroxetine use in the first trimester, it is expected to be small. See our factsheet on Paxil® for more detail.

Sara shared that she was feeling more knowledgeable about the difference between a birth defect and a chromosomal condition. She was relieved that her NIPT results showed low risk. She also felt more confident heading to her anatomy scan knowing that this test, while not perfect, would be the best way to identify birth defects during pregnancy.

If you have any questions about exposures during pregnancy, contact MotherToBaby. To find a genetic counselor in your area, visit the Find a Genetic Counselor page on the National Society of Genetic Counselors website.

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The arrival of spring and summer warmth spurs many of us to spend more time outdoors and make travel plans, be it for a honeymoon, babymoon, or other seasonal getaway. Such was the case with Yesenia, who contacted MotherToBaby with questions about her upcoming summer vacation after finding out she is pregnant. Yesenia knew that with warmer temperatures comes an increased chance of mosquito bites and the infections they can carry. Like Yesenia, as you engage in more outdoor activity and plan getaway time, you may also have questions about exposure to these infections and their possible effects on a pregnancy. Understanding the potential risks of these illnesses and ways to protect yourself may help you make better-informed decisions before you decide to travel. This month, MotherToBaby turns to our partner the Society for Maternal-Fetal Medicine (SMFM) to help answer some of Yesenia's questions:

What are vectors and vector-borne illnesses?

Vectors are living organisms, such as mosquitoes, ticks, biting flies or fleas, that are capable of spreading diseases to humans through bites and other forms of contact. Some common examples of these diseases, called vector-borne illnesses, include Chikungunya, dengue, malaria, Oropouche, and Zika virus. While disease-carrying insects can bite year-round, they are most active during warm weather. Many vector-borne illnesses have no cure, and treatment is usually limited to just managing the symptoms. This is why it's important to protect yourself from bites!

How can vector-borne illnesses affect a pregnancy?

There can be serious health complications for the mother with some vector-borne infections during pregnancy, such as severe anemia, bleeding, and the need for hospitalization. If the mother develops serious complications, it increases the chance of problems for the baby, such as low birth weight, preterm delivery, or stillbirth. Some vector-borne illnesses may be passed from mother to baby during pregnancy, which can lead to serious birth defects, such as microcephaly (a condition where the head is smaller than normal), other structural defects of the brain and eyes, and problems with long-term development and cognition (such as learning, understanding, and memory). For more information, see the MotherToBaby fact sheets on dengue, malaria, Oropouche, and Zika. The CDC also has information about chikungunya and other vector-borne diseases. Additionally, SMFM has fact sheets on vector-borne illnesses and pregnancy (also available in Arabic, Chinese, Korean, Spanish, Tagalog, and Vietnamese).

I am pregnant and I am planning to travel. How can I protect myself?

Here are some quick tips:

- If traveling, check your destination(s) on CDC's Travelers' Health page before booking your trip. There you will find recommended vaccines and other tips to prevent travel-related illness at each destination. Avoid nonessential travel to any areas that have a Travel Health Notice of Level 2 or higher.
- Apply Environmental Protection Agency (EPA) registered insect repellents to exposed skin and clothing.
- Avoid outdoor activity during dusk and dawn when mosquitoes are most active.
- Minimize exposure to open water sources, such as pools and lakes, which are breeding grounds for vectors.
- Keep windows and doors closed or use fans, mosquito nets, and mesh screens on windows and doors.
- Use the CDC's Pregnant Travelers' Health Guide for other general travel tips.

Which insect repellents are EPA-registered? And are they safe for me to use during pregnancy?

EPA-registered insect repellents include:

- N, N-diethyl-meta-toluamide (DEET)
- Picaridin
- IR3535
- Oil of lemon eucalyptus
- Para-menthane-diol

The EPA has studied these insect repellents for their effectiveness and safety profile. When used as directed on the product label, there is no evidence to suggest that these insect repellents increase the chance of birth defects or other pregnancy-related complications. For additional information, please see the MotherToBaby fact sheet on insect repellents.

Are there alternative insect repellents I can use?

Other essential-oil-based insect repellent products, including disposable wristbands and patches, are often advertised as safer alternatives to EPA-registered products, but there is no scientific evidence that they effectively protect you and your baby against disease-carrying insects. In addition, the essential oils in these products, such as peppermint, citronella, and lemongrass, are not regulated by the EPA as pesticides. It's better to steer clear of these products in favor of EPA-registered insect repellents.

I've read about "parasite cleanses." Do they work on vector-borne illnesses?

Parasites are living organisms that live on or inside a host and can cause harm by damaging tissues or triggering severe immune responses. Vector-borne illnesses are different from parasitic infections. But you may have seen social media posts touting home parasite cleanses that claim to "detox the body" and "kill off parasites" and wonder whether they could help prevent these diseases. The answer is a decided "no."

These cleanses, which contain a blend of herbs, have no proven record of efficacy (doing what the label claims they do) or safety (that they will not cause unwanted symptoms), especially for use during pregnancy. Although many of these products claim to target a wide range of parasites, they can have dangerous and unknown side effects for you and your baby.

Parasitic and vector-borne illnesses are serious conditions requiring proper medical attention. They cannot be cured by these products. If you suspect that you have a parasitic infection—or any other serious illness—it's important to speak with a doctor as soon as possible, especially during pregnancy.

The bottom line

So, what's SMFM's advice to Yesenia for her upcoming travel? The bottom line for protecting herself this spring and summer from vector-borne illnesses: stay away from higher-risk areas, stick with proven, safe repellents recommended by the EPA, and get in touch with her healthcare provider if she has any questions. Safe travels to Yesenia and to you!



More about Our Guest Co-Authors from SMFM

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