Same Exposure, Different Story: Why Advice Is Not One-Size-Fits-All

You are pregnant. You ask, “Can I take my medication?” If you ever heard, ***“it depends…”,*** you are not alone. Things affect people differently.

So, what is going on?

This has to do with genetics. Genetics is the study of genes. Genes are a part of our DNA. Genes tell your cells what to do. Genes tell us how to process the world around us.

What Do We Mean by “Exposures”?

Anything that comes into contact with your body is an exposure. Food, drinks, and drugs are exposures. Getting sick is an exposure. Stress is an exposure too.

Exposure questions can feel like a lot!

Why Can the Same Exposure Affect People Differently?

People can have the exact same exposure. Their bodies might handle it differently. That is because of metabolization. Metabolization is how fast our bodies break down an exposure. This affects how long an exposure stays in your body.

Genes affect how your body breaks down something. Genes shape how the body responds to an exposure.

What Are Some Examples?

- **Caffeine and Pregnancy**

Let us say that you got coffee with a friend at 3:00 pm. You might fall asleep easily that night. Your friend might feel jittery after half a cup. You and your friend have different responses to the same amount of caffeine. That difference comes from your genetics. Your genes might metabolize caffeine faster. This is why you fell asleep easily. Your friend

might metabolize caffeine more slowly. This is why your friend felt jittery.

Genes affect how fast caffeine is broken down. This is why caffeine during pregnancy rules are careful. It is suggested that you get 200 mg of caffeine (or less) per day during pregnancy. The rules are there to protect those that process caffeine more slowly.

The end message? There are rules about pregnancy. These rules are broad. Your experience might be different than what the rules say. For more information on caffeine, click here:
https://mothertobaby.org/fact-sheets/caffeine-pregnancy/

- **General Anesthesia and Breastfeeding**

Let us say that your dentist tells you to get your wisdom teeth removed. This is a surgery. For this, you will get general anesthesia. General anesthesia is a mix of medication. This is given so that you can fall asleep for a procedure.

General anesthesia is broken down fast. Your friend got her wisdom teeth removed last year. She woke up 2 minutes after her surgery was done. You woke up 5 minutes after your surgery was done.

It takes some time for you to feel normal after general anesthesia. You might feel a little loopy right after general anesthesia. Your friend felt normal about 1 hour after her surgery. You felt normal about 3 hours after your surgery. You and your friend react differently to general anesthesia.

Genes affect how fast something is broken down by the body. This is why the rules for getting general anesthesia while breastfeeding are careful. It is suggested to wait to breastfeed if you still feel loopy. This means waiting to breastfeed until you feel “back to normal.”

The end message? Everyone needs a different amount of time to break down general anesthesia. The best time to breastfeed is different for everyone. For more information on general anesthesia, click here:
https://mothertobaby.org/fact-sheets/general-anesthesia-pregnancy/

What Does This Mean for Pregnancy and Breastfeeding Advice?

People are different. People have different genes. This means that people break down exposures in a different way.

Most recommendations try to:

- Lower the chance of any possible problems;
- Help people who might break things down more slowly;
- Balance safety with needs.

Final Thoughts

What happens to your body during pregnancy and breastfeeding can feel so hard. It can feel harder when your body reacts differently than what is expected. If you compare yourself to others, you should know you did nothing wrong. You did not need to know better. You did not fail.

You might feel overwhelmed or worried about an exposure. You might feel frustrated if you get advice that clashes. Talking to MotherToBaby can help you get information without judgment.



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

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Same Exposure, Different Story: Why Advice Is Not One-Size-Fits-All

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.

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Same Exposure, Different Story: Why Advice Is Not One-Size-Fits-All

Thinking about pregnancy while also worrying about weight can feel stressful. You are not alone—about 6 out of 10 women in the U.S. are overweight or have obesity. Talking about weight can be hard, but it is an important part of planning for a healthy pregnancy.

This blog will explain how weight can affect pregnancy, what GLP-1 medications are, and what we know, so far, about their use before and during pregnancy.

Why Is Managing Weight Before Pregnancy So Important?

Being overweight or having obesity increases the chance for several pregnancy-related problems, including:

- Miscarriage
- Birth defects
- Preterm delivery (before 37 weeks)
- Gestational diabetes
- High blood pressure during pregnancy
- Stillbirth
- Cesarean delivery
- Thromboembolic events (blood clots)

You can read more about obesity and pregnancy in our factsheet here: https://mothertobaby.org/fact-sheets/obesity-pregnancy/

The good news is even a small weight loss—just 5–7% of your body weight—before pregnancy can improve health and pregnancy outcomes. Some people do this through healthy eating and exercise, while others may need surgery or medication.

What Are GLP-1 Medications?

GLP-1s are medicines that act like natural hormones in your body. They help control blood sugar, slow down digestion, and make you feel full longer. This can lead to weight loss. Most GLP-1s are given as shots. The best-known ones are liraglutide (Victoza®) and semaglutide (Ozempic®, Wegovy®, Rybelsus®). These are also the ones most studied in pregnancy to date.

Can I Use GLP-1s While Trying to Get Pregnant?

The current product labels recommend stopping GLP-1 medications at least 2 months before pregnancy. The time it takes the body to process medication is not the same for everyone. In healthy non-pregnant adults, it can take up to 6 weeks, on average, for most of the GLP-1s to be gone from the body.

Stopping the medication can sometimes cause weight gain, which can feel frustrating. Because of this, some people choose to continue until they know they are pregnant. It is best to talk with your healthcare providers about the risks and benefits for you.

What Do We Know About GLP-1s in Pregnancy?

Here is what the research tells us so far:

- Studies including over 4,000 women exposed to GLP-1s during the first trimester have not shown an increased chance of birth defects or miscarriages.
- The chance of other pregnancy-related problems, such as stillbirth, preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) was also not increased with first trimester exposure to GLP-1s.

It is important to remember that every pregnancy has a baseline risk:

- Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect.
- 15 to 20 out of every 100 (15-20%) pregnancies will end in miscarriage.

Birth defects and miscarriages typically occur in the first trimester — whether or not medication is used.

Why Are GLP-1s Not Recommended During Pregnancy?

At this time, continuing GLP-1s after pregnancy is confirmed is not recommended for 2 main reasons:

- Weight loss during pregnancy is not advised. Losing weight while pregnant might increase the chances of having a baby that is small for gestational age (SGA), which can lead to complications such as:
    - Low oxygen levels
    - Low Apgar scores (grading system in newborns to define their wellbeing)
    - Meconium aspiration (breathing in the first bowel movement)
    - Hypoglycemia (low blood sugar)
    - Difficulty maintaining body temperature
    - Polycythemia (too many red blood cells)

- We lack research on GLP-1s in the second and third trimesters. Without research studies on the use in the second and third trimester, we do not know if GLP-1s increase the chances of other pregnancy-related problems.

Finding the Path That is Right for You

Your journey is unique, and there is no simple answer. That is why it is important to talk with your healthcare providers about the best way to approach weight management before pregnancy. As Dr. Sarah Obican, a board-certified obstetrician/gynecologist specializing in Maternal-Fetal Medicine in Florida, so masterfully said in our ***Battling Obesity Ahead of Pregnancy*** blog, “Each of us are beautifully individual” — and our weight loss and pregnancy journeys are beautifully individual, too.”

Final Thoughts

Whether you are already on a weight loss journey or just starting to think about pregnancy, you deserve support and trusted information. We are here to help you every step of the way.

Helpful Links:

Factsheets:

- Obesity and Pregnancy:https://mothertobaby.org/fact-sheets/obesity-pregnancy/
- Semaglutide: https://mothertobaby.org/fact-sheets/semaglutide/
- Tirzepatide: https://mothertobaby.org/fact-sheets/tirzepatide/

Baby Blogs:

- Battling Obesity Ahead of Pregnancy is 'Beautifully Individual':https://mothertobaby.org/baby-blog/battling-obesity-ahead-of-pregnancy-is-beautifully-individual/

Podcasts:

Ep. 64: Weight Loss and Ozempic in Pregnancy: https://mothertobaby.org/podcast/ep-64-weight-loss-and-ozempic-in-pregnancy/

Ep. 84: GLP-1 Medications & Pregnancy: What We Know So Far: https://mothertobaby.org/podcast/ep-84-glp-1-medications-pregnancy-what-we-know-so-far/

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Same Exposure, Different Story: Why Advice Is Not One-Size-Fits-All

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.

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: 800 mg 19+ years old: 1,000 mg	14+ years old: 19 mg	14-18 years 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
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

(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/

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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/

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