When You Cannot Trust Your Gut: What to Do About Diarrhea in Pregnancy and Lactation

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.

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, June 18, 2026.

When You Cannot Trust Your Gut: What to Do About Diarrhea in Pregnancy and Lactation

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.

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, June 18, 2026.

When You Cannot Trust Your Gut: What to Do About Diarrhea in Pregnancy and Lactation

Is it a cold? The flu? Or is it COVID-19? Either way, it is miserable.

It is Friday afternoon. You are pregnant, or actively planning, and you wake up with a scratchy throat, pressure in your nose and forehead, and runny nose. You think you have a cold… or is it the flu or COVID-19? You have left a message with your healthcare provider to ask them about what to do and what medication you can take. You are worried about taking the wrong medication. As the hours pass, you think it is unlikely that you will be able to get in touch with them before the end of the workday. Now, you are worried about going into the weekend without medication.

What to do? First, try to figure out if it is a cold, flu, or COVID-19. Some healthcare providers may share instructions for this situation and/or give their pregnant patients a list of medications that they approve for common medical conditions. When this list is not provided, many pregnant women contact MotherToBaby specialists for help. Although MotherToBaby specialists cannot make specific medication recommendations, we can provide information on most medications based on the studies and how the drugs work.

Is It a Cold?

A cold is caused by one of more than 200 viruses. Colds can spread easily from person to person. Symptoms can include sore throat, runny or stuffy nose, sneezing and coughing, headache, and muscle aches. For healthy pregnant women, an infection with a cold is not associated with a higher risk to her or her developing baby. There is no testing for a cold. Generally, colds are treated with over-the-counter medications.

Is it the Flu?

Influenza, often called “the flu,” is an illness caused by a virus. Flu symptoms include fever (typically between 100°F to 104°F), chills, cough, sore throat, body aches, and tiredness. Pregnant women and their pregnancy are at higher risk from flu. Testing for flu is available in the doctor’s office and at some pharmacies. Antiviral medications are recommended for pregnant women even if the testing has not been completed due to the risks from flu.

Is it COVID-19?

COVID-19 is caused by the SARS-CoV-2 (virus). The symptoms of flu and COVID-19 are similar. Symptoms include fever, cough, shortness of breath, sore throat, body aches, headache and change of taste or smell. Some people may have symptoms that last a short time and others may get very sick. Pregnant women and their pregnancy are at higher risk from COVID-19 infection. Testing for COVID-19 is available over the counter. Medication is recommended by health organizations for pregnant women with COVID-19.

Fever

In adults, a fever is a temperature of 100.4°F (38°C) or higher. Most healthcare providers recommend acetaminophen to treat fever, headache, and body pain in pregnancy. Studies on acetaminophen use during pregnancy have not shown a higher risk to the developing baby when it is used as directed for a short time.

A high fever that is untreated in pregnancy increases the chance of birth defects. A temperature of 101°F that lasts for over 24 hours early in pregnancy may increase the risk for a birth defect of the spine. You can read more about fever at https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/.

Over the Counter and Self-care Treatments

Pharmacies have rows of cough and cold products. In pregnancy, it is best to take an alcohol-free medication that contains only those ingredients that address the specific symptoms. For example, if the only symptom is body aches, taking a multi-symptom medication for congestion, cough and body aches would mean unnecessarily exposing yourself and the developing baby to medications.

Below we review some over-the-counter cold treatments and self-care treatments. The options below do not cover all treatments and should not be considered a recommendation. Ideally, it is best to always discuss your symptoms with your healthcare provider, because they know you best and can take into account any unique health issues that you may have.

Medication for Cough

Because many cough syrups can contain up to 10% alcohol, it is important to select an alcohol-free cough syrup. Cough syrups may also contain ingredients for stuffy nose or pain. If the only issue is a cough, taking the medication with the least ingredients is preferred to minimize the exposure to the pregnancy.

Cough drops and throat lozenges can contain flavorings such as honey, menthol, or anesthetics to numb the throat. There is no warning about using these during pregnancy for cough or a sore throat.

Vitamin C and other vitamins are taken during a cold or for cold prevention. During pregnancy, it is recommended to limit vitamins to those in the prenatal category unless recommended by the healthcare provider. Vitamins, like medications, cross the placenta and expose the developing baby which does not have a need for higher doses and in some cases, could be harmful.

Tea and Honey

Honey and warm tea may be helpful in relieving a sore throat caused by coughing and may thin mucus so that the cough is more productive. There is no warning about eating honey in tea, toast, or any other food during pregnancy. Herbal tea does not have caffeine and if taken as a beverage, there is no warning. Black tea, green tea, and white tea may have caffeine. If taking tea with caffeine, it is important to read the label to learn about the amount of caffeine per cup. Pregnant women can have up to 200 mg of caffeine per day from all sources combined. If drinking decaf tea, there is no warning to pregnant women.

Medications for Nasal Congestion

A stuffy nose can cause painful sinuses and make it less enjoyable to eat and hard to sleep. Over-the-counter nasal decongestant choices fall into two categories: oral (pills by mouth) or nasal spray. Some oral decongestants are pseudoephedrine and phenylephrine. Nasal sprays may contain phenylephrine, oxymetazoline, or steroid medications. Taking an oral decongestant means that your developing baby will be exposed to the medication. Nasal sprays reduce the chance of exposure to your baby, depending on the frequency of use and dose. Always read the labels and take them as directed.

Nasal Congestion: Non-medication Options

Nasal irrigation (bulb syringe, squeeze bottle, or neti pot): Studies of nasal irrigation have not shown a proven benefit on the duration or severity of colds. However, some people who have used nasal irrigation have reported feeling better. For pregnant women, the most reassuring part is that it uses only water and saline, so there is no medication involved and no exposure to the pregnancy. It is important to use only previously boiled, distilled, or sterile water to irrigate; and to keep nasal irrigation equipment clean and sterilized to avoid the risk of infection.

Shower tablets/vaporizers: Shower vapor tablets have become popular because they might help clear stuffy noses for a short time. These tablets are placed on the shower floor and as the warm water reaches the tablet, it dissolves and makes a steam with a vaporizer-like effect. Most shower tablets ingredients include sodium carbonate, sodium bicarbonate (baking soda), and essential oils (such as peppermint, rosemary, eucalyptus, and lavender). There are no studies on the use of shower tablets during pregnancy, but essential oils are used in many candles, lotions, and other home products, so exposure to these oils is common. With use as directed, it is not expected that the ingredients in shower tablets would increase the chance for problems during pregnancy.

Humidifiers: Humidifiers are used to add moisture to the air and provide relief from sinus pressure, dry skin, and throat. They use only water so there is no medication exposure. It is important to keep humidifiers clean to avoid the risk of putting mold and bacteria into the air, which could then cause allergies.

Nasal strips: Nasal strips are marketed to people who have a hard time sleeping due to snoring, but they also claim to help with congestion from colds. Although there are no studies that show these products help with colds, there is some evidence that they may help with snoring by spreading the nose and widening the air passage. Nasal strips do not contain medication, so there is no concern about their use during pregnancy.

Electric Blankets and Heating Pads: Electric blankets are sometimes used by people with body chills from having the flu or a cold. Electric blankets produce heat that varies from 86°F (30°C) to 122°F (50°C), which can be comforting. However, there is some concern about the heat from use of electric blankets in early pregnancy, raising body temperature and increasing the risk of birth defects of the spine. However, the studies on electric blanket use during pregnancy have some problems and not all have shown problems in pregnancy. As the studies are unclear, pregnant women may want to avoid the higher heat for peace of mind.

Remedies to Avoid

Vitamin C and zinc: When you feel a cold coming on, you could be tempted to reach for vitamin C and zinc. This is not recommended during pregnancy. First, there is not enough evidence that vitamin C or zinc help in preventing or treating colds. Second, the doses of vitamin C and zinc in supplements for colds are higher than recommended doses for pregnant women. The recommended vitamin C dose is 80 mg for pregnant teens and 85 mg per day for pregnant adults. The recommended dose for zinc is 12 mg for pregnant teens and 11 mg per day for pregnant adults. If you are taking prenatal vitamins, it is likely that they contain the vitamin C and zinc that you need for the day.

Non-steroidal anti-inflammatory drugs (NSAIDs): For most healthy pregnant women, over-the-counter pain relievers such as ibuprofen, naproxen, and aspirin are generally not recommended during pregnancy. NSAIDs are associated with a risk for premature closure of the ductus arteriosus (a heart and lung condition) in the baby if the medication is used at higher doses in the second half of pregnancy. Although low dose aspirin is sometimes recommended in pregnancy under a doctor's supervision to treat or prevent specific medical conditions, regular strength aspirin and other NSAIDs are not typically recommended for treating pain or fever in pregnancy.

Herbal products: Many herbal supplements marketed for treating colds and flu have not been studied in pregnancy, so the possible risks are not known. In addition, the benefits of using herbal supplements are not always proven. For example, echinacea has been promoted as a cold remedy, but a review of over 24 studies with over 4,000 participants did not find that it shortened the number of days for a cold compared to people who did not take echinacea.

Prevention

Vaccination is key and the best tool that we have for preventing flu and COVID-19 or reducing the severity of the symptoms if you do get infected. Studies involving many thousands of pregnant women have not shown a higher risk of birth defects or complications. MotherToBaby has fact sheets with information on both the flu vaccine and COVID-19 vaccine.

References:

Botto LD, Lynberg MC, Erickson JD. (2001). Congenital heart defects, maternal febrile illness, and multivitamin use: A population-based study. Epidemiology. 12:485-90.

Centers for Disease Control and Prevention. (2025). Treating Flu with Antiviral Drugs. Retrieved from https://www.cdc.gov/flu/treatment/antiviral-drugs.html

Centers for Disease Control and Prevention, NIOSH Science Blog, April 9, 2020. Respiratory Protection During Outbreaks. Retrieved from https://blogs.cdc.gov/niosh-science-blog/2020/04/09/masks-v-respirators/

Chambers CD, Johnson KA, Felix RJ, Dick LM, Jones KL. (1997). Hyperthermia in pregnancy: a prospective cohort study. Teratology. 55:45.

Hubner, N-O., Hubner C., Wodny M., Kampf G., Kramer A. (2010). Effectiveness of alcohol-based hand disinfectants in a public administration: Impact on health and work performance related to acute respiratory symptoms and diarrhea. BMC Infectious Diseases. Retrieved from http://www.biomedcentral.com/1471-2334/10/250

Karsch-Völk, M., Barrett B., Kiefer D., et al. (2014). Echinacea for preventing and treating the common cold. The Cochrane Database of Systematic Reviews. 2014(2):CD000530.

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, June 18, 2026.

When You Cannot Trust Your Gut: What to Do About Diarrhea in Pregnancy and Lactation

Pertussis, commonly known as **whooping cough**, is a highly contagious respiratory illness caused by the bacteria ***Bordetella Pertussis***. It spreads through droplets in the air when someone coughs or sneezes.

For adults, pertussis can feel like a bad cold with a lingering cough. But for babies, especially those under 1 year old, it can be much more serious. If a baby who is not fully vaccinated gets whooping cough, about 1 in 3 will need to be hospitalized. Complications can include:

- Pneumonia
- Pauses in breathing (apnea)
- Seizures
- In rare cases, death

The good news? There is an effective way to help protect your baby before they are born.

What Is the Tdap Vaccine?

The Tdap vaccine protects against:

- **Tetanus**
- **Diphtheria**
- **Pertussis (whooping cough)**

Why Is the Tdap Vaccine Recommended During Pregnancy?

The Centers for Disease Control and Prevention (CDC) recommends that pregnant women receive the Tdap vaccine during each pregnancy, ideally between **27 and 36 weeks**.

When you receive the Tdap vaccine during pregnancy, your body makes protective antibodies. These antibodies cross the placenta and help protect babies after birth.

This protection:

- Starts right away after birth.
- Lasts for the first two months of a child's life.
- Helps bridge the gap until the baby can get their own vaccine.

Newborns are at highest risk for severe pertussis, and they are too young to be fully vaccinated. Getting the Tdap vaccine during pregnancy is the best way to reduce the risk of whooping cough in the baby.

Has the Tdap vaccine been studied for use in pregnancy?

Studies looking at thousands of pregnant women who received the Tdap vaccine have not found increased risks for birth defects, preterm delivery, or other pregnancy complications.

Research on the Tdap vaccine and other recommended vaccines in pregnancy, like the flu vaccine, has been reassuring for both pregnant women and their babies.

MotherToBaby continues to study vaccines in pregnancy to provide up-to-date, evidence-based information to families and healthcare providers. Learn more about how you can help here.

The Bottom Line

Getting the Tdap vaccine during pregnancy is the very best way to protect a newborn from whooping cough during their most vulnerable months. If you are pregnant or planning a pregnancy and have questions about vaccines, talk with your healthcare provider. You can also contact MotherToBaby for free and confidential information based on the latest research.

Originally published 8/5/14, Updated 3/6/26.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at 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, June 18, 2026.

When You Cannot Trust Your Gut: What to Do About Diarrhea in Pregnancy and Lactation

Growing a baby is hard work, and it often comes with a side of extra hunger as your body fuels the little one inside. While the idea of "eating for two" is a common myth, changes in hunger levels, digestion, and food tolerance are very real. For example, you might sit down to enjoy a meal you've eaten countless times before, only to experience sudden heartburn that just won't quit. Or you may plan a short outing and unexpectedly find yourself searching for the nearest restroom due to an upset stomach. These common experiences can be both frustrating and surprising. Symptoms such as heartburn, indigestion, upset stomach, and diarrhea can disrupt daily routines, interfere with sleep, and make even simple moments feel uncomfortable during pregnancy.

Comfort plays a vital role in promoting both physical and emotional health. This includes maintaining balanced nutrition, staying hydrated, being physically active (safely) and trying to get enough quality rest. Comfort is not a luxury; it is an important part of staying healthy for both you and your baby. However, it's important to remember to check your usual remedies to make sure they can also be used during pregnancy.

Bismuth subsalicylate is an over-the-counter medicine often used to treat symptoms such as nausea, heartburn, indigestion, upset stomach, and diarrhea. Once bismuth subsalicylate reaches your stomach and intestines, it separates into salicylic acid (which the body can absorb) and bismuth compounds that are mostly not absorbed. Bismuth subsalicylate is related to aspirin, as they are both in a group of mediations called salicylates. Products that include this ingredient are Pepto-Bismol®, Bismatrol®, Diotame®, Kaopectate®, and Kao-Tin®.

Can Products Containing Bismuth Subsalicylate Be Used During Pregnancy?

In general, products that contain bismuth subsalicylate are not recommended for use during pregnancy, especially during the second and third trimesters. Here is why:

- Bismuth subsalicylate is related to aspirin, which is a non-steroidal anti-inflammatory (NSAID) medication. NSAIDs can increase the chance of certain risks in pregnancy, such as bleeding complications.
- There are concerns about the effects on the fetal kidneys and lower levels of amniotic fluid (the fluid that surrounds the fetus during pregnancy).

- There are concerns about effects on the fetal heart and blood vessels if taken in the later stages of pregnancy. This can cause high blood pressure in the fetal lungs (pulmonary hypertension).

Luckily, there are other ways to help manage those annoying tummy troubles. ***Note: Be sure to use medications and other treatments as directed on the label or by your healthcare provider.***

- For heartburn and indigestion: Antacids like calcium carbonate (Tums®) can be used as directed in pregnancy. Using them may also help with your calcium intake.
- For nausea: Vitamin B6 supplements, doxylamine (an antihistamine), or ginger have been recommended by healthcare providers. Your provider may also suggest prescription medications if needed.
- For diarrhea: It is important to stay hydrated. Your provider may recommend medication depending on the cause and severity of your condition.
- MotherToBaby has fact sheets on these exposures:
  - Regular Strength Aspirin
  - Calcium carbonate
  - Doxylamine succinate-pyridoxine hydrochloride
  - Ginger

Always check with your healthcare provider before taking any medication during pregnancy, even if it is over the counter. They can talk with you about your symptoms and what treatment is best for you.

What If I Already Took Pepto-Bismol?

First, do not panic. One dose is unlikely to cause harm. But it is still a good idea to mention it to your healthcare provider, especially if you are in your second or third trimester. They can help assess whether any follow-up is needed and reassure you moving forward. They can also talk with you about the best way to treat your symptoms during pregnancy.

Pregnancy can already feel uncomfortable at times, so dealing with stomach issues on top of everything else can be frustrating. While some common ingredients like bismuth subsalicylate aren’t recommended during pregnancy, there

are options that can help you feel better. When in doubt, it’s okay to ask your healthcare provider or a MotherToBaby specialist. Remember, taking care of your comfort is an important part of taking care of your pregnancy.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at 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, June 18, 2026.