

Ep. 83: Living with FASD

In this episode, Jenn Wisdahl, Chief Operating Officer at the non-profit FASD United, and Laura Bousquet, a mother to a young adult son diagnosed with FASD in his teens, join host Chris Stallman, CGC to discuss challenges many families with lived FASD experience face. Wisdahl leads FASD United's legislative and policy agenda and trains members of the FASD community to serve as advocates. She was also an executive producer on the award-winning short film "The FASD Project," and is a proud parent to 3 young adults with FASD. Bousquet is a passionate FASD advocate and active FASD United Board member whose own FASD diagnosis at age 57 deepened her dedication to inspiring positive change in the FASD community.

BONUS: Earn continuing education credits for listening to our FASD 3-part series. Scroll down to learn more.

Resources Mentioned in This Episode:

- FASD Family Navigator – FASD United <https://fasdunited.org/family-navigator/>
- Resource Directory – FASD United <https://fasdunited.org/resource-directory/>
- Glimpses of FASD – FASD United <https://fasdunited.org/glimpses-of-fasd/>
- Give FASD a Seat at the Table – FASD United <https://fasdunited.org/give-fasd-a-seat-at-the-table/>
- FASD State Data Sheets – FASD United <https://fasdunited.org/fasd-state-data-sheets/>
- Video Series: Lived Experiences with Fetal Alcohol Spectrum Disorders – CDC <https://www.cdc.gov/fasd/stories/video-series.html>

MotherToBaby: FASD Podcast - Living with FASDs - January 23, 2025 (Podcast) - PD4929-012325

PROGRAM DESCRIPTION: This podcast series is intended to reach various audiences, including healthcare professionals, who can use the information presented to inform their practice and their interaction with clients/patients. The podcast episodes will educate participants on 1) the discovery, prevalence, and newest research on the topic of fetal alcohol spectrum disorders (FASDs), 2) CDC's work in addressing prenatal alcohol and other substance use and FASDs, and 3) the experiences of people living with FASDs.

OBJECTIVES:

After completing this course, the learner will be able to:

- [REDACTED]
- Describe the National Center of Birth Defects and Developmental Disabilities' (NCBDDD) approach to addressing FASDs.
- [REDACTED]
- Describe how interprofessional collaboration addresses FASDs.
- [REDACTED]

FACULTY/CREDENTIALS:

[REDACTED]
[REDACTED] Christina Chambers, PhD, MPH,
Distinguished Professor of Pediatrics, University of
California, San Diego Elizabeth Dang, MPH, Behavioral
Scientist, Centers for Disease Control and Prevention
Nicholas Deputy, PhD, MPH, Health Scientist, Centers
for Disease Control and Prevention Kenneth Jones,
MD, Distinguished Professor of Pediatrics, University
of California, San Diego [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

CE ORIGINATION DATE:	January 23, 2025
CE EXPIRATION DATE:	January 23, 2027
URL	https://momtobaby.org/youtubeFASDfamilies
INTENDED AUDIENCE:	Advanced Practice Nurses, Certified Health Educators, Medical Assistants, Licensed Practical/Vocational Nurses, Physicians, Physician Assistants, Registered Nurses, and Social Workers
PREREQUISITES:	Learners will have a basic understanding of what fetal alcohol spectrum disorders are.
FORMAT:	This activity is Web on Demand
CONTACT INFORMATION:	
CDC’s CE Accreditation Team has a policy for grievances that is available upon request.	Division of Birth Defects and Infant Disorders cdcinfo@cdc.gov
ACCREDITATION STATEMENTS:	



JOINTLY ACCREDITED PROVIDER™
 INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by the Centers for Disease Control and Prevention **MotherToBaby**. The Centers for Disease Control and Prevention is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team

CME: The Centers for Disease Control and Prevention designates this **enduring** activity for a maximum of **0.5** AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CNE: The Centers for Disease Control and Prevention designates this activity for **0.5** nursing contact hours.

CEU: The Centers for Disease Control and Prevention is authorized by IACET to offer **0.1** CEU's for this program.

CECH: Sponsored by the Centers for Disease Control and Prevention, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES®) and/or Master Certified Health Education Specialists (MCHES®) to receive up to **0.5** total Category I continuing education contact hours. Maximum advanced level continuing education contact hours available are **0**. Continuing Competency credits available are **0.5**. CDC provider number **98614**.

DISCLOSURE: In compliance with continuing education requirements, all planners and presenters must disclose all financial relationships, in any amount, with ineligible companies during the previous 24 months as well as any use of unlabeled product(s) or products under investigational use.

CDC, our planners, and content experts wish to disclose they have no financial relationship(s) with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used

by or on patients.

Content will not include any discussion of the unlabeled use of a product or a product under investigational use.

CDC did not accept financial or in-kind support from ineligible companies for this continuing education activity.

Instructions for Obtaining Continuing Education (CE)

To receive continuing education (CE) for **MotherToBaby: FASD Podcast - Living with FASDs - January 23, 2025 (Podcast) - PD4929-012325**, please visit **CDC TRAIN** and search for the course in the Course Catalog using **PD4929-012325**. Follow the steps below by **January 23, 2027**.

- Register for and complete the course.
- Pass the post-assessment at **75 %**.
- Complete the evaluation.
- Visit Your Learning to access your certificates and transcript.

FEES: No fees are charged for CDC's CE activities.

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

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, January 23, 2025.

Ep. 83: Living with FASD

In the second episode of the fetal alcohol spectrum disorders (FASD) special series, we explore the Centers for Disease Control and Prevention's work addressing FASD and how scientific findings are helping shape prevention efforts.

BONUS: Earn continuing education credits for listening. Scroll down to learn more.

Resources Mentioned in This Episode:

- [About CDC's National Center on Birth Defects and Developmental Disabilities](#)
- [About Fetal Alcohol Spectrum Disorders](#)
- [What CDC Is Doing: FASDs](#)
- [Online Trainings and Resources](#)
- [FASD National Partner Network Toolkit](#)
- [Video Series: Lived Experiences with Fetal Alcohol Spectrum Disorders](#)
- ["Let's Talk" Materials Toolkit](#)

MotherToBaby: FASD Podcast - CDC's Work Addressing Prenatal Alcohol

and Other Substance Use and FASDs - January 16, 2025 (Podcast) -

PD4929-011625

PROGRAM DESCRIPTION: This podcast series is intended to reach various audiences, including healthcare professionals, who can use the information presented to inform their practice and their interaction with clients/patients. The podcast episodes will educate participants on 1) the discovery, prevalence, and newest research on the topic of fetal alcohol spectrum disorders (FASDs), 2) CDC's work in addressing prenatal alcohol and other substance use and FASDs, and 3) the experiences of people living with FASDs.

OBJECTIVES:

After completing this course, the learner will be able to:

- [REDACTED]
- [REDACTED]
- Describe the impact on people who are living with FASDs.
- [REDACTED]
- Describe how interprofessional teams can help people living with FASDs transition from pediatric to adult healthcare.

Laura Bousquet, Family Navigator/Self-Advocate,
FASD United Christina Chambers, PhD, MPH,
Distinguished Professor of Pediatrics, University of
California, San Diego [REDACTED]

FACULTY/CREDENTIALS:

[REDACTED]
[REDACTED]
[REDACTED]

Kenneth Jones, MD, Distinguished Professor of
Pediatrics, University of California, San Diego [REDACTED]

[REDACTED]
[REDACTED] Jennifer Wisdahl, Chief
Operating Officer, FASD United

CE ORIGATION DATE:

January 16, 2025 January 16, 2027

CE EXPIRATION DATE:

URL

<https://momtobaby.org/FASDep82YouTube>

INTENDED AUDIENCE:

Advanced Practice Nurses, Certified Health
Educators, Medical Assistants, Licensed
Practical/Vocational Nurses, Physicians, Physician
Assistants, Registered Nurses, and Social Workers

PREREQUISITES:

Learners will have a basic understanding of what
fetal alcohol spectrum disorders are.

FORMAT:

This activity is Web on Demand

CONTACT INFORMATION:

CDC's CE Accreditation Team has a policy for grievances that is available upon request.

Division of Birth Defects and Infant Disorders
cdcinfo@cdc.gov

ACCREDITATION STATEMENTS:



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by the Centers for Disease Control and Prevention **MotherToBaby**. The Centers for Disease Control and Prevention is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team

CME: The Centers for Disease Control and Prevention designates this **enduring** activity for a maximum of **0.5** AMA

PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CNE: The Centers for Disease Control and Prevention designates this activity for **0.5** nursing contact hours.

CEU: The Centers for Disease Control and Prevention is authorized by IACET to offer **0.1** CEU's for this program.

CECH: Sponsored by the Centers for Disease Control and Prevention, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES®) and/or Master Certified Health Education Specialists (MCHES®) to receive up to **0.5** total Category I continuing education contact hours. Maximum advanced level continuing education contact hours available are **0**. Continuing Competency credits available are **0.5**. CDC provider number **98614**.

DISCLOSURE: In compliance with continuing education requirements, all planners and presenters must disclose all financial relationships, in any amount, with ineligible companies during the previous 24 months as well as any use of unlabeled product(s) or products under investigational use.

CDC, our planners, and content experts wish to disclose they have no financial relationship(s) with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.

Content will not include any discussion of the unlabeled use of a product or a product under investigational use.

CDC did not accept financial or in-kind support from ineligible companies for this continuing education activity.

Instructions for Obtaining Continuing Education (CE)

To receive continuing education (CE) for **MotherToBaby: FASD Podcast - CDC's Work Addressing Prenatal Alcohol and Other Substance Use and FASDs - January 16, 2025 (Podcast) - PD4929-011625**, please visit **CDC TRAIN** and search for the course in the Course Catalog using **PD4929-011625**. Follow the steps below by **January 16, 2027**.

- Register for and complete the course.
- Pass the post-assessment at **75 %**.
- Complete the evaluation.
- Visit Your Learning to access your certificates and transcript.

FEES: No fees are charged for CDC's CE activities.

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

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, January 23, 2025.

Ep. 83: Living with FASD

In this episode, Dr. Kenneth Lyons Jones, one of the pioneers who first identified Fetal Alcohol Spectrum Disorders (FASD) in the United States in 1973, and Dr. Christina Chambers, a renowned epidemiologist who has conducted groundbreaking research on the prevalence of FASD, join host Chris Stallman, CGC, to discuss the discovery of FASD, its common physical and cognitive traits, and its prevalence today.

BONUS: Earn continuing education credits for listening to our entire FASD 3-part series. Scroll down to learn more.

Resources Mentioned in This Episode:

- Dr. Kenneth Lyons Jones on the History of Fetal Alcohol Syndrome - FASD
- Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities | Antenatal Exposures and Child Outcomes

| JAMA | JAMA Network

- Fetal Alcohol Spectrum Disorders – American Academy of Pediatrics
- Types of Treatment for FASDs | Fetal Alcohol Spectrum Disorders | CDC
- Choline supplements in young children with fetal alcohol spectrum disorder have lasting cognitive benefits | National Institute on Alcohol Abuse and Alcoholism (NIAAA)

MotherToBaby: FASD Podcast

SCPD4929

PROGRAM DESCRIPTION: This podcast series is intended to reach various audiences, including healthcare professionals, who can use the information presented to inform their practice and their interaction with clients/patients. The podcast episodes will educate participants on 1) the discovery, prevalence, and newest research on the topic of fetal alcohol spectrum disorders (FASDs), 2) CDC’s work in addressing prenatal alcohol and other substance use and FASDs, and 3) the experiences of people living with FASDs.

OBJECTIVES:

After completing this course, the learner will be able to:

1. Describe the National Center of Birth Defects and Developmental Disabilities’ (NCBDDD) approach to addressing FASDs.

2. Describe the impact on people who are living with FASDs.

3. Describe how interprofessional teams can help people living with FASDs transition from pediatric to adult healthcare.

**FACULTY/
CREDENTIALS:**

Laura Bousquet, Family Navigator/Self-Advocate, FASD United [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Elizabeth Dang, MPH, Behavioral Scientist, Centers for Disease Control and Prevention Nicholas Deputy, PhD, MPH, Health Scientist, Centers for Disease Control and Prevention [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Jennifer Wisdahl, Chief Operating Officer, FASD United

**CE ORIGATION DATE: CE EXPIRATION
DATE:**

January 9, 2025 January 9, 2027

URL

<https://momtobaby.org/FASDep81youtube>

INTENDED AUDIENCE:

Advanced Practice Nurses, Certified Health Educators, Medical Assistants, Licensed Practical/Vocational Nurses, Physicians, Physician Assistants, Registered Nurses, and Social Workers

PREREQUISITES:

Learners will have a basic understanding of what fetal alcohol spectrum disorders are.

FORMAT:

This activity is Web on Demand

CONTACT INFORMATION: CDC's CE Accreditation Team has a policy for grievances that is available upon request.

Division of Birth Defects and Infant Disorders cdcinfo@cdc.gov

ACCREDITATION STATEMENTS:



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by the Centers for Disease Control and Prevention and **MotherToBaby**. The Centers for Disease Control and Prevention is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team

CME: The Centers for Disease Control and Prevention designates this **enduring** activity for a maximum of **0.5** AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CNE: The Centers for Disease Control and Prevention designates this activity for **0.5** nursing contact hours.

CEU: The Centers for Disease Control and Prevention is authorized by IACET to offer **0.1** CEU's for this program.

CECH: Sponsored by the Centers for Disease Control and Prevention, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES®) and/or Master Certified Health Education Specialists (MCHES®) to receive up to **0.5** total Category I continuing education contact hours. Maximum advanced level continuing education contact hours available are **0**. Continuing Competency credits available are **0.5**. CDC provider number **98614**.

DISCLOSURE: In compliance with continuing education requirements, all planners and presenters must disclose all financial relationships, in any amount, with ineligible companies during the previous 24 months as well as any use of unlabeled product(s) or products under investigational use.

CDC, our planners, and content experts wish to disclose they have no financial relationship(s) with ineligible companies with the exception of Dr. Christina Chambers, PhD, MPH and she wishes to disclose she receives research funding from Amgen, AstraZeneca, GlaxoSmithKline, Janssen Pharmaceuticals, Pfizer, Inc., Regeneron, Hoffman La-Roche-Genentech, Genzyme Sanofi-Aventis, Takeda Pharmaceutical Company Limited, Sanofi, UCB Pharma, USA, Leo Pharma, Sun Pharma Global FZE, Gilead, Novartis, and the Gerber Foundation.

All relevant financial relationships listed for this individual have been mitigated.

Content will not include any discussion of the unlabeled use of a product or a product under investigational use.

CDC did not accept financial or in-kind support from ineligible companies for this continuing education activity.

Instructions for Obtaining Continuing Education (CE)

To receive continuing education (CE) for **SCPD4929 - MotherToBaby: FASD Podcast**, please visit **CDC TRAIN** and search for the course in the Course Catalog using **SCPD4929** Follow the steps below by **January 9, 2027**.

- Register for and complete the course.
- Pass the post-assessment at **75 %**.
- Complete the evaluation.

- Visit Your Learning to access your certificates and transcript.

FEES: No fees are charged for CDC's CE activities.

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

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, January 23, 2025.

Ep. 83: Living with FASD

Dr. Kiarra King, MD, FACOG, a board-certified obstetrician-gynecologist and social media influencer with thousands of followers, joins host Chris Stallman, CGC to talk about the importance of diversity in pregnancy studies as well as self-advocacy during pregnancy. Dr. King was recently named one of the **top 15** Chicago-based "influencers to follow" for her thoughtful content on women's health, well-being, self-care, lifestyle, fashion and family.

Resources Mentioned in this Episode:

[Join a Pregnancy Study](#)

Dr. Kiarra King's website

Dr. Kiarra King on Instagram

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

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, January 23, 2025.

Ep. 83: Living with FASD

Dana Howe, a communications director for a non-profit called Vaccinate Your Family and soon-to-be mom, joins host Chris Stallman to discuss some common questions and fears surrounding vaccination during pregnancy. She helps debunk common myths to set the record straight. Howe holds a degree in biology and community health and a master's degree in health communication.

Resources mentioned in this episode:

Vaccinate Your Family

www.VaccinateYourFamily.org

Ep. 79 Transcript

You're listening to the Mother 2 Baby podcast, medications and more during pregnancy and breastfeeding. Ask the experts with your host, genetic counselor and mom of four, Chris Stallman.

This episode contains evidence based information that's current as of the day recorded and may change as more data becomes available. To get the very latest information about this topic or other topics in pregnancy and breastfeeding, please contact a mother to baby specialist at 866 626 6847 by text at 855 999 3525 or through our website at mothertobaby.org.

org.

Welcome to another episode of the mother to baby podcast. My name is Chris Stallman, and I'm a genetic counselor, a mom of four, and a teratogen information specialist. So what that means is that I talk to people, so healthcare providers, patients, family members, and the general public, about exposures that can happen before pregnancy, during pregnancy, while breastfeeding, and in cases of adoption.

And an exposure can be anything, so it could be a medication you're taking, a chemical at your workplace, Or a vaccine. And that's what we're going to be talking about today. Not just vaccines, but how and why they are so important. Our guest today is Dana Howe, communications director for a nonprofit called Vaccinate Your Family.

She holds a degree in biology and community health and a master's in health communication. She is also a very soon to be mom. Hi, Dana. Welcome to the show. Hi, Chris. Thank you so much for having me. I'm really happy to be here. Our pleasure. So first and foremost, how are you feeling and how is your pregnancy going?

I am feeling pretty good. It is, um, this is going to be my first baby, so I have, um, I'm going through this, you know, journey for the first time, learning a lot along the way. It's been really interesting how it's intersected with my professional work with Vaccinate Your Family a little bit. Um, but overall feeling Good.

I'm in my third trimester and due next month. So things are getting real around here. That's amazing. Congratulations, and I hope that the remainder of your pregnancy and delivery is smooth and safe. Thank you. So can you tell us a little bit about the organization you work for called vaccinate your family?

Yes, absolutely. So I am the communication director at vaccinate your family. Um, we are a nonprofit organization that was originally founded in 1991, formerly called every child by two, started by former first ladies, Rosalynn Carter and Betty bumpers of Arkansas. Um, In response to measles epidemics that were happening at the time, and the need to vaccinate our nation's children against the vaccine, preventable diseases of the time our mission today remains to protect people of all ages from vaccine, preventable diseases.

Um, and we do that through a mix of communication work, um, trying to educate and arm trusted messengers with good information about vaccines as we serve as the subject matter experts and try to work with trusted messengers, community based organizations, um, leaders. Parents often really health decision makers, um, to spread good evidence based information about vaccines.

We also work in vaccine policy and then we follow the science basically to stay on top of the latest vaccine

recommendations that are coming through and all the, there are new vaccines. There's a lot of really exciting work being done. Um, and I actually joined during the coded pandemic. So it's been a really interesting time as a health communicator to watch how the experience of going through the pandemic has.

impacted the way that we all think about the vaccines that we need, not just against covid, but against all vaccine preventable diseases. I would agree. Um, as someone who was part of the efforts when mother to baby was answering a lot of the questions about the new vaccines during the pandemic, it really, it really did change our perspective.

And of course, you know, I'm a mom. I have my own perspective. And, you know, really soon you're going to be a mom too. And so can you share a little bit about your personal experiences with vaccination and pregnancy? Yeah, absolutely. So, um, you know, I work in vaccines. I work in public health. I have always had a high level of vaccine acceptance in my family growing up myself.

I'm generally happy to get the recommended vaccines at the recommended times, um, but pregnancy has been a really sort of interesting time where there are now a few recommended vaccines during pregnancy. Um, The vaccine, which is important for protection against whooping cough or pertussis that you can pass antibodies onto your baby when you get it.

When you're pregnant, flu and cobit are more important than ever to get while you're pregnant. There are extra benefits to getting it. Um, to getting them while you're pregnant, you can pass some immunity onto your baby, but also getting sick with flu or COVID during pregnancy is something you really want to avoid.

It's more dangerous because your immune system doesn't work the same way while you're pregnant. So if you were to get sick, you are at higher risk because you're less able to fight off those infections. So that extra boost is really important. Um, and then we now have a maternal RSD vaccine as well that can pass antibodies on to babies.

I'm concerned about RSD certainly as someone who's about to have a newborn in the middle of RSD season. And the ability to pass some antibodies on and get that vaccine during pregnancy is something that I don't want to miss out on and I'm actually really excited about. But, I will say. So far, I've gotten three out of those four vaccines, and in making my own health decisions during this pregnancy, um, I'm very aware of all the things that we weigh when we're pregnant, um, it does feel in some ways like a lot of vaccines, and I feel that way even as someone who is, for the most part, Excited to get them.

Of course, I'm not excited for if I feel a little since the next day, like, that's not great, but I'm happy that I have the opportunity to get them. But still, I thought about, you know, the timing of those vaccines. What is available at my doctor's office? What information am I getting from my doctors? So, you know, personally.

My doctor, my doctor's office had Tdap available a little bit sooner. So I just said, sure, did that at like 28 week appointment. And then at my 32 week appointment, I actually proactively asked about the RSV vaccine because I, you know, work in vaccines. I was curious, like, so do you have it here? Are you giving the RSV vaccine?

And they did, and they said we also have flu available. So I did RSV and flu at the same time at that appointment, and then I'm scheduling my COVID vaccine separately at a pharmacy. So, you know, I'm very aware of, as I navigate this time, like, what's available to me in which places, how do I feel after each vaccine?

I know that's definitely a concern. Um, and. You know, recently I got a little head cold and it was a good gentle

reminder of how much Being sick stinks, especially while pregnant and how much I, how much I have been weighing this thing of like, okay, I'm like many people who, um, when I've gotten my COVID vaccine, the next day I feel a little under the weather in, in past vaccines like that.

Immune response. And so I've been like, oh, when is going to be a good time to do that? I'm putting it off. I'm noticing myself being a little like, well, it's already hard to feel good. In your third trimester of pregnancy, do I really want to like, you know, take a sick day? Am I going to be like, how's it going to feel?

Um, but then I actually got sick with just a head cold and I was like, no, we got to go get that vaccine because this is even just this head cold is much worse than that day after the vaccine feeling. So it was a good little reminder for me that those. transient, mild, you know, for me, it's like 24 hours of fatigue, soreness, um, after a vaccine that sometimes we see is still worth it, but it can be, it can be tough to convince yourself that.

Um, so that's just a little bit of what I've been experiencing as I kind of navigate this from a personal perspective. So what are some common myths you hear about regarding vaccines and pregnancy or breastfeeding? Yeah, so I am lucky. Something that's been really interesting is I have quite a few friends who are navigating pregnancy at the same time as me, so it's kind of been a topic of conversation.

I'm also in some, um, like Facebook groups, mostly out of curiosity as a first time mom navigating this. I'm in like a due date group, which is a real interesting slice of people from all over the world who are Do at the same time or the same month that I am, um, sometimes vaccines come up in there that can be interesting and then, you know, I work in vaccines professionally and we kind of keep tabs on what some myths are.

About vaccines and pregnancy and breastfeeding. I think the big thing that sticks with me is during pregnancy. There are so many things that we're told to watch out for, or to not put in our bodies. Yes, and I think that it can put people in a very defensive frame of mind as far as. like exposures. And I know this is the work that mother to baby is doing all the time.

Then we're so grateful for. Um, but I think it makes pregnant people wary of vaccines and susceptible to myths, especially about vaccine safety. So I think some things that I've heard Are that certainly about the concerns about specific vaccine ingredients, and I think that that comes down to that anxiety and hyper vigilance and, you know.

In our work at vaccinate your family, we have done a lot of breaking down to a really sort of digestible level. The reason why the ingredients and vaccines are. Not something that we need to be concerned about. Right? Like you're exposed to more aluminum when you drink a can of soda or seltzer than when you take a vaccine and just kind of right sizing that those exposures on those fears, um, and kind of, you know, Reinforcing that these are things where we have more safety data, more evidence to support that the benefits outweigh any potential risks, then like anything else we put in our bodies, then the prenatal vitamins that we're taking, then, you know, really like any eating out at any restaurant, you know, the list goes on.

This is something that we actually do have a lot of evidence to support the use of, um, another thing that I hear sometimes. Definitely. I want to talk about the new R. S. V. vaccines because they are newer and I think people feel like it's not viewed as safe by some folks because the R. S. V. vaccines. Are a new vaccine, um, and, you know, for me, I think, yeah, it's relatively new, but it's a type of vaccine that's been around for a long time.

It's undergone that extensive testing. And I think that people, it's easy to consider again, because we're in this reactive, like, fear based, uh, wanting to avoid exposures place. We forget to weigh the benefits of the thing. Um, the benefits of getting vaccinated. And we forget about the risks of not vaccinating.

And I think that's something that, um, especially with RSV, I'm thinking about, like I said, the risk of not vaccinating is having a newborn during RSV season. That's a really, that's a significant risk that you have much less control over. Um, and I think that, um, you know, weighing all of those things and kind of being aware of my own.

Yeah. Cognitive bias toward I think we're really biased toward inaction for like I can stay safe by avoiding something during pregnancy because there's so many things like that right that we're told to avoid so I think that it's easy to have a bias towards saying I'm gonna make sure I don't do anything that could harm my baby, the action being get a vaccine when actually the choice to not vaccinate is not a risk free choice, but our brains don't like that.

They kind of go, wait, wait, wait. Um, I think we're more afraid of. Um, potential outcomes for things that we do choose to do versus choose to not do. Um, but of course, when we take a step back, thinking about the risks associated with. Not vaccinating and the benefits that come when we do choose to vaccinate.

On top of all the safety data that we have. Um, I think it's actually, like, a really exciting opportunity to get to using the example of the vaccine for some people who are concerned about the number of shots that infants get. Getting the maternal vaccine now is actually a way to get 1 less. Shot for a newborn baby, because there are options right now for either a maternal RSV vaccine or an antibody that's given to newborns to ways to protect baby against RSV.

But it's exciting as an expecting mom to be like, okay, this is 1 thing I can do to do 1 last shot for my baby. Which I would get if that was the only option, but. Um, it's like, you know, just, just reframing it as a positive thing to kind of be able to, without any risk to myself, like the risk that would come from getting sick, be able to pass antibodies onto my baby during this time window is actually really exciting.

Um, so kind of taking those myths and trying to get to a positive place of like, well, we have the opportunity to pass some protection on. Um, and we don't want to miss that window of opportunity. Wow. We're pregnant. When you mentioned, you know, thinking about myths specifically, you also mentioned something that unfortunately is not a myth, but does contribute to the myths.

And that whole thing is what you can and cannot do during pregnancy. And I'm so glad you mentioned it and we're not going to go too far, but I'm so appreciative of it because I don't think that we, and by we, I mean society in general, mention this enough. My goodness. There is so many different things that were all, there's so much conflicting information.

There's so much fear around doing the very simple things. It's like, is my bath water too hot? Did I wait too long to get the vaccine? You know, what if, you know, I missed the window because of the season or it wasn't available where I am. And now, you know, it would be a better idea for my baby to get the RSV.

You know, there's so many different things. And I just want to say, I know we've said it a couple of times before, and I know that folks in our business say it all the time to the people we're with, especially, but you're doing a good job. If you're out there and you're pregnant or you're trying to get pregnant or you were just pregnant and or maybe you're breastfeeding or maybe not, but you might have a newborn or a newly adopted child on your hands, I'm, I'm here to tell you, you're doing a good job.

You are, and it's hard out there. And I just so much Dana appreciate not only what you do and everything you've said, but I just appreciate so much that you've mentioned. That there is a lot out there for a person who is pregnant to navigate and a lot of it is the am I doing it right? And how can you not?

At some point, even for a second, make that question with everything you see. Don't eat that lunch meat unless it's cooked. Make sure you're doing X, Y, or Z. Make sure you're not doing X, Y, or Z. And again, you, Dana, are doing it right. And everyone out there making that effort, which I know you are. We know you, we see you, and we know that you're doing a good job.

So keep up the good work. Yeah, I so appreciate that. And I think it just, if you're anxious about vaccines during pregnancy, of course you are, because we're anxious about everything that we're putting in our bodies, and I think there are so many messages that we receive from our communities, from healthcare providers sometimes, from our family sometimes, about, yeah, to be in a place of, you know, vigilance, and fear, and to do it right, and So, you know, I have friends who have never worried about it before, but are having trouble with anxiety just around food decisions because they're pregnant.

Um, and it's, I think, been a really interesting eye opening experience. And, you know, if we're suddenly really anxious about our dietary choices, of course we're going to be anxious about a vaccine that we know less about or that, you know, has the power to, you know, be interacting with our immune systems like it makes sense.

So I definitely want to say like this isn't to say. Oh, just don't worry about it. Right? Right. We're conditioned to feel. worried and it means we care. Um, but it, there's a lot of stress that comes with it too. So I appreciate that. And yeah, that's, that's a big thing. And then what we hear about is how you're supposed to reduce stress in pregnancy.

But again, I mean, we could honestly, we could have, and we, we very well may actually this entire, body of work and your experience is so inspirational, we might end up doing a, Hey, you know, we should just talk about some of the silly things we hear in pregnancy, but what I would also love to get to. So aside from the myths, right, what are some of the other frequently asked questions do you get about vaccines in the pregnancy breastfeeding space?

Yeah. So I actually recently was kind of scrolling through the due date group that I was telling you because I think such an interesting Like, Slice of Life, different from other Facebook groups I'm in, where it's like people from all over and, um, you know, the thing that we have in common is that we're due the same month, so I was like, this is, you know, the comment section, it's not for everyone, but it is really interesting, just from a, like, what's on people's mind, um, kind of perspective, and something that I came across several times that I worry about from a health communication perspective is that people really feel like vaccines during pregnancy are pushed on them by their care providers and that I thought was an interesting trend.

It's not everybody, right? But it came up more than once that I think it comes down to, like, a communication and a trust and information issue where, um, You know, care providers are strapped for time. They're doing their best. Obviously want to give them the benefit of the doubt, but the way that we're presenting information about vaccines to pregnant people is making people go like, Whoa, I don't, I feel like I'm being that it's assumed that I have to do this.

And people are coming to groups and saying, like, can I say, no, can't like, do I have to do this? Mm hmm. And You know, it sets up kind of an adversarial relationship that I think, you know, as a communicator, I'm like, Ooh, I wonder how we can do a better job coming into those conversations with information and feeling like we're making an informed decision so that when our care provider says, Oh, you know, you can do the Tdap today.

Do you want to do it? It doesn't feel like we don't interpret that as. Get your Tdap and that being the first time that we've thought about it, but you know, in my experience, my, my care providers, who I really like, didn't bring up the Tdap vaccine to me until it was the week that we were going to do it.

And they just said, Oh, you know, it is time for the Tdap vaccine. Here's the, you know, information sheet about it. Do

you have any questions? And. If I didn't know a lot already, which I do because it's my job, about the Tdap vaccine, if I didn't see it coming and I hadn't anticipated it, it might feel, and I think for many people does feel, just this, like this thing that's really blase, casual, and doctors who give vaccines all the time, I think do treat vaccines casually sometimes.

Because they are an amazing public health tool that are safe and they work well and we love them because they prevent illness and are extremely safe and have very few side effects. So, as a care provider, you're like, vaccine time. Woo. But as someone who's in a place of vigilance and worry about what's coming into their body, especially at the doctor's office, potentially, I think I would love for everyone to.

Be able to anticipate that vaccine conversation coming in a positive way, like, oh, I know what that is. I know how I'm going to benefit from it. I already, like, if I have some questions, I know what to ask because you probably don't. I mean, I've had that experience. You're in a conversation with a care provider.

You are hearing about something for the 1st time. You don't have your questions ready to go. Like, they come later, and then you end up on Google, and that's not what we want, so. Yeah, that's, that's definitely true. I mean, you know, Google and other search engines, you know, have their place certainly. Um, but I, you had mentioned earlier, um, I believe what you had said was a trusted messenger, meaning a place of information that is based on available, um, evidence and, um, While there's certainly other forms of information, I think knowing where and how to get that trusted information is really important, just sort of generally speaking, and then to your point, when you go into your provider, right, you want, and we hope, and that's the goal, is that the person or the group that you're speaking with is a trusted source of information, and as a provider, also, not necessarily in this space, I do understand that feeling when I go in as, well, Of course, I know what I'm talking about.

I'm a provider. I've been doing this for a while. So the two sides of it are completely different and coming from completely different places. And I think it's, it's wonderful when we can come together. As long as you realize, you know, it helps if you have some information going in. And it helps if your provider also knows how to address, explain, and fill in the gaps for the information either that you may not have or that you may not fully understand or that you may have.

So, again, I do love that it ends up being a two sided piece, right? We say all the time, you know, you have to advocate for yourself as a patient, which is absolutely true. But from the provider piece, you know, we do like to say, hey, you know, you have to make sure that your patient has this information. In that magical place when all of those things can happen in a way that everyone's comfortable with, that's where we are.

Until then, we need to keep looking for information and looking for the best way to give and support that information as well. Yeah, absolutely. You know, going back to your previous question, the other thing that one, the other thing that comes to mind for me about just frequently asked questions, things that come up about pregnancy and vaccines, I do think there are a lot of concerns about vaccine reactions during pregnancy and by that I do just mean sort of the side effects that can happen when you get a vaccine.

That, like, feeling a little bit sick. Um, everybody's different, so I don't want to claim to know what someone else's, you know, vaccine reaction looks like. I think they've gotten, um, it's something that's been talked about more because I do think, anecdotally, The COVID 19 vaccines, people are experiencing that, um, you know, some vaccine side effects.

Many people get them from seasonal flu shots to many people, you know, children get them after their routine vaccines. You might feel a little gross for a day or two. It is normal and it is expected. It doesn't happen to everyone, but I think it really throws people off. And when you're pregnant and you already feel bad, and it is hard to get through the day at work.

And Honestly, I really get this. My friends, like, we are already pregnant, probably working during pregnancy, probably worried about the amount of sick time that we have, if we're lucky enough to have it, um, you know, thinking about our schedules, maybe you have other kids, and the weekend's not a good time to get a vaccine and be down and out.

We feel like there is not a lot of buffer for feeling unwell and it's hard to choose something like getting a vaccine that you have a guest might make you feel kind of not well for 24 hours. It's hard to choose to do that. Yeah. Um, and people are definitely asking like, Oh, how did you feel and worried that during pregnancy, you might actually feel worse.

I will say that hasn't been my experience. I think there's probably a few different reasons for that. I'm like, well, I'm already taking it easy, so I haven't noticed it as much. Or, you know, like, maybe my immune system's working a little differently. So it hasn't been, like, it hasn't been worse for me, I'll say, after I've gotten vaccines during pregnancy.

Uh, to just put that out there, but I was concerned on a personal note concerned like, well, it's already a lot. How am I going to feel for the day after I get these vaccines? Am I going to have to call in sick? And I think, you know, we can't dismiss those are real like decision making kind of things that we're weighing in our day to day lives.

Yes. 100%. And I, I, again, I appreciate that because not everybody has a sick day. Not everybody can take a sick day. And again, it's, it's sort of how things are presented. You know, there's lots of, of other issues, but you know, I can tell you from the, how you feel piece. that during my pregnancies, especially my last two, if there was anything I even thought was going to make me feel even more fatigued, I was like, I don't even know what more fatigue looks like.

More, more fatigue probably looks like me just not being awake at all. Right. Um, and, and that's real. Now, I do want to say that I did choose to, and had vaccines available to me during all my pregnancies. And that's something that our family had decided was a personal choice. But I do want to, you know, say that even though I work in the field, I've had those thoughts.

These aren't, these are typical thoughts. It's okay to have these thoughts. You know, however that weighs into your decision is completely up to you and maybe a conversation with your healthcare provider. But I, I did want to say, you know, yeah, I, I've definitely thought about that. And then I was like, well, you know what, I really am more worried about this.

And then I weighed it, but it is absolutely typical to have those thoughts. Like I don't want to have to go to Walgreens. What if I have to miss a day at work? I don't want to feel sick. I definitely don't want to feel tired. And then again, you know, if it's all part of your decision making. then that is something that a lot of people have typically experienced.

So, Dana, before we let you go today, is there a final thought you would like to leave our audience with? Well, I would just say, you know, I mentioned a lot of vaccines by name, um, and I would encourage anybody who is thinking about, is pregnant, um, knows somebody who is, if you're looking for more information about the vaccines that are recommended during pregnancy, what they are, why they're recommended, what the benefits are.

Um, we have some great information at [vaccinateyourfamily.org](https://www.vaccinateyourfamily.org). Um, there is some pregnancy specific resources as well as information about accessing vaccines during pregnancy. So I would just say, please check it out. Um, come with an open mind. I, we say do your own research and I support that. Do your own research.

We have, you know, all our sources come to [vaccinateyourfamily.org](https://www.vaccinateyourfamily.org) and, um, I hope you'll take the time to kind of

learn more about the vaccines that are recommended during pregnancy so that when it comes time to talk to your provider about them, you can go in feeling informed and ready to have that conversation and make the vaccine decision for your family.

Because that's the goal. The goal is making sure that you have the information that you can use to make the decision. That is best for yourself and your family and you know, wonderful organizations like Vaccinate Your Family do have evidence based information that can help you with your decision making and we will be happy to put information on how to find Vaccinate Your Family in our show notes.

Dana. Yes. Well, thank you so much. Oh, thank you. I thank you. Doesn't even cover it. So happy to have you here today. So happy to talk about this. And as you know, you know, vaccines are more and more a part of some of the recommendations that we have at all points in the life cycle. So we would love to have you back on the show in the future if you're ever ready to do so.

Yeah. Absolutely. It's been a pleasure. Great. Dana. Thank you so much. And that's going to do it for this episode of the mother to baby podcast. Be sure to hit that subscribe button. So that way you never miss a new episode and you can go back and listen or relisten to some of those older episodes as well.

You can find us on iTunes, Spotify, Audible, or however you like to listen to podcasts. And if you want to be on the podcast, or if you have an idea for the show, we would love to hear from you. Please feel free to email us at contactus@mothertobaby.org. And Mother2Baby is here to answer your questions about exposures before and during pregnancy.

While breastfeeding or if you have questions about exposures and adoption, you can reach us by phone at 866 626 6847 by text at 855 999 3525. You can visit us on our website, Mother2Baby.org. And there you can chat with an information specialist. You can look at our many blogs, information pages, our hundreds of fact sheets that are available free in English and in Spanish.

And you can also listen to our podcast. Or find out how you can participate in our pregnancy studies. If you would like to support the mother to baby podcast, as well as all of the ways we get critical pregnancy and breastfeeding health information to you at home, we have a new way to do just that.

Encircle is our new monthly giving society that helps ensure we can continue to provide our services at no cost. Join the community today and encircle parents and babies in health. Members will be recognized on the podcast and website. Visit mother2baby.org/slash/donate today. Until next time, remember.

Mother2Baby is here for you. Take care. Mother2Baby is a service of the non profit organization of Territology Information Specialists and supported by the Health Resources and Service Administration of the U. S. Department of Health and Human Services. It's made possible through generous donations from listeners like you.

To learn more about Mother2Baby, please visit mother2baby.org.

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

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, January 23, 2025.