Early Pregnancy Guidelines

With references from:

As you begin your journey…

We at Columbia University Fertility Center are so excited for you and your family, and wish you health throughout the journey ahead.

Over the next few weeks, we will continue to monitor your pregnancy through blood tests to measure your beta hCG and progesterone blood levels, and later, pregnancy ultrasounds. But we understand that you may have some questions about best practices during these first few months of your pregnancy: what you can eat, where you can go, when you can begin exercising, just to list a few.

The following packet contains responses to some of the most commonly asked questions by our patients based on the most current medical guidelines and recommendations. We've also included here a list of local community groups that offer support through early pregnancy at no extra cost. If you're interested in private consultations with a therapist, nutritionist or psychiatrist, we have included a list of resources at the end of the document.

You may also want to start thinking about finding an obstetrician, if you do not already have one. We recommend perusing ***columbiadoctors.org*** as a start. After your first or second pregnancy ultrasound (around 6-7 weeks of pregnancy), you can schedule your first appointment with an obstetrician in order to be seen around 10-11 weeks of pregnancy. (To calculate your 'gestational age,' please visit http://perinatology.com/calculators/Due-Date.htm.)

Finally: Patients 'graduate' from our Center around 8 weeks of pregnancy, but we hope to stay in touch. We love receiving updates, whether they be photos, postcards, or short notes letting us know how you are doing.

Best wishes,

Your Columbia University Fertility Team

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The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ156
PREGNANCY

How Your Fetus Grows During Pregnancy

- How does pregnancy begin?
- What is the placenta?
- How will my uterus change during pregnancy?
- How long does pregnancy last?
- How is the length of my pregnancy measured?
- What is an estimated due date?
- How is my estimated due date calculated?
- What happens during weeks 1–8 of pregnancy?
- What happens during weeks 9–12 of pregnancy?
- What happens during weeks 13–16 of pregnancy?
- What happens during weeks 17–20 of pregnancy?
- What happens during weeks 21–24 of pregnancy?
- What happens during weeks 25–28 of pregnancy?
- What happens during weeks 29–32 of pregnancy?
- What happens during weeks 33–36 of pregnancy?
- What happens during weeks 37–40 of pregnancy?
- Glossary

How does pregnancy begin?

Fertilization, the union of an ***egg*** and a ***sperm*** into a single ***cell***, is the first step in a complex series of events that leads to pregnancy. Fertilization takes place in the ***fallopian tube***. Over the next few days, the single cell divides into multiple cells. At the same time, the small cluster of dividing cells moves through the fallopian tube to the lining of the ***uterus***. There it implants and starts to grow. From implantation until the end of the eighth week of pregnancy, it is called an ***embryo***. From the ninth week of pregnancy until birth, it is called a ***fetus***.

What is the placenta?

The ***placenta*** is formed from some of these rapidly dividing cells. The placenta functions as a life-support system during pregnancy. ***Oxygen***, nutrients, and ***hormones*** from the mother are transferred across the placenta to reach the fetus, and waste products from the fetus are transferred to the mother for removal.

How will my uterus change during pregnancy?

During pregnancy, the lining of your uterus thickens and its blood vessels enlarge to provide nourishment to the fetus. As pregnancy progresses, your uterus expands to make room for the fetus. By the time your baby is born, your uterus will have expanded to many times its normal size.

How long does pregnancy last?

A normal pregnancy lasts about 40 weeks from the first day of your last menstrual period (LMP). Pregnancy is assumed to start 2 weeks after the first day of the LMP. Therefore, an extra 2 weeks is counted at the beginning of your pregnancy when you are not actually pregnant. Pregnancy "officially" lasts 10 months (40 weeks)—not 9 months—because of these extra weeks.

How is the length of my pregnancy measured?

Pregnancy can be divided into weeks and sometimes days. A pregnancy that is "36 and 3/7 weeks" means "36 weeks and 3 days of pregnancy." The 40 weeks of pregnancy often are grouped into three ***trimesters***. Each trimester lasts about 12–13 weeks (or about 3 months):

- First trimester: 0 weeks–13 and 6/7 weeks (Months 1–3)
- Second trimester: 14 and 0/7 weeks–27 and 6/7 weeks (Months 4–7)
- Third trimester: 28 and 0/7 weeks–40 and 6/7 weeks (Months 7–9)

What is the estimated due date?

The day your baby is due is called the estimated due date (EDD). Only about 1 in 20 women give birth on their due dates. Still, the EDD is useful for a number of reasons. It determines your fetus's ***gestational age*** throughout pregnancy so that the fetus's growth can be tracked. It also provides a timeline for certain tests that you will have throughout your pregnancy.

How is my estimated due date calculated?

Your EDD is calculated from the first day of your LMP. But when the date of the LMP is uncertain, an ***ultrasound exam*** may be done during the first trimester to estimate the due date. If you have had ***in vitro fertilization***, the EDD is set by the age of the embryo and the date that the embryo is transferred to the uterus.

What happens during weeks 1–8 of pregnancy?

- Placenta begins to form.
- The brain and spinal cord begin to form.
- The tissues that will form the heart begin to beat. The heartbeat can be detected with ultrasound at about 6 weeks of pregnancy.
- Buds for limbs appear with paddle-like hands and feet.
- The eyes, ears, and nose begin to develop. Eyelids form, but remain closed.
- The genitals begin to develop.
- By the end of the eighth week, all major organs and body systems have begun to develop.

What happens during weeks 9–12 of pregnancy?

- Buds for future teeth appear.
- Fingers and toes start to form. Soft nails begin to form.
- Bones and muscles begin to grow.
- The intestines begin to form.
- The backbone is soft and can flex.
- The skin is thin and transparent.
- The hands are more developed than the feet.
- The arms are longer than the legs.

What happens during weeks 13–16 of pregnancy?

- Arms and legs can flex.
- External sex organs are formed.
- The outer ear begins to develop.
- The fetus can swallow and hear.
- The neck is formed.
- Kidneys are functioning and begin to produce urine.

What happens during weeks 17–20 of pregnancy?

- The sucking reflex develops. If the hand floats to the mouth, the fetus may suck his or her thumb.
- The skin is wrinkled, and the body is covered with a waxy coating (vernix) and fine hair (lanugo).

- The fetus is more active. You may be able to feel him or her move.
- The fetus sleeps and wakes regularly.
- Nails grow to the tips of the fingers.
- The gallbladder begins producing bile, which is needed to digest nutrients.
- In female fetuses, the eggs have formed in the ovaries. In male fetuses, the testes have begun to descend.
- It may be possible to tell the sex of the fetus on an ultrasound exam.

What happens during weeks 21–24 of pregnancy?

- The fetus may hiccup.
- The brain is rapidly developing.
- Tear ducts are developing.
- Finger and toe prints can be seen.
- The lungs are fully formed but not yet ready to function outside of the uterus.

What happens during weeks 25–28 of pregnancy?

- The eyes can open and close and sense changes in light.
- The fetus kicks and stretches.
- The fetus can make grasping motions and responds to sound.
- Lung cells begin to make a substance that will enable breathing.

What happens during weeks 29–32 of pregnancy?

- With its major development finished, the fetus gains weight very quickly.
- Bones harden, but the skull remains soft and flexible for delivery.
- The different regions of the brain continue to form.
- Hair on the head starts to grow.
- Lanugo begins to disappear.

What happens during weeks 33–36 of pregnancy?

- The fetus usually turns into a head-down position for birth.
- The brain continues to develop.
- The skin is less wrinkled.
- The lungs are maturing and getting ready to function outside of the uterus.
- Sleeping patterns develop.

What happens during weeks 37–40 of pregnancy?

- The fetus drops lower into the pelvis.
- More fat accumulates, especially around the elbows, knees, and shoulders.
- The fetus gains about half a pound per week during this last month of pregnancy.

Glossary

Cell: The smallest unit of a structure in the body; the building blocks for all parts of the body.

Egg: The female reproductive cell produced in and released from the ovaries; also called the ovum.

Embryo: The stage of prenatal development that starts at fertilization (joining of an egg and sperm) and lasts up to 8 weeks.

Fallopian Tube: One of a pair of tubes through which an egg travels from the ovary to the uterus.

Fertilization: Joining of the egg and sperm.

Fetus: The stage of prenatal development that starts 8 weeks after fertilization and lasts until the end of pregnancy.

Gestational Age: The age of a pregnancy, usually calculated from the number of weeks that have elapsed from the first day of the last normal menstrual period and often using findings from an ultrasound examination performed in the first or second trimester of pregnancy.

Hormones: Substances made in the body by cells or organs that control the function of cells or organs. An example is estrogen, which controls the function of female reproductive organs.

In Vitro Fertilization: A procedure in which an egg is removed from a woman's ovary, fertilized in a laboratory with the man's sperm, and then transferred to the woman's uterus to achieve a pregnancy.

Oxygen: A gas that is necessary to sustain life.

Placenta: Tissue that provides nourishment to and takes away waste from the fetus.

Sperm: A cell produced in the male testes that can fertilize a female egg.

Trimesters: The three 3-month periods into which pregnancy is divided.

Ultrasound Exam: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ126
PREGNANCY

Pregnancy symptoms may **come and go**! Nausea may improve or breast tenderness may resolve. This is normal.
- Columbia Fertility

Morning Sickness

Nausea and Vomiting of Pregnancy

- How common is nausea and vomiting of pregnancy?
- When does nausea and vomiting of pregnancy start?
- What is the difference between mild and severe nausea and vomiting of pregnancy?
- What is hyperemesis gravidarum?
- Am I at risk of severe nausea and vomiting of pregnancy?
- Could nausea and vomiting during pregnancy be caused by another medical condition?
- Can nausea and vomiting of pregnancy affect my fetus?
- When is the best time to treat nausea and vomiting of pregnancy?
- What can I do to feel better if I have nausea and vomiting of pregnancy?
- Is there medical treatment for nausea and vomiting of pregnancy?
- What may happen if my nausea and vomiting is severe or I have hyperemesis gravidarum?
- Glossary

How common is nausea and vomiting of pregnancy?

Nausea and vomiting of pregnancy is a very common condition. Although nausea and vomiting of pregnancy often is called "morning sickness," it can occur at any time of the day. Nausea and vomiting of pregnancy usually is not harmful to the ***fetus***, but it can have a serious effect on your life, including your ability to work or do your normal daily activities.

When does nausea and vomiting of pregnancy start?

Nausea and vomiting of pregnancy usually starts before 9 weeks of pregnancy. For most women, it goes away by the second trimester (14 weeks of pregnancy). For some women, it lasts for several weeks or months. For a few women, it lasts throughout the entire pregnancy.

What is the difference between mild and severe nausea and vomiting of pregnancy?

Some women feel nauseated for a short time each day and may vomit once or twice. This usually is defined as mild nausea and vomiting of pregnancy. In more severe cases, nausea lasts several hours each day and vomiting occurs more frequently. Deciding to seek treatment depends on how much nausea and vomiting of pregnancy affects your life and causes you concern, not whether your condition is "mild" or "severe."

What is hyperemesis gravidarum?

Hyperemesis gravidarum is the most severe form of nausea and vomiting of pregnancy. It occurs in up to 3% of pregnancies. This condition may be diagnosed when a woman has lost 5% of her prepregnancy weight and has other problems related to ***dehydration*** (loss of body fluids). Women with hyperemesis gravidarum need treatment to stop their vomiting and restore body fluids. Sometimes treatment in a hospital is needed.

Am I at risk of severe nausea and vomiting of pregnancy?

If you have any of the following factors, your risk of severe nausea and vomiting of pregnancy may be increased:

- Being pregnant with more than one fetus (multiple pregnancy)

- Past pregnancy with nausea and vomiting (either mild or severe)
- Your mother or sister had severe nausea and vomiting of pregnancy
- History of motion sickness or migraines
- Being pregnant with a female fetus

Could nausea and vomiting during pregnancy be caused by another medical condition?

Some medical conditions can cause nausea and vomiting during pregnancy. These include an ulcer, food-related illness, thyroid disease, or gallbladder disease. Your obstetrician or other health care professional may suspect that you have one of these conditions if you have signs or symptoms that do not usually occur with nausea and vomiting of pregnancy:

- Nausea and vomiting that occurs for the first time after 9 weeks of pregnancy
- Abdominal pain or tenderness
- Fever
- Headache
- Enlarged ***thyroid gland*** (swelling in the front of the neck)

Can nausea and vomiting of pregnancy affect my fetus?

Having nausea and vomiting of pregnancy usually does not harm your health or your fetus's health. It does not mean your fetus is sick. It can become more of a problem if you cannot keep down any food or fluids and begin to lose weight. When this happens, it sometimes can affect the fetus's weight at birth. You also can develop problems with your thyroid, liver, and fluid balance.

When is the best time to treat nausea and vomiting of pregnancy?

Because severe nausea and vomiting of pregnancy is hard to treat and can cause health problems, many experts recommend early treatment so that it does not become severe.

What can I do to feel better if I have nausea and vomiting of pregnancy?

Diet and lifestyle changes may help you feel better. You may need to try more than one of these suggestions:

- Take a multivitamin.
- Try eating dry toast or crackers in the morning before you get out of bed to avoid moving around on an empty stomach.
- Drink fluids often.
- Avoid smells that bother you.
- Eat small, frequent meals instead of three large meals.
- Try bland foods. For example, the "BRATT" diet (bananas, rice, applesauce, toast, and tea) is low in fat and easy to digest.
- Try ginger ale made with real ginger, ginger tea made from fresh grated ginger, ginger capsules, and ginger candies.

If you do vomit a lot, it can cause some of your tooth enamel to wear away. This happens because your stomach contains a lot of acid. Rinsing your mouth with a teaspoon of baking soda dissolved in a cup of water may help neutralize the acid and protect your teeth.

Is there medical treatment for nausea and vomiting of pregnancy?

If diet and lifestyle changes do not help your symptoms, or if you have severe nausea and vomiting of pregnancy, medical treatment may be needed. If other medical conditions are ruled out, certain medications can be given to treat nausea and vomiting of pregnancy:

- Vitamin B_6 and doxylamine—Vitamin B_6 is a safe, over-the-counter treatment that may be tried first. Doxylamine, a medication found in over-the-counter sleep aids, may be added if vitamin B_6 alone does not relieve symptoms. A prescription drug that combines vitamin B_6 and doxylamine is available. Both drugs—taken alone or together—have been found to be safe to take during pregnancy and have no harmful effects on the fetus.
- "Antiemetic" drugs—If vitamin B_6 and doxylamine do not work, "antiemetic" drugs may be prescribed. These drugs prevent vomiting. Many antiemetic drugs have been shown to be safe to use during pregnancy. Others have conflicting or limited safety information. You and your obstetrician or other members of your health care team can discuss all of these factors to determine the best treatment for your personal situation.

What may happen if my nausea and vomiting are severe or I have hyperemesis gravidarum?

You may need to stay in the hospital until your symptoms are under control. Lab tests may be done to check how your liver is working. If you are dehydrated from loss of fluids, you may receive fluids and vitamins through an intravenous line. If your vomiting cannot be controlled, you may need additional medication. If you continue to lose weight, sometimes tube feeding is recommended to ensure that you and your fetus are getting enough ***nutrients***.

Glossary

Dehydration: A condition that happens when the body does not have as much water as it needs.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Hyperemesis Gravidarum: Severe nausea and vomiting during pregnancy that can lead to loss of weight and body fluids.

Nausea and Vomiting of Pregnancy: A condition that occurs in early pregnancy, usually starting before 9 weeks of pregnancy.

Nutrients: Nourishing substances found through food, such as vitamins and minerals.

Thyroid Gland: A butterfly-shaped gland located at the base of the neck in front of the windpipe. This gland makes, stores, and releases thyroid hormone that controls the body's metabolism and regulates how parts of the body work.

If you have further questions, contact your obstetrician–gynecologist.

UpToDate®

Patient education: Nausea and vomiting of pregnancy (Beyond the Basics)

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INTRODUCTION: Nausea and vomiting of pregnancy commonly occurs between 5 and 18 weeks of pregnancy. Between 50 and 90 percent of women with normal pregnancies have some degree of nausea, with or without vomiting. The severity of these symptoms can vary and can last for various periods of time.

"Morning sickness" is the term often used to describe mild nausea and vomiting that occurs due to pregnancy (and not due to other illness), while "hyperemesis gravidarum" is the term used to describe a more severe condition. Hyperemesis may cause you to vomit multiple times throughout the day, lose weight, be unable to consume food and liquids, and typically requires evaluation in the hospital and treatment with medication(s).

This article discusses conservative measures and prescribed or over-the-counter medications available for management of nausea and vomiting during pregnancy. A more detailed article is available by subscription.

MORNING SICKNESS VERSUS HYPEREMESIS

Morning sickness — Nausea and vomiting often develop by five to six weeks of pregnancy. The symptoms are usually worst around nine weeks and typically improve by 16 to 18 weeks of pregnancy. However, symptoms continue into the third trimester in 15 to 20 percent of women and until delivery in 5 percent of women [1]. Although mild pregnancy-related nausea and vomiting is often called "morning sickness," you may feel sick at any time of day, and many women (80 percent) feel sick throughout the day or even at night. Of note, women with mild nausea and vomiting during pregnancy experience fewer miscarriages and stillbirths than women without these symptoms [2].

Hyperemesis gravidarum — Hyperemesis gravidarum is the term used to describe more severe nausea and vomiting during pregnancy. Women with hyperemesis often vomit every day and may lose more than 5 percent of their pre-pregnancy body weight. In most cases, women with hyperemesis gravidarum become dehydrated and may develop vitamin and other nutrient deficiencies.

CAUSES OF NAUSEA AND VOMITING IN PREGNANCY

The cause of pregnancy-related nausea and vomiting is not clear. Several theories have been proposed, although none have been definitively proven. Increased hormone levels, slowed

movement of the stomach contents, a genetic predisposition, and psychological factors are among the more common theories.

Some women are more likely to develop nausea and vomiting of pregnancy, including women who:

- Developed these symptoms in a previous pregnancy
- Experience nausea and vomiting while taking estrogen (for example, in birth control pills) or have menstrual migraines
- Experience motion sickness
- Have family members (especially sisters or mothers) who had these symptoms in pregnancy
- Have a history of gastrointestinal problems (ie, reflux, ulcers)
- Have twins, triplets, or other multiples
- Have a molar pregnancy (a type of abnormal placenta and pregnancy)

WHEN TO SEEK HELP

Many women, especially those with mild to moderate nausea and/or vomiting, do not need medical treatment but should still let their obstetric provider know if they are having symptoms. The provider can then provide conservative suggestions to help reduce symptoms or determine if treatment with a medication is advisable. (See 'Treatment of nausea and vomiting in pregnancy' below.)

Talk with your obstetric care provider if you have one or more of the following:

- Signs of dehydration, including infrequent urination, dark-colored urine, or dizziness with standing
- Vomiting repeatedly throughout the day, especially if you see blood in the vomit
- Abdominal or pelvic pain or cramping
- Unable to keep down any food or drinks for more than 12 hours
- Weight loss of more than 5 pounds (2.3 kg)
- Fever or diarrhea in addition to nausea and vomiting

One or more tests may be recommended to investigate the cause of and determine the severity of the nausea and vomiting, including blood tests, urine tests, or an ultrasound.

TREATMENT OF NAUSEA AND VOMITING IN PREGNANCY

Treatment can range from dietary and lifestyle changes to use of one of more medications. You may need to try several types of treatment or a combination of treatments over a period of weeks before finding what works best for you. Treatment may not totally eliminate your nausea and vomiting. The goal is to make symptoms tolerable so that you can eat and drink enough for appropriate fetal growth and have a reasonable quality of life. Fortunately, symptoms generally resolve by mid-pregnancy, whether or not you require any treatment. (See "Treatment and outcome of nausea and vomiting of pregnancy".)

Dietary changes — Nausea and vomiting can be made worse from overeating or excessive hunger. Eating too much, avoiding food altogether, or not eating enough food may actually make nausea worse. Try eating before or as soon as you feel hungry to avoid an empty stomach. Eat

snacks frequently and have multiple small meals (eg, six small meals a day) that are high in protein or carbohydrates and low in fat. Sticking to a bland diet may be ideal. Drink cold, clear, and carbonated or sour fluids (eg, ginger ale, lemonade) and drink these in small amounts between meals. Smelling fresh lemon, mint, or orange or using an oil diffuser with these scents may also be useful.

Avoid triggers — One of the most important treatments for pregnancy-related nausea and vomiting is to avoid odors, tastes, and other activities that trigger nausea. Eliminating food triggers, like spicy foods, helps some women. Other examples of triggers include:

- Stuffy rooms
- Odors (eg, perfume, chemicals, coffee, food, smoke)
- Heat and humidity
- Noise
- Visual or physical motion (eg, flickering lights, driving)
- Excessive exercise
- Excessive salivation (ptyalism)
- Excessive fatigue or feeling tired
- Foods and snacks high in sugar
- Spicy foods and high-fat foods

Brushing teeth after eating may help prevent symptoms. Avoid lying down immediately after eating and avoid quickly changing positions. If you take a prenatal vitamin with iron and this worsens your symptoms, try taking it at bedtime. If symptoms persist, stop the vitamins temporarily and let your obstetric care provider know that you stopped. The provider may suggest a chewable prenatal vitamin since some women tolerate this better than a vitamin in tablet form. If you stop taking your prenatal vitamin, the provider will suggest taking a supplement that contains 400 to 800 micrograms of folic acid until you are at least 14 weeks pregnant to reduce the risk of birth defects.

Complementary treatments — The following treatments may be useful when used with other treatments.

- **Acupuncture and acupressure** – Acupressure wristbands (picture 1) and acupuncture have become a popular treatment for nausea and vomiting caused by pregnancy, motion sickness, and other causes. Some studies have not shown these wristbands to be more effective than sham (fake, look-alike) wristbands [3], although some women find them helpful. Acupuncture and acupressure have no known harmful side effects to mother or baby.
- **Hypnosis and counseling** – Hypnosis has been reported to be helpful in some people. Counseling may be helpful for women with a history of anxiety or depression.
- **Ginger** – Powdered ginger or ginger tea may help to relieve nausea and vomiting in some women. One small study has shown powdered ginger to be more effective than placebo to reduce symptoms and frequency of nausea and vomiting [4]. However, further studies are needed to confirm that powdered ginger is safe and effective. Until more data are available, we suggest the use of ginger containing foods (eg, ginger lollipops, ginger ale) for mild nausea and vomiting.

Fluids and nutrition — If you are unable to hold down food or liquids, you may be treated with intravenous (IV) fluids. This may be done in your doctor or nurse's office or in the hospital,

depending upon the severity of your vomiting. For a short time, you may be advised not to eat or drink anything, to allow the gut to rest. You can slowly begin to eat and drink again as you begin to feel better, usually within 24 to 48 hours.

If you continue to lose weight despite treatment, your doctor may consider other forms of feeding, such as the use of a nasogastric tube (a tube that is inserted through your nose into the stomach) or supplemental nutrition through an IV line.

Medications — Medications that reduce nausea and vomiting are effective in some women and are safe to take during pregnancy. None of the medications discussed below are known to be harmful. Make sure you talk with your obstetric care provider before taking any new over-the-counter or prescription medications, including nutritional and herbal supplements.

- **Vitamin B6 and doxylamine** – Over-the-counter vitamin B6 supplements can reduce symptoms of mild to moderate nausea but do not usually help with vomiting. Doxylamine is a medication that can reduce vomiting and may be combined with vitamin B6. Doxylamine is available in the United States in some over-the-counter non-prescription sleep aids (eg, Unisom, GoodSense Sleep Aid) and as a prescription antihistamine chewable tablet (Aldex AN). Combinations of vitamin B6 and doxylamine formulations are available for the initial treatment of nausea (eg, Diclectin in Canada and Diclegis in the United States) and are available as a prescription.

- **Antihistamines** and other anti-nausea medications – Antihistamines and other anti-nausea medications are safe and effective treatments for pregnancy-related nausea and vomiting. The following medications available over-the-counter may be recommended:
  - **Diphenhydramine** (Benadryl); this drug may cause drowsiness
  - **Meclizine** (sample brand name: Dramamine); this drug may cause drowsiness

- Other anti-nausea medications that are available by prescription include:

  - **Promethazine** (Phenergan) – Promethazine is available in pill, oral solution, injectable, or rectal suppository form. It is usually taken every four to six hours and may cause drowsiness and dry mouth. Rare side effects include muscle contractions that cause twisting or jerking movements.
  - **Metoclopramide** (Reglan) – Metoclopramide speeds emptying of the stomach and may help to reduce nausea and vomiting. It is available in a pill, oral solution, and injectable form and is usually taken 30 minutes prior to meals and at bedtime. Metoclopramide can also be associated with twisting or jerking movements.
  - **Ondansetron** (Zofran) – Ondansetron is an anti-nausea medication that is usually taken by mouth or injection every 8 to 12 hours. Ondansetron should not be taken by patients with a condition called prolonged QT interval or with other medications that can prolong the QT interval, as this can lead to abnormally and potentially fatal, abnormal heart rhythm. Constipation is a side effect of ondansetron that some patients find bothersome and which can be treated with a stool softener and mild laxative.
  - **Prochlorperazine** (Compazine) – Prochlorperazine is available in a pill, rectal suppository, or injectable form. It may cause drowsiness and dry mouth. It can cause

jerking motions (similar to promethazine and metoclopramide) and should be avoided in patients prone to QT prolongation (similar to ondansetron).

- **Corticosteroids** (Solu-Cortef, dexamethasone) – A short course of steroid injections followed by a taper of pills may be offered to women who do not respond to a combination of the medications listed above.
- Subcutaneous medication pump use – There is very little evidence that supports use of metoclopramide or ondansetron in a subcutaneous, continuous infusion pump. Adverse side effects are common, and use of a subcutaneous pump for treatment of pregnancy-related nausea and vomiting has not proven to be cost effective, even when compared with hospitalization.

Prognosis and Outcomes: Most women with pregnancy-related nausea and vomiting recover completely without any complications. Women with mild to moderate vomiting often gain less weight during early pregnancy. This is rarely a concern for the baby unless the mother was very underweight before pregnancy (at least 10 percent under the ideal body weight). Most weight gain in pregnancy occurs in the last half of pregnancy, after pregnancy-associated nausea and vomiting has resolved.

Normal weight gain during pregnancy depends upon your pre-pregnancy height and weight. For women of normal weight (body mass index 18.5 to 24.9 kilogram/meter2), the recommended weight gain is between 25 and 35 pounds (11.5 to 16.0 kilograms) for a singleton pregnancy.

In women with severe nausea and vomiting (hyperemesis gravidarum) who are hospitalized multiple times and who do not gain weight normally during pregnancy, there is a small risk that the baby will be underweight or small.

Women who have hyperemesis gravidarum in one pregnancy are at risk of severe nausea and vomiting in future pregnancies. The risk is between 15 and 20 percent. Women who do not have severe nausea and vomiting in the first pregnancy are less likely to have it in future pregnancies [5].

Where to get more information: Your obstetric care provider is the best source of information for questions and concerns related to your medical problem. This article will be updated as needed on our web site (www.uptodate.com/patients). Related topics for patients, as well as selected articles written for health care professionals, are also available. Some of the most relevant are listed below.

Patient level information — UpToDate offers two types of patient education materials.

The Basics — The Basics patient education pieces answer the four or five key questions a patient might have about a given condition. These articles are best for patients who want a general overview and who prefer short, easy-to-read materials.

Patient education: Morning sickness (The Basics)
Patient education: Pregnancy symptoms (The Basics)
Patient education: Taking over-the-counter medicines during pregnancy (The Basics)
Patient education: Motion sickness (The Basics)
Patient education: Hyperemesis gravidarum (The Basics)

Beyond the Basics — Beyond the Basics patient education pieces are longer, more sophisticated, and more detailed. These articles are best for patients who want in-depth information and are comfortable with some medical jargon.

Patient education: Should I have a screening test for Down syndrome during pregnancy? (Beyond the Basics)

Professional level information — Professional level articles are designed to keep doctors and other health professionals up-to-date on the latest medical findings. These articles are thorough, long, and complex, and they contain multiple references to the research on which they are based. Professional level articles are best for people who are comfortable with a lot of medical terminology and who want to read the same materials their doctors are reading.

Approach to the adult with nausea and vomiting
Characteristics of antiemetic drugs
Clinical features and evaluation of nausea and vomiting of pregnancy
Treatment and outcome of nausea and vomiting of pregnancy

The following organizations also provide reliable health information.

- National Library of Medicine (www.nlm.nih.gov/medlineplus/ency/article/001499.htm, available in Spanish)
- Society of Obstetricians and Gynecologists of Canada (www.sogc.org)
- Organization of Teratology Information Specialists (www.mothertobaby.org/fact-sheets-parent/) [1,3,5-8]

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The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ038
PREGNANCY

Bleeding During Pregnancy

- Does bleeding during pregnancy always mean that there is a problem?
- How common is bleeding during early pregnancy?
- What problems can cause bleeding during early pregnancy?
- What is early pregnancy loss?
- What is an ectopic pregnancy?
- What can cause bleeding later in pregnancy?
- What problems with the placenta can cause bleeding during pregnancy?
- Can bleeding be a sign of preterm labor?
- Glossary

Please call us if you have bleeding.

(646) 756-8282. *There is a nurse or doctor on call after hours and weekends to answer emergency calls.*

Emergenices:
- Abdominal pain that does not resolve with time, rest and tylenol
- Heavy bleeding (soaking through 2 pads per hour for 2 or more hours, or causing dizziness/weakness)

Does bleeding during pregnancy always mean that there is a problem?

Vaginal bleeding during pregnancy has many causes. Some are serious, whereas others are not. Bleeding can occur early or later in pregnancy. Bleeding in early pregnancy is common. In many cases, it does not signal a major problem. Bleeding later in pregnancy can be more serious. It is best to contact your ***obstetrician–gynecologist (ob-gyn)*** or other health care professional if you have any bleeding at any time during pregnancy.

How common is bleeding during early pregnancy?

Bleeding in the first ***trimester*** happens to about 15–25% of pregnant women. Light bleeding or spotting can occur 1–2 weeks after ***fertilization*** when the fertilized egg implants in the lining of the ***uterus***. The ***cervix*** may bleed more easily during pregnancy because more blood vessels are developing in this area. It is not uncommon to have spotting or light bleeding after sexual intercourse or after a Pap test or ***pelvic exam***.

What problems can cause bleeding during early pregnancy?

Problems that can cause bleeding in early pregnancy include infection, ***early pregnancy loss***, and ***ectopic pregnancy***.

What is early pregnancy loss?

Loss of a pregnancy during the first 13 weeks of pregnancy is called early pregnancy loss or ***miscarriage***. It happens in about 10% of known pregnancies. Bleeding and cramping are signs of early pregnancy loss. However, about one half of women who have a miscarriage do not have any bleeding beforehand.

If you have had an early pregnancy loss, some of the pregnancy tissue may be left in the uterus. This tissue needs to be removed. You can allow the tissue to pass naturally, or it can be removed with medication or surgery (see FAQ090 "Early Pregnancy Loss").

What is an ectopic pregnancy?

An ectopic pregnancy occurs when the fertilized egg does not implant in the uterus but instead implants somewhere else, usually in one of the ***fallopian tubes***. If the fallopian tube ruptures, internal bleeding can occur. Blood loss may cause weakness, fainting, pain, shock, or even death.

Sometimes vaginal bleeding is the only sign of an ectopic pregnancy. Other symptoms may include abdominal, pelvic, or shoulder pain. These symptoms can occur before you even know you are pregnant. If you have these symptoms, call your ob-gyn or other health care professional. The pregnancy will not survive, and it must be removed with medication or surgery (see FAQ155 "Ectopic Pregnancy").

What can cause bleeding later in pregnancy?

Common problems that may cause light bleeding later in pregnancy include ***inflammation*** of or growths on the cervix. Heavy bleeding is a more serious sign. Heavy bleeding may be caused by a problem with the ***placenta***. Any amount of bleeding also may signal ***preterm*** labor. If you have any bleeding late in pregnancy, contact your ob-gyn right away or go immediately to the hospital.

What problems with the placenta can cause bleeding during pregnancy?

Several problems with the placenta later in pregnancy can cause bleeding:

- ***Placental abruption***—In placental abruption, the placenta detaches from the wall of the uterus before or during birth. The most common signs and symptoms are vaginal bleeding and abdominal or back pain. Placental abruption can cause serious complications if it is not found early. The baby may not get enough ***oxygen***, and the pregnant woman can lose a large amount of blood.
- ***Placenta previa***—When the placenta lies low in the uterus, it may partly or completely cover the cervix. This is called placenta previa. It may cause vaginal bleeding. This type of bleeding often occurs without pain. Some types of placenta previa resolve on their own by 32–35 weeks of pregnancy as the lower part of the uterus stretches and thins out. Labor and delivery then can happen normally. If placenta previa does not resolve, you may need to have the baby early by ***cesarean delivery***.
- ***Placenta accreta***—When the placenta (or part of the placenta) invades and is inseparable from the uterine wall, it is called placenta accreta. Placenta accreta can cause bleeding during the third trimester and severe blood loss during delivery. Most cases can be found during pregnancy with a routine ***ultrasound exam***. Sometimes, though, it is not discovered until after the baby is born. If you have placenta accreta, you are at risk of life-threatening blood loss during delivery. Your ob-gyn will plan your delivery carefully and make sure that all needed resources are available. You may need to have your baby at a hospital that specializes in this complication. ***Hysterectomy*** often needs to be done right after delivery to prevent life-threatening blood loss.

Can bleeding be a sign of preterm labor?

Late in pregnancy, vaginal bleeding may be a sign of labor. If labor starts before 37 completed weeks of pregnancy, it is called preterm labor. Other signs of preterm labor include the following:

- Change in vaginal discharge (it becomes watery, mucus-like, or bloody) or increase in amount of vaginal discharge
- Pelvic or lower abdominal pressure
- Constant, low, dull backache
- Mild abdominal cramps, with or without diarrhea
- Regular or frequent contractions or uterine tightening, often painless (four times every 20 minutes or eight times an hour for more than 1 hour)
- Ruptured membranes (your water breaks—either a gush or a trickle)

How preterm labor is managed is based on what is thought to be best for your health and your baby's health. In some cases, medications may be given. When preterm labor is too far along to be stopped or there are reasons that the baby should be born early, it may be necessary to deliver the baby.

Glossary

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the woman's abdomen and uterus.

Early Pregnancy Loss: Loss of a pregnancy that occurs in the first 13 weeks of pregnancy; also called a miscarriage.

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fertilization: Joining of the egg and sperm.

Hysterectomy: Removal of the uterus.

Inflammation: Pain, swelling, redness, and irritation of tissues in the body.

Miscarriage: Loss of a pregnancy that occurs in the first 13 weeks of pregnancy.

Obstetrician–Gynecologist (Ob-Gyn): A physician with special skills, training, and education in women's health.

Oxygen: A gas that is necessary to sustain life.

Pelvic Exam: A physical examination of a woman's reproductive organs.

Placenta: Tissue that provides nourishment to and takes waste away from the fetus.

Placenta Accreta: A condition in which part or all of the placenta attaches abnormally to and is inseparable from the uterine wall.

Placental Abruption: A condition in which the placenta has begun to separate from the inner wall of the uterus before the baby is born.

Placenta Previa: A condition in which the placenta partially or completely covers the opening of the uterus.

Preterm: Born before 37 completed weeks of pregnancy.

Trimester: Any of the three 3-month periods into which pregnancy is divided.

Ultrasound Exam: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ001
PREGNANCY

Nutrition During Pregnancy

- How can I plan healthy meals during pregnancy?
- How does MyPlate work?
- What are the five food groups?
- Are oils and fats part of healthy eating?
- Why are vitamins and minerals important in my diet?
- How can I get the extra amounts of vitamins and minerals I need during pregnancy?
- What is folic acid and how much do I need daily?
- Why is iron important during pregnancy and how much do I need daily?
- Why is calcium important during pregnancy and how much do I need daily?
- Why is vitamin D important during pregnancy and how much do I need daily?
- How much weight should I gain during pregnancy?
- Can being overweight or obese affect my pregnancy?
- Can caffeine in my diet affect my pregnancy?
- What are the benefits of including fish and shellfish in my diet during pregnancy?
- What should I know about eating fish during pregnancy?
- How can food poisoning affect my pregnancy?
- What is listeriosis and how can it affect my pregnancy?
- Glossary

How can I plan healthy meals during pregnancy?

The United States Department of Agriculture has made it easier to plan meals during pregnancy by creating www.choosemyplate.gov. This website helps everyone from dieters and children to pregnant women learn how to make healthy food choices at each mealtime.

How does MyPlate work?

With MyPlate, you can get a personalized nutrition and physical activity plan by using the "SuperTracker" program. This program is based on five food groups and shows you the amounts that you need to eat each day from each group during each ***trimester*** of pregnancy. The amounts are calculated according to your height, prepregnancy weight, due date, and how much you exercise during the week. The amounts of food are given in standard sizes that most people are familiar with, such as cups and ounces.

What are the five food groups?

1. Grains—Bread, pasta, oatmeal, cereal, and tortillas are all grains.
2. Fruits—Fruits can be fresh, canned, frozen, or dried. Juice that is 100% fruit juice also counts.
3. Vegetables—Vegetables can be raw or cooked, frozen, canned, dried, or 100% vegetable juice.

4. Protein foods—Protein foods include meat, poultry, seafood, beans and peas, eggs, processed soy products, nuts, and seeds.
5. Dairy—Milk and products made from milk, such as cheese, yogurt, and ice cream, make up the dairy group.

Are oils and fats part of healthy eating?

Although they are not a food group, oils and fats do give you important ***nutrients***. During pregnancy, the fats that you eat provide energy and help build many fetal organs and the ***placenta***. Most of the fats and oils in your diet should come from plant sources. Limit solid fats, such as those from animal sources. Solid fats also can be found in processed foods.

Why are vitamins and minerals important in my diet?

Vitamins and minerals play important roles in all of your body functions. During pregnancy, you need more folic acid and iron than a woman who is not pregnant.

How can I get the extra amounts of vitamins and minerals I need during pregnancy?

Taking a prenatal vitamin supplement can ensure that you are getting these extra amounts. A well-rounded diet should supply all of the other vitamins and minerals you need during pregnancy.

What is folic acid and how much do I need daily?

Folic acid, also known as folate, is a B vitamin that is important for pregnant women. Before pregnancy and during pregnancy, you need 400 micrograms of folic acid daily to help prevent major birth defects of the fetal brain and spine called ***neural tube defects***. Current dietary guidelines recommend that pregnant women get at least 600 micrograms of folic acid daily from all sources. It may be hard to get the recommended amount of folic acid from food alone. For this reason, all pregnant women and all women who may become pregnant should take a daily vitamin supplement that contains folic acid.

Why is iron important during pregnancy and how much do I need daily?

Iron is used by your body to make a substance in red blood cells that carries oxygen to your organs and tissues. During pregnancy, you need extra iron—about double the amount that a nonpregnant woman needs. This extra iron helps your body make more blood to supply oxygen to your ***fetus***. The daily recommended dose of iron during pregnancy is 27 mg, which is found in most prenatal vitamin supplements. You also can eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice. Iron also can be absorbed more easily if iron-rich foods are eaten with vitamin C-rich foods, such as citrus fruits and tomatoes.

Why is calcium important during pregnancy and how much do I need daily?

Calcium is used to build your fetus's bones and teeth. All women, including pregnant women, aged 19 years and older should get 1,000 mg of calcium daily; those aged 14–18 years should get 1,300 mg daily. Milk and other dairy products, such as cheese and yogurt, are the best sources of calcium. If you have trouble digesting milk products, you can get calcium from other sources, such as broccoli; dark, leafy greens; sardines; or a calcium supplement.

Why is vitamin D important during pregnancy and how much do I need daily?

Vitamin D works with calcium to help the fetus's bones and teeth develop. It also is essential for healthy skin and eyesight. All women, including those who are pregnant, need 600 international units of vitamin D a day. Good sources are milk fortified with vitamin D and fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to vitamin D.

How much weight should I gain during pregnancy?

The amount of weight gain that is recommended depends on your health and your ***body mass index*** before you were pregnant. If you were a normal weight before pregnancy, you should gain between 25 pounds and 35 pounds during pregnancy. If you were underweight before pregnancy, you should gain more weight than a woman who was a normal weight before pregnancy. If you were overweight or obese before pregnancy, you should gain less weight.

Can being overweight or obese affect my pregnancy?

Overweight and obese women are at an increased risk of several pregnancy problems. These problems include ***gestational diabetes***, high blood pressure, ***preeclampsia***, ***preterm*** birth, and ***cesarean delivery***. Babies of overweight and obese women also are at greater risk of certain problems, such as birth defects, ***macrosomia*** with possible birth injury, and childhood obesity.

Can caffeine in my diet affect my pregnancy?

Although there have been many studies on whether caffeine increases the risk of ***miscarriage***, the results are unclear. Most experts state that consuming fewer than 200 mg of caffeine (one 12-ounce cup of coffee) a day during pregnancy is safe.

What are the benefits of including fish and shellfish in my diet during pregnancy?

Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. They may be important factors in your fetus's brain development both before and after birth. To get the most benefits from omega-3 fatty acids, women should eat at least two servings of fish or shellfish (about 8–12 ounces) per week before getting pregnant, while pregnant, and while breastfeeding.

What should I know about eating fish during pregnancy?

Some types of fish have higher levels of a metal called mercury than others. Mercury has been linked to birth defects. To limit your exposure to mercury, follow a few simple guidelines. Choose fish and shellfish such as shrimp, salmon, catfish, and pollock. Do not eat shark, swordfish, king mackerel, marlin, orange roughy, or tilefish. Limit white (albacore) tuna to 6 ounces a week. You also should check advisories about fish caught in local waters.

How can food poisoning affect my pregnancy?

Food poisoning in a pregnant woman can cause serious problems for both her and her fetus. Vomiting and diarrhea can cause your body to lose too much water and can disrupt your body's chemical balance. To prevent food poisoning, follow these general guidelines:

- Wash food. Rinse all raw produce thoroughly under running tap water before eating, cutting, or cooking.
- Keep your kitchen clean. Wash your hands, knives, countertops, and cutting boards after handling and preparing uncooked foods.
- Avoid all raw and undercooked seafood, eggs, and meat. Do not eat sushi made with raw fish (cooked sushi is safe). Food such as beef, pork, or poultry should be cooked to a safe internal temperature.

What is listeriosis and how can it affect my pregnancy?

Listeriosis is a type of food-borne illness caused by bacteria. Pregnant women are 13 times more likely to get listeriosis than the general population. Listeriosis can cause mild, flu-like symptoms such as fever, muscle aches, and diarrhea, but it also may not cause any symptoms. Listeriosis can lead to miscarriage, stillbirth, and premature delivery. ***Antibiotics*** can be given to treat the infection and to protect your fetus. To help prevent listeriosis, avoid eating the following foods during pregnancy:

- Unpasteurized milk and foods made with unpasteurized milk
- Hot dogs, luncheon meats, and cold cuts unless they are heated until steaming hot just before serving
- Refrigerated pate and meat spreads
- Refrigerated smoked seafood
- Raw and undercooked seafood, eggs, and meat

Glossary

Antibiotics: Drugs that treat certain types of infections.

Body Mass Index: A number calculated from height and weight that is used to determine whether a person is underweight, normal weight, overweight, or obese.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the woman's abdomen and uterus.

Fetus: The stage of prenatal development that starts 8 weeks after fertilization and lasts until the end of pregnancy.

Gestational Diabetes: Diabetes that arises during pregnancy.

Macrosomia: A condition in which a fetus is estimated to weigh between 9 pounds and 10 pounds.

Miscarriage: Loss of a pregnancy that occurs before 20 weeks of pregnancy.

Neural Tube Defects: Birth defects that result from incomplete development of the brain, spinal cord, or their coverings.

Nutrients: Nourishing substances supplied through food, such as vitamins and minerals.

Placenta: Tissue that provides nourishment to and takes waste away from the fetus.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury, such as an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Preterm: Born before 37 weeks of pregnancy.

Trimester: Any of the three 3-month periods into which pregnancy is divided.

If you have further questions, contact your obstetrician–gynecologist.

FAQ001: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Foodsafety.gov

Checklist of Foods to Avoid During Pregnancy

Because pregnancy affects your immune system, you and your unborn baby are more susceptible to the bacteria, viruses, and parasites that cause foodborne illness. Even if you don't feel sick, some "bugs" like *Listeria* and *Toxoplasma* can infect your baby and cause serious health problems. Your baby is also sensitive to toxins from the food that you eat, such as mercury in certain kinds of fish.

Keep this checklist handy to help ensure that you and your unborn baby stay healthy and safe. And invest in a food thermometer to check the temperatures of cooked food.

Don't Eat These Foods	Why	What to Do
Soft CHEESES made from unpasteurized milk, including Brie, feta, Camembert, Roquefort, queso blanco, and queso fresco	May contain *E. coli* or *Listeria*.	Eat hard cheeses, such as cheddar or Swiss. Or, check the label and make sure that the cheese is made from pasteurized milk.
Raw COOKIE DOUGH or CAKE BATTER	May contain *Salmonella*.	Bake the cookies and cake. Don't lick the spoon!
King mackerel, marlin, orange roughy, shark, swordfish, tilefish (Gulf of Mexico), and tuna (big eye)	Contain high levels of mercury, but there are many other choices of fish that have lower levels of mercury.	See this fish advice chart that has 36 "best choices" and 19 "good choices" of fish to eat while pregnant.
Raw or undercooked FISH (sushi)	May contain parasites or bacteria.	Cook fish to 145° F.
Unpasteurized JUICE or cider (including fresh squeezed)	May contain *E. coli*.	Drink pasteurized juice. Bring unpasteurized juice or cider to a rolling boil and boil for at least 1 minute before drinking.
Unpasteurized MILK	May contain bacteria such as *Campylobacter*, *E. coli, Listeria*, or *Salmonella*.	Drink pasteurized milk.
SALADS made in a store, such as ham salad, chicken salad, and seafood salad.	May contain *Listeria*.	Make salads at home, following the food safety basics: clean, separate, cook, and chill.
Raw SHELLFISH, such as oysters and clams	May contain *Vibrio*bacteria.	Cook shellfish to 145° F.
Raw or undercooked SPROUTS, such as alfalfa, clover, mung bean, and radish	May contain *E. coli*or *Salmonella*.	Cook sprouts thoroughly.

Be Careful with These Foods	Why	What to Do
Hot dogs, luncheon meats, cold cuts, fermented or dry sausage, and other deli-style meat and poultry	May contain *Listeria*.	Even if the label says that the meat is precooked, reheat these meats to steaming hot or 165° F before eating.
Eggs and pasteurized egg products	Undercooked eggs may contain *Salmonella*.	Cook eggs until yolks are firm. Cook casseroles and other dishes containing eggs or egg products to 160° F.
Eggnog	Homemade eggnog may contain uncooked eggs, which may contain *Salmonella*.	Make eggnog with a pasteurized egg product or buy pasteurized eggnog. When you make eggnog or other egg-fortified beverages, cook to 160°F
Fish	May contain parasites or bacteria.	Cook fish to 145° F.
Ice cream	Homemade ice cream may contain uncooked eggs, which may contain *Salmonella*.	Make ice cream with a pasteurized egg product safer by adding the eggs to the amount of liquid called for in the recipe, then heating the mixture thoroughly..
Meat: Beef, veal, lamb, and pork (including ground meat)	Undercooked meat may contain *E. coli*.	Cook beef, veal, and lamb steaks and roasts to 145° F. Cook pork to 160° F. Cook all ground meats to 160° F.
Meat spread or pate	Unpasteurized refrigerated pates or meat spreads may contain *Listeria.*	Eat canned versions, which are safe.
Poultry and stuffing (including ground poultry)	Undercooked meat may contain bacteria such as *Campylobacter* or *Salmonella.*	Cook poultry to 165° F. If the poultry is stuffed, cook the stuffing to 165° F. Better yet, cook the stuffing separately.
Smoked seafood	Refrigerated versions are not safe, unless they have been cooked to 165° F.	Eat canned versions, which are safe, or cook to 165° F.

SOURCE: https://www.foodsafety.gov/risk/pregnant/chklist_pregnancy.html

Advice About Eating Fish

What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- *Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.*
- *Eat a variety of fish.*
- *Serve 1 to 2 servings of fish a week to children, starting at age 2.*
- *If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.**

Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

What is a serving?

To find out, use the palm of your hand!

For an adult
4 ounces

For children, ages 4 to 7
2 ounces

Best Choices EAT 2 TO 3 SERVINGS A WEEK

OR

Good Choices EAT 1 SERVING A WEEK

Best Choices

- Anchovy
- Atlantic croaker
- Atlantic mackerel
- Black sea bass
- Butterfish
- Catfish
- Clam
- Cod
- Crab
- Crawfish
- Flounder
- Haddock
- Hake
- Herring
- Lobster, American and spiny
- Mullet
- Oyster
- Pacific chub mackerel
- Perch, freshwater and ocean
- Pickerel
- Plaice
- Pollock
- Salmon
- Sardine
- Scallop
- Shad
- Shrimp
- Skate
- Smelt
- Sole
- Squid
- Tilapia
- Trout, freshwater
- Tuna, canned light (includes skipjack)
- Whitefish
- Whiting

Good Choices

- Bluefish
- Buffalofish
- Carp
- Chilean sea bass/ Patagonian toothfish
- Grouper
- Halibut
- Mahi mahi/ dolphinfish
- Monkfish
- Rockfish
- Sablefish
- Sheepshead
- Snapper
- Spanish mackerel
- Striped bass (ocean)
- Tilefish (Atlantic Ocean)
- Tuna, albacore/ white tuna, canned and fresh/frozen
- Tuna, yellowfin
- Weakfish/seatrout
- White croaker/ Pacific croaker

Choices to Avoid HIGHEST MERCURY LEVELS

- King mackerel
- Marlin
- Orange roughy
- Shark
- Swordfish
- Tilefish (Gulf of Mexico)
- Tuna, bigeye

*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice

www.EPA.gov/fishadvice

EPA United States Environmental Protection Agency

FDA U.S. FOOD & DRUG ADMINISTRATION

FOOD SAFETY for Baby and Me

Learn the food safety steps that will keep expecting moms safe from foodborne illness.

FOODS TO AVOID WHILE PREGNANT

Foods to Avoid	Here's Why	Foods to Eat
Raw seafood	May contain parasites or bacteria	Fish cooked to 145 °F
Unpasteurized juice, cider and milk	May contain *E. coli* or *Listeria*	Pasteurized versions are safer alternatives.
Soft cheese and cheese made from unpasteurized milk	May contain *E. coli* or *Listeria*	Hard cheese & cheese made with pasteurized milk
Undercooked eggs	May contain *Salmonella*	Eggs with firm yolks
Premade deli salads (egg, pasta, chicken, etc.)	May contain *Listeria*	Make these dishes at home
Raw sprouts	May contain *E. coli* or *Salmonella*	Cook thoroughly
Cold hot dogs and luncheon meats	May contain *Listeria*	Reheat to steaming hot or 165 °F
Undercooked meat and poultry	May contain *E. coli*, *Salmonella*, *Campylobacter*, *Toxoplasma gondii*	Meat and poultry at or above the USDA recommended internal temperature

SAFE INTERNAL COOKING TEMPERATURES

145 °F

- Beef, pork, veal and lamb steaks, roasts and chops with a 3 min rest time
- Fish

160 °F

- Egg dishes
- Ground beef, pork, veal and lamb

165 °F

- Whole, ground, or pieces of chicken, turkey and duck

DANGERS OF LISTERIA AND TOXOPLASMA GONDII

Listeria monocytogenes

Pregnant women are **10 times more likely** to get Listeriosis.

Listeriosis can cause:

- Miscarriages
- Premature labor
- Low-birth weight
- Infant death

Toxoplasma gondii

50% of Toxoplasmosis infections in the U.S. are acquired from food.

Toxoplasmosis can cause babies to develop:

- Hearing loss
- Blindness
- Intellectual disability
- Brain or eye problems later in life

These foodborne illnesses can infect your baby even if you do not feel sick.

REMEMBER

- **Clean:** Wash hands and surfaces often.
- **Separate:** Keep raw meat and poultry separate from ready-to-eat foods.
- **Cook:** Cook foods to the proper internal temperature.
- **Chill:** Get leftovers to the fridge within 2 hours of being cooked.

USDA · Ad Council

For more food safety tips, go to —FoodSafety.gov—

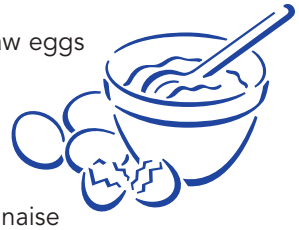
ADDITIONAL SOURCE: CDC

Special Precautions *for* Moms-to-Be

Raw Eggs

Some eggs can be contaminated with *Salmonella Enteritidis*, a harmful bacterium. **Pregnant women should follow these tips:**

- Cook eggs thoroughly until the yolks and whites are firm. Cook fried eggs for 2 to 3 minutes on each side, or cook 4 minutes in a covered pan. Cook scrambled eggs until they're firm throughout. Boil eggs in the shell for 7 minutes.
- Avoid eating or tasting foods that may contain raw or lightly-cooked eggs, such as:
  - — Batter, filling, or raw cookie dough made with raw eggs
  - — Eggnog and other egg-fortified beverages that are not thoroughly cooked
  - — Dressings and sauces made with raw eggs:
    - Caesar salad dressing
    - Béarnaise sauce
    - Hollandaise sauce
    - Homemade mayonnaise
  - — Ice cream
  - — Mousse
  - — Meringue



Note: Use store-bought forms of the foods listed, which are often already cooked or pasteurized, or make recipes that call for raw eggs safer by adding the eggs to the amount of liquid called for in the recipe, then heating the mixture thoroughly. Or, use pasteurized eggs in the shell or carton. These eggs may be found in the refrigerator section of some supermarkets and are labeled "pasteurized."

Pasteurized Eggs in the Shell?

Traditionally, eggs sold to consumers have not been pasteurized. Today, some manufacturers are pasteurizing eggs in the shell. This means heat is applied to the egg while it's still in the shell! This process kills any harmful bacteria that might be present. Liquid pasteurized eggs may also be sold in cartons.

Unpasteurized Milk

Unpasteurized (raw) milk and soft cheeses made from unpasteurized milk may be contaminated with *Listeria monocytogenes* or other harmful pathogens. Pregnant women should drink milk only if it is pasteurized, eat hard or processed cheeses, and eat soft cheeses only if they are made from pasteurized milk.

Fresh Fruits and Vegetables, Juices

Harmful bacteria on the outside of fruits or vegetables can spread to the *inside* when produce is peeled, cut, or fresh-squeezed. **Here's how pregnant women can prevent foodborne illness from fruits, vegetables, and juices:**

Raw Fruits and Vegetables

- Thoroughly rinse raw fruits and vegetables under running water *before* eating or preparing them, especially fruits that require peeling or cutting — like cantaloupe and other melons.
- As an added precaution, use a small produce brush to remove surface dirt. Try to cut away damaged or bruised areas — bacteria can thrive in these places.

Raw Sprouts (including alfalfa, clover, radish, and mung bean)

Bacteria can often get into the sprout seeds through cracks in the shell *before* sprouts are grown. Once this occurs, these bacteria are nearly impossible to wash out. To be safe:

- Avoid eating raw sprouts of any kind.
- Cook sprouts thoroughly.
- When eating out, check sandwiches and salads for raw sprouts. Request that raw sprouts not be added to your food.

Juices

- Only drink juices that have been pasteurized or otherwise treated to kill harmful bacteria.

For more information

See the "Safe Eats" section of the website for more detailed food safety tips by food category.

Pasteurized Juice: Where to Find It

Yes — Pasteurized or Shelf-stable Juice

Pasteurized juice can be found in the refrigerated or frozen juice sections of stores. Like milk, pasteurized juice must be refrigerated or frozen.

Shelf-stable juice is able to be stored unrefrigerated on the shelf and is normally found in the non-refrigerated juice section of stores. It's packaged in shelf-stable containers, such as boxes, bottles, or cans.

No — Unpasteurized or Untreated Juice

These are normally found in the refrigerated sections of grocery stores, health-food stores, cider mills, or farm markets. Such juices must have this warning on the label:

WARNING: This product has not been pasteurized, and therefore, may contain harmful bacteria that can cause serious illness in children, the elderly, and persons with weakened immune systems.

Note: Juices that are fresh-squeezed and sold by the glass, such as at farmer's markets, at roadside stands, or in some juice bars, may not be pasteurized or otherwise treated to ensure their safety. Warning labels are not required on these products. Pregnant women and young children should avoid these juices.

If you can't tell if a juice has been processed to destroy harmful bacteria, either *don't* use the product — or boil it before using it to kill any harmful bacteria.

Foodborne Risks *for* Moms-to-Be

Listeria monocytogenes: A Hidden Threat to Moms-to-Be and Their Babies

What is *Listeria monocytogenes?*

Listeria monocytogenes is a harmful bacterium that can be found in the following sources:

- Raw or undercooked animal foods such as unpasteurized milk, unpasteurized milk products (for example, soft and blue veined cheeses), meat, poultry, and seafood.
- Refrigerated, ready-to-eat foods such as hot dogs, deli meats, luncheon meats, poultry, and seafood
- Contaminated fresh fruits (e.g., cantaloupes) and vegetables
- Produce harvested from soil contaminated with *L. monocytogenes*.

Many animals can carry this bacterium without appearing ill, and thus, it can be found in foods made from animals. *L. monocytogenes* is unusual because it can grow at refrigerator temperatures, whereas most other foodborne bacteria do not. When eaten, it may cause listeriosis, an illness to which pregnant women and their unborn child are very susceptible.

How can pregnant women get listeriosis?

Pregnant women can get listeriosis by eating foods, such as those listed above, that are contaminated with *L. monocytogenes*. Pregnant women can also get listeriosis by eating contaminated foods processed or packaged in unsanitary conditions or by eating fruits and vegetables that are contaminated from the soil or from manure used as fertilizer.

FACT

- Most *L. monocytogenes* infections occur during the third trimester of pregnancy. At this stage of pregnancy, the mother is more susceptible to listeriosis. However, *L. monocytogenes* infections that occur during the first trimester of pregnancy tend to have more severe fetal consequences.
- The serious effects of listeriosis in pregnancy are often manifested by the fetus or newborn rather than the pregnant woman.

How can listeriosis affect pregnant women?

The symptoms can take a few days or even weeks to appear and may include: fever, chills, muscle aches, diarrhea or upset stomach, headache, stiff neck, confusion, and loss of balance. If a pregnant woman experiences any of the above symptoms, she should see her doctor or healthcare provider immediately. In more serious cases, listeriosis could lead to the mother's death.

Most of the time, pregnant women who have listeriosis experience no symptoms and don't feel sick. Thus, they can pass the infection to their unborn babies without even knowing it. That's why *prevention* of listeriosis is very important.

S • T • A • T • S

- *Pregnant women are about 10 times more likely than other healthy adults to get listeriosis.*
- *It's estimated that about one in six (17%) of all* **Listeria monocytogenes** *cases occur in pregnant women.*

— Centers for Disease Control and Prevention

How can listeriosis affect fetuses or newborns?

Although most *L. monocytogenes* infections occur during the third trimester of pregnancy, in the first trimester they can cause more severe consequences—including miscarriage. They can also lead to premature labor, delivery of a low-birth-weight infant, or infant death.

Fetuses who have a late infection may develop a wide range of health problems, including intellectual disability, paralysis, seizures, blindness, or impairments of the brain, heart, or kidney. In newborns, *L. monocytogenes* can cause blood infections and meningitis.

FACT

L. monocytogenes is one of the most common causes of miscarriage resulting from infection of the fetus.

How Pregnant Women Can Reduce the Risk of Listeriosis

Time to Chill Fridge Tips

- Your refrigerator should register at 40° F (4° C) or below and the freezer at 0° F (-18° C). Place a refrigerator thermometer in the refrigerator, and check the temperature periodically. During the automatic defrost cycle, the temperature may temporarily register slightly higher than 40° F. This is okay.
- Refrigerate or freeze perishables, prepared food, and leftovers within 2 hours of eating or preparation. Follow the **2-Hour Rule**: Discard food that's left out at room temperature for longer than 2 hours. When temperatures are above 90° F (32° C), discard food after 1 hour.
- Use ready-to-eat, perishable foods, such as dairy, meat, poultry, seafood, and produce, as soon as possible. Remember, *Listeria monocytogenes* grows at refrigerator temperatures, so the longer a food is in the refrigerator the more bacteria it will contain.

Fridge Tips

- Clean your refrigerator regularly.
- Wipe up spills immediately.
- Clean the inside walls and shelves with hot water and a mild liquid dishwashing detergent; then rinse.
- Once a week, check expiration and "use by" dates, and throw out foods if the date has passed. Follow the recommended storage times for foods. See the "Lifelong Food Safety" section of the website for the "Refrigerator & Freezer Storage" chart. Click on "Chill."

To Eat or Not to Eat?

Don't eat:

- Soft cheeses like Feta, Brie, Camembert,"blue-veined cheeses," or "queso blanco," "queso fresco," or Panela — *unless they're made with pasteurized milk*. Make sure the label says, "made with pasteurized milk."
- Hot dogs, deli meats, and luncheon meats — *unless they're reheated until steaming hot*.
- Refrigerated pâtés or meat spreads.
- Refrigerated smoked seafood — *unless it's in a cooked dish*, such as a casserole. (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as "nova-style,""lox,""kippered,""smoked," or "jerky." These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.)
- Unpasteurized (raw) milk or foods that contain it.

It's okay to eat:

- Canned or shelf-stable (able to be stored unrefrigerated on the shelf) pâtés and meat spreads.
- Canned or shelf-stable, smoked seafood.
- *Pasteurized* milk or foods that contain it.
- Frozen foods prepared according to package directions.

Listeriosis & Pregnant Hispanic Women

Studies show that Hispanic pregnant women may have a higher incidence of listeriosis than pregnant non-Hispanic women. This is most likely because they might make and eat homemade soft cheese and other traditional foods made from unpasteurized milk. "Queso fresco" — a traditional homemade cheese prepared from unpasteurized milk and widely consumed by Hispanics — has led to miscarriages, death of newborns, and premature delivery caused by *L. monocytogenes*.

To reduce the risk of listeriosis, Hispanic pregnant women should not eat homemade soft cheeses and other traditional foods made from unpasteurized milk. Like all other pregnant women, they should follow the food safety precautions above.

For more resources, see FDA's *Preventing Literiosis in Pregnant Hispanic Women in the U.S.* Community Educator's Guide.

Pregnant women should see their doctor or healthcare provider if they have questions about listeriosis.

Foodborne Risks *for* Moms-to-Be

Toxoplasma gondii: A Parasite That Can Harm Mother and Baby

What is *Toxoplasma gondii*?

Toxoplasma gondii is a parasite found in raw and undercooked meat; unwashed fruits and vegetables; contaminated water; dust; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found. It can cause an illness called toxoplasmosis, which can be particularly harmful to pregnant women and their unborn babies.

How can pregnant women get toxoplasmosis?

They can get this illness by . . .

- Eating raw or undercooked meat, especially pork, lamb, or venison, or by touching their hands to their mouth after handling undercooked meat.
- Using contaminated knives, utensils, cutting boards and foods that have had contact with raw meat.
- Drinking water contaminated with *T. gondii*.
- Accidentally ingesting contaminated cat feces, which can occur if they touch their hands to their mouth after gardening, cleaning a litter box, or touching anything that comes in contact with cat feces.

S • T • A • T • S

- *About 85% of pregnant women in the U.S. are at risk of being infected with toxoplasmosis.*
  — American Journal of Epidemiology
- *Women infected with* **T. gondii** *during pregnancy can transmit the infection across the placenta to their fetuses. The risk of congenital disease is lowest (10-25%) when acute maternal infection occurs during the first trimester and highest (60-90%) when acute maternal infection occurs during the third trimester. However, the severity of disease is worse if infection is acquired in the first trimester… Most infants infected* **in utero** *are born with no obvious signs of toxoplasmosis on routine examination, but up to 80% develop learning and visual disabilities later in life if they are followed into adulthood.*
  — Obstetrical and Gynecological Survey

How can toxoplasmosis affect pregnant women?

Symptoms typically include: swollen glands, fever, headache, muscle pain, or a stiff neck. Toxoplasmosis can be difficult to detect. Some women infected with the parasite may not have noticeable symptoms — so a pregnant woman can easily expose her fetus to toxoplasmosis without even being aware that she's ill.

That's why *prevention* of toxoplasmosis is very important. If the mother experiences any of the above symptoms, she should see her doctor or healthcare provider immediately.

Pregnant women with HIV are particularly at risk for developing toxoplasmosis.

How can toxoplasmosis affect fetuses or newborns?

Infants born to mothers who became infected with *T. gondii* for the first time *just before* or *during pregnancy* are at risk for severe toxoplasmosis. An infection during the first trimester, when the central nervous system is being formed, may be fatal to the fetus. An infection that occurs as the pregnancy progresses may be relatively mild.

In babies, *T. gondii* can cause hearing loss, intellectual disability, and blindness. Some children can develop brain or eye problems years after birth. Children born infected with *T. gondii* can also require years of special care, including special education and ophthalmology care. *Early identification and treatment of children infected with* T. gondii *is essential in order to minimize the parasite's effects.*

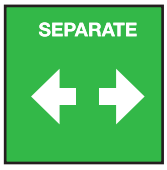
S • T • A • T • S

- *It's estimated that toxoplasmosis infects between 300 and 4,000 fetuses in the U.S. each year.*
  — Centers for Disease Control and Prevention
- *By age 20, as many as 80% of children born with toxoplasmosis that was left untreated develop impairments ranging from intellectual disability to blindness.*
  — Council for Agricultural Science and Technology
- *About 50% of toxoplasmosis infections in the U.S. each year are acquired from food.*
  — Centers for Disease Control and Prevention

How Pregnant Women Can Prevent Toxoplasmosis

CLEAN

- Wash hands with soap and warm water after touching soil, sand, raw meat, cat litter, or unwashed fruits and vegetables.
- Wash all cutting boards and knives thoroughly with soap and hot water after each use.
- Thoroughly wash and/or peel all fruits and vegetables before eating them.



SEPARATE

- Separate raw meat from other foods in the grocery shopping cart, refrigerator, and while preparing and handling foods at home.

COOK

- Cook meat thoroughly.
- Check the internal temperature of meat with a food thermometer.
- Don't sample meat until it's cooked.

Don't Drink the Water!

Avoid drinking untreated water, particularly when traveling in less-developed countries.

For Cat-Lovers . . .

A pregnant woman doesn't have to give her cat away, but she should be aware that *T. gondii* infects essentially all cats that spend any time outdoors. Cats get this parasite by eating small animals or raw meat that's been infected. The parasite is then passed on through the cat's feces. It doesn't make the cat sick, so a pregnant woman may not know if her cat has the parasite.

Follow these tips:

- If possible, have someone else change the litter box. If a pregnant woman has to clean it, she should wear disposable gloves and wash her hands thoroughly with soap and warm water afterwards.
- Change the litter box daily. The parasite doesn't become infectious until one-to-five days after it's shed in the feces.
- Wear gloves when gardening or handling sand from a sandbox because cats may have excreted feces in them. Be sure to wash hands with soap and warm water afterwards.
- Cover outdoor sandboxes to prevent cats from using them as litter boxes.
- Feed cats commercial dry or canned food. Never feed cats raw meat because it can be a source of the *T. gondii* parasite.
- Keep indoor cats indoors. Be especially cautious if outdoor cats are brought indoors.
- Avoid stray cats, especially kittens.
- Don't get a new cat during pregnancy.

NOTE **If pregnant women have a cat and are concerned about exposure to *T. gondii*, they should talk to their doctor or healthcare provider.**

Marijuana AND Pregnancy

If you use marijuana during pregnancy, you may be putting your health and your fetus's health at risk.

Possible Effects on Your Fetus

- Disruption of brain development before birth
- Smaller size at birth
- Higher risk of stillbirth
- Higher chance of being born too early, especially when a woman uses both marijuana and cigarettes during pregnancy
- Harm from secondhand marijuana smoke
- Behavioral problems in childhood and trouble paying attention in school

Possible Effects on You

- Permanent lung injury from smoking marijuana
- Dizziness, putting you at risk of falls
- Impaired judgment, putting you at risk of injury
- Lower levels of oxygen in the body, which can lead to breathing problems

Did you know?

- Medical marijuana is not safer than recreational marijuana. Recreational and medical marijuana may be legal in some states, but both are illegal under federal law.
- There's no evidence that marijuana helps morning sickness (ask your obstetrician–gynecologist [ob-gyn] about safer treatments).
- You also should avoid marijuana before pregnancy and while breastfeeding.

Marijuana and pregnancy don't mix. If you're pregnant or thinking about getting pregnant, don't use marijuana.

If you need help quitting marijuana, talk with your ob-gyn or other health care professional.

Research is limited on the harms of marijuana use for a pregnant woman and her fetus. Because all of the possible harms are not fully known, the American College of Obstetricians and Gynecologists (ACOG) recommends that women who are pregnant, planning to get pregnant, or breastfeeding not use marijuana. ACOG believes women who have a marijuana use problem should receive medical care and counseling services to help them quit.

The American College of Obstetricians and Gynecologists
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The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ196
PREGNANCY

Marijuana and Pregnancy

- What is marijuana?
- What is medical marijuana?
- Is marijuana use legal?
- Is edible marijuana safer than smoked marijuana?
- Is marijuana safe to use during pregnancy?
- Is marijuana an effective treatment for morning sickness?
- I use medical marijuana. Should I use it during pregnancy?
- I'm planning to get pregnant. Do I need to stop using marijuana?
- What does current research suggest about the effects of marijuana during pregnancy?
- What does current research suggest about the effects of marijuana on children?
- How can marijuana use affect my own health, especially if I am pregnant?
- How does marijuana affect breastfeeding babies?
- Is marijuana addictive?
- Will my ob-gyn or other health care professional ask if I use marijuana?
- How can I get help for marijuana use disorder or addiction?
- Glossary

What is marijuana?

Marijuana is a plant that contains a chemical called tetrahydrocannabinol (THC). THC can cause relaxation and the typical "high" associated with marijuana use. Marijuana has other chemicals that affect different organs in the body, including the brain, lungs, blood vessels, heart, and liver.

What is medical marijuana?

Medical marijuana is the use of marijuana that is prescribed by a doctor. The U.S. Food and Drug Administration (FDA) has not approved medical marijuana for the treatment of any medical condition.

People may confuse medical marijuana with FDA-approved drugs that contain a form of THC. These FDA-approved drugs have a form of THC that does not produce a high. These drugs also require a doctor's prescription.

Is marijuana use legal?

Recreational marijuana use is legal in some states, and 20 states have legalized medical marijuana. But both are illegal under federal law.

Is edible marijuana safer than smoked marijuana?

Edible marijuana is processed differently in the body than marijuana that is smoked. Because edible marijuana is eaten and digested, the effects take longer to be felt. This leads some users to eat more marijuana to feel the effects more quickly. It is not possible to tell how strong the marijuana is before eating it. For these reasons, there is a higher risk of overdose with edible marijuana than with marijuana that is smoked.

Is marijuana safe to use during pregnancy?

When marijuana is smoked or eaten, the chemicals reach the ***fetus*** by crossing the ***placenta***. Research is limited on the harms of marijuana use during pregnancy. But there are possible risks of marijuana use, including babies that are smaller at birth and ***stillbirth***. Using marijuana also can be harmful to a pregnant woman's health. The American College of Obstetricians and Gynecologists recommends that pregnant women not use marijuana.

Is marijuana an effective treatment for morning sickness?

There is no evidence that marijuana is helpful in managing morning sickness. If you have morning sickness, tell your ***obstetrician–gynecologist (ob-gyn)*** or other health care professional. Diet and lifestyle changes may help. There also is a drug approved by the FDA to treat the nausea and vomiting of pregnancy.

I use medical marijuana. Should I use it during pregnancy?

No. Medical marijuana is no different than nonmedical marijuana. It is not safer. It has all of the harmful effects of nonmedical marijuana. It is important to let your ob-gyn or other health care professional know if you are using medical marijuana and to discuss other treatments you can try that are safe to use during pregnancy.

I'm planning to get pregnant. Do I need to stop using marijuana?

Yes, it is recommended that you stop using marijuana before trying to get pregnant. The effects of marijuana on the fetus may occur even during the first ***trimester***.

What does current research suggest about the effects of marijuana during pregnancy?

Researchers are still learning about the effects of marijuana during pregnancy. Studies are not always clear, but researchers and doctors think the following:

- Marijuana exposure may disrupt normal brain development of a fetus.
- Babies whose mothers used marijuana during pregnancy may be smaller at birth.
- Research suggests an increased risk of stillbirth. It is not known if this is only because of marijuana use or due to use of other substances, such as cigarettes.
- Some studies suggest that using both marijuana and cigarettes during pregnancy can increase the risk of ***preterm*** birth.

What does current research suggest about the effects of marijuana on children?

Research suggests the following:

- Children whose mothers used marijuana during pregnancy may have learning and behavioral problems later in life.
- Secondhand smoke from marijuana may be as harmful as secondhand smoke from cigarettes, especially for young children.

How can marijuana use affect my own health, especially if I am pregnant?

Marijuana can make people dizzy and fall. Falls can be dangerous for pregnant women. Marijuana also can alter your judgment, putting you at risk of injury. Smoking marijuana lowers your body's level of ***oxygen***, which increases the risk of breathing problems. Smoking marijuana also can damage your lungs.

How does marijuana affect breastfeeding babies?

Little is known about the effects of marijuana on breastfeeding babies. Because it is not clear how a baby may be affected by a woman's marijuana use, the American College of Obstetricians and Gynecologists recommends that women who are breastfeeding not use marijuana.

Is marijuana addictive?

Yes, marijuana is addictive. Current estimates are that 1 in 10 marijuana users fit the definition of addiction. With addiction, a person has difficulty stopping use of a substance even though it causes problems with relationships, work, or school.

Marijuana users also can develop marijuana use disorder. This disorder can cause withdrawal symptoms when you try to stop using marijuana. Symptoms include irritability, trouble sleeping, cravings, and restlessness. About 1 in 3 users have a marijuana use disorder.

Will my ob-gyn or other health care professional ask if I use marijuana?

Your ob-gyn or other health care professional may ask about your use of substances, including alcohol, tobacco, marijuana, illegal drugs, and prescription drugs used for a nonmedical reason. Doctors ask about these substances to learn if you have any behaviors that could harm you or your fetus. If you are having trouble with substance use, your ob-gyn or other health care professional can offer advice or resources to help you quit. The American College of Obstetricians and Gynecologists believes women who have a substance use problem should receive medical care and counseling services to help them quit.

How can I get help for marijuana use disorder or addiction?

If you want to quit marijuana and need help, you can find resources on the website of the Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov. SAMHSA also has a 24-hour treatment referral line: 800-662-HELP (4357).

Glossary

Fetus: The stage of prenatal development that starts 8 weeks after fertilization and lasts until the end of pregnancy.

Obstetrician–Gynecologist (Ob-Gyn): A physician with special skills, training, and education in women's health.

Oxygen: A gas that is necessary to sustain life.

Placenta: Tissue that provides nourishment to and takes waste away from the fetus.

Preterm: Born before 37 weeks of pregnancy.

Stillbirth: Birth of a dead fetus.

Trimester: Any of the three 3-month periods into which pregnancy is divided.

If you have further questions, contact your obstetrician–gynecologist.

TOBACCO *and* Pregnancy

Smoking during pregnancy is dangerous for you and your fetus. If you use cigarettes or e-cigarettes, now is the time to quit.

RISKS FOR YOUR FETUS

- Delayed growth
- Higher chance of being born too early
- Permanent brain and lung damage
- Higher risk of stillbirth

RISKS FOR YOUR NEWBORN

- Smaller size at birth
- Colic with uncontrollable crying
- Sudden infant death syndrome (SIDS)
- Development of obesity and asthma during childhood

RISKS FOR YOU

- Ectopic pregnancy (a pregnancy outside of the uterus)
- Problems with the placenta
- Problems with your thyroid
- Water breaking too early

QUITTING SMOKING

will help you have a healthy pregnancy and a healthy baby.

Did You Know?

- Nicotine is only one of 4,000 toxic chemicals in cigarettes.
- Using e-cigarettes (vaping) is not a safe substitute for smoking cigarettes.
- Other smokeless tobacco products, like snuff and gel strips, also are not safe.
- Secondhand smoke can cause growth problems for your fetus and increase your baby's risk of SIDS.

If you need help quitting, talk with your obstetrician–gynecologist (ob-gyn) or other health care professional. Or call the national smoker's quit line at 1-800-QUIT-NOW.

The American College of Obstetricians and Gynecologists believes that pregnant women who use tobacco should receive counseling to help them quit. Your ob-gyn or other health care professional can offer advice about quitting at your first prenatal visit or at any time throughout your pregnancy.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS
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The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ170
PREGNANCY

Tobacco, Alcohol, Drugs, and Pregnancy

- Why is smoking dangerous during pregnancy?
- How can smoking during pregnancy put my fetus at risk?
- Why should I avoid secondhand smoke during pregnancy?
- Are e-cigarettes safe to use during pregnancy?
- Why is drinking alcohol dangerous for my fetus?
- Is there an amount of alcohol that is safe to drink during pregnancy?
- What is illegal drug use?
- How can my drug use affect my fetus?
- How can my drug use affect my baby after he or she is born?
- Recreational marijuana is legal where I live. Can I use it during pregnancy?
- I use medical marijuana. Can I keep using it during pregnancy?
- What are opioids?
- Can I take prescription opioids during pregnancy?
- What is opioid use disorder?
- How can opioid use disorder affect my fetus?
- Why should I seek treatment for opioid use disorder?
- What is the treatment for opioid use disorder during pregnancy?
- How will treatment for opioid use disorder affect my fetus?
- Can I take my prescription medication during pregnancy?
- Can I take over-the-counter medications during pregnancy?
- Glossary

Why is smoking dangerous during pregnancy?

When a woman smokes cigarettes during pregnancy, her ***fetus*** is exposed to many harmful chemicals. Nicotine is only one of 4,000 toxic chemicals that can pass from a pregnant woman to her fetus. Nicotine causes blood vessels to narrow, so less ***oxygen*** and fewer ***nutrients*** reach the fetus. Nicotine also damages a fetus's brain and lungs. This damage is permanent.

How can smoking during pregnancy put my fetus at risk?

Several problems are more likely to occur during pregnancy when a woman smokes. These problems may include ***preterm*** birth. Babies that are born too early may not be fully developed. They may be smaller than babies born to nonsmokers, and they are more likely to have colic (uncontrollable crying and irritability). These babies are at increased risk of ***sudden infant death syndrome (SIDS)***. They also are more likely to develop asthma and obesity in childhood.

If you are smoking when you find out you are pregnant, you should stop. The American Lung Association offers information on how to quit on its website: www.lung.org. You also can contact 1-800-QUIT-NOW, a national network that can connect you to a counselor in your state.

Why should I avoid secondhand smoke during pregnancy?

Secondhand smoke—other people's smoke that you inhale—can increase the risk of having a low-birth-weight baby by as much as 20%. Infants who are exposed to secondhand smoke have an increased risk of SIDS. These babies are more likely to have asthma attacks and ear infections. If you live or work around smokers, take steps to avoid secondhand smoke.

Are e-cigarettes safe to use during pregnancy?

Electronic cigarettes (known as "e-cigarettes") are used by some people as a substitute for traditional cigarettes. Using e-cigarettes is called "vaping." E-cigarettes contain harmful nicotine, plus flavoring and a propellant that may not be safe for a fetus. E-cigarettes are not safe substitutes for cigarettes and should not be used during pregnancy.

Why is drinking alcohol dangerous for my fetus?

Alcohol can interfere with the normal growth of a fetus and cause ***birth defects***. When a woman drinks during pregnancy, her fetus can develop lifelong problems. The most severe disorder is ***fetal alcohol syndrome (FAS)***. FAS can cause growth problems, mental disability, behavioral problems, and abnormal facial features.

Is there an amount of alcohol that is safe to drink during pregnancy?

FAS is most likely to occur in babies born to women who drink heavily throughout pregnancy. But alcohol-related problems can occur with lesser amounts of alcohol use. It is best not to drink at all while you are pregnant.

If it is hard for you to stop drinking, talk with your ***obstetrician–gynecologist (ob-gyn)*** or other health care professional about your drinking habits. Alcoholics Anonymous offers information and local resources on quitting alcohol on its website: www.aa.org.

What is illegal drug use?

Use of substances—including heroin, cocaine, methamphetamines, and prescription drugs taken for a nonmedical reason—is a widespread problem in the United States. About 1 in 20 women use illegal drugs (often called "street drugs") during pregnancy.

How can my drug use affect my fetus?

Different drugs may affect the fetus in different ways. Using illegal drugs early in pregnancy can cause birth defects and ***miscarriage***. During the later weeks of pregnancy, illegal drug use can interfere with the growth of the fetus and cause preterm birth and fetal death. If you need help quitting, you can find resources on the website of Narcotics Anonymous: www.na.org.

How can my drug use affect my baby after he or she is born?

Babies born to women who used illegal drugs during pregnancy may need specialized care after birth. These babies have an increased risk of long-term medical and behavioral problems.

Recreational marijuana is legal where I live. Can I use it during pregnancy?

Although it is legal in some states, marijuana should not be used in any form during pregnancy. Marijuana used during pregnancy is associated with attention and behavioral problems in children. Marijuana may increase the risk of ***stillbirth*** and the risk that babies will be smaller in length and weigh less than babies who are not exposed to marijuana before birth.

I use medical marijuana. Can I keep using it during pregnancy?

Some women use medical marijuana with a prescription ordered by a health care professional. The American College of Obstetricians and Gynecologists recommends that pregnant women and those planning to get pregnant stop using medical marijuana. You and your ob-gyn or other health care professional can discuss alternative treatments that will be safe for your fetus.

What are opioids?

Opioids are a type of medication that relieves pain. Doctors may prescribe opioids for people who have had surgery, dental work, or an injury. Prescribed opioids include oxycodone, hydromorphone, hydrocodone, and codeine.

Can I take prescription opioids during pregnancy?

If you are prescribed an opioid during pregnancy, you and your ob-gyn or other health care professional should discuss the risks and benefits of this treatment. When taken under a doctor's care, opioids are safe for both you and your fetus. It is important to take the medication only as prescribed.

What is opioid use disorder?

Most people who use a prescription opioid have no trouble stopping their use, but some people develop an addiction. This is called opioid use disorder. People with this disorder may look for other ways to get the drug when their prescription runs out. They may go from doctor to doctor to have new prescriptions written for them. Some people use the illegal drug market to supply themselves with opioids.

How can opioid use disorder affect my fetus?

Misusing opioids during pregnancy can increase the risk of serious complications, including ***placental abruption***, fetal growth problems, preterm birth, and stillbirth.

Why should I seek treatment for opioid use disorder?

When you are pregnant and have an opioid use disorder, you should not suddenly stop using the drug without medical supervision. Withdrawal, especially when done abruptly, often leads to relapse, which can be harmful for you and your fetus. If you need help with an opioid addiction, you can find resources on the website of the Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov. SAMHSA also has a 24-hour treatment referral line: 800-662-HELP (4357).

What is the treatment for opioid use disorder during pregnancy?

The best treatment for opioid use disorder during pregnancy is opioid replacement medication, behavioral therapy, and counseling. The medications that are given are long-acting opioids. This means that they stay active in the body for a long time. These opioids, called methadone and buprenorphine, reduce cravings but do not cause the pleasant feelings that other opioids cause.

How will treatment for opioid use disorder affect my fetus?

Treatment with either methadone or buprenorphine makes it more likely that the fetus will grow normally and not be born too early. Neither medicine has been found to cause birth defects. Some babies born to women taking opioids, including methadone or buprenorphine taken for treatment of use disorder, can have temporary withdrawal symptoms. This is called neonatal abstinence syndrome (NAS).

Not all babies will go through withdrawal. For those that do, swaddling, breastfeeding, skin-to-skin contact, and sometimes medications can be used to make babies with NAS feel better. If a baby is treated with medications, the dosage will be decreased over time until withdrawal symptoms have stopped.

Can I take my prescription medication during pregnancy?

Some prescription medications are safe to take during pregnancy. Others are not. Do not stop taking any medication prescribed for you without first talking to your ob-gyn or other health care professional. If a medication you are taking is a risk during pregnancy, your ob-gyn or other health care professional may adjust the dosage or may recommend switching to a safer drug while you are pregnant.

Can I take over-the-counter medications during pregnancy?

Some medications sold over the counter, including herbal supplements and vitamins, can cause problems during pregnancy. Some pain relievers, such as ibuprofen, may be harmful to a fetus. Check with your ob-gyn or other health care professional before taking any over-the-counter drug. He or she can give you advice about medicines that are safe for pregnant women.

Glossary

Birth Defects: Physical problems that are present at birth.

Fetal Alcohol Syndrome (FAS): The most severe disorder resulting from alcohol use during pregnancy. FAS can cause abnormalities in brain development, physical growth, and facial features of a baby or child.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Miscarriage: Loss of a pregnancy that is in the uterus.

Nutrients: Nourishing substances found through food, such as vitamins and minerals.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Opioids: Drugs that decrease the ability to feel pain.

Oxygen: An element that we breathe in to sustain life.

Placental Abruption: A condition in which the placenta has begun to separate from the uterus before the fetus is born.

Preterm: Less than 37 weeks of pregnancy.

Stillbirth: Birth of a dead fetus.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant in which the cause is unknown.

If you have further questions, contact your obstetrician–gynecologist.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ119
PREGNANCY

Exercise During Pregnancy

- Is it safe to exercise during pregnancy?
- Are there certain conditions that make exercise during pregnancy unsafe?
- What are the benefits of exercise during pregnancy?
- How much should I exercise during pregnancy?
- What changes occur in the body during pregnancy that can affect my exercise routine?
- What precautions should I take when exercising during pregnancy?
- What are some safe exercises I can do during pregnancy?
- What exercises should I avoid during pregnancy?
- What are warning signs that I should stop exercising?
- Why is it important to keep exercising after my baby is born?
- Glossary

In general: Your level of exercise pre-pregnancy is usually fine to continue unless your doctor says otherwise. A good rule of thumb is to be able to carry on a conversation while exercising (i.e. not exerting yourself to the point of breathlessness). Avoid falls and contact sports. Stay hydrated!
- Columbia Fertility

Is it safe to exercise during pregnancy?

If you are healthy and your pregnancy is normal, it is safe to continue or start most types of exercise, but you may need to make a few changes. Physical activity does not increase your risk of miscarriage, low birth weight, or early delivery. However, it is important to discuss exercise with your obstetrician or other member of your health care team during your early prenatal visits. If your health care professional gives you the OK to exercise, you can decide together on an exercise routine that fits your needs and is safe during pregnancy.

Are there certain conditions that make exercise during pregnancy unsafe?

Women with the following conditions or pregnancy ***complications*** should not exercise during pregnancy:

- Certain types of heart and lung diseases
- ***Cervical insufficiency*** or ***cerclage***
- Being pregnant with twins or triplets (or more) with risk factors for ***preterm*** labor
- ***Placenta previa*** after 26 weeks of pregnancy
- Preterm labor or ruptured membranes (your water has broken) during this pregnancy
- ***Preeclampsia*** or pregnancy-induced high blood pressure
- Severe ***anemia***

What are the benefits of exercise during pregnancy?

Regular exercise during pregnancy benefits you and your fetus in these key ways:

- Reduces back pain
- Eases constipation
- May decrease your risk of ***gestational diabetes***, preeclampsia, and ***cesarean delivery***
- Promotes healthy weight gain during pregnancy

- Improves your overall general fitness and strengthens your heart and blood vessels
- Helps you to lose the baby weight after your baby is born

How much should I exercise during pregnancy?

The Centers for Disease Control and Prevention recommend that pregnant women get at least 150 minutes of moderate-intensity aerobic activity every week. An aerobic activity is one in which you move large muscles of the body (like those in the legs and arms) in a rhythmic way. Moderate intensity means you are moving enough to raise your heart rate and start sweating. You still can talk normally, but you cannot sing.

Examples of moderate-intensity aerobic activity include brisk walking and general gardening (raking, weeding, or digging). You can divide the 150 minutes into 30-minute workouts on 5 days of the week or into smaller 10-minute workouts throughout each day.

If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day. Add 5 minutes each week until you can stay active for 30 minutes a day.

If you were very active before pregnancy, you can keep doing the same workouts with your health care professional's approval. However, if you start to lose weight, you may need to increase the number of calories that you eat.

What changes occur in the body during pregnancy that can affect my exercise routine?

Your body goes through many changes during pregnancy. It is important to choose exercises that take these changes into account:

- Joints—The ***hormones*** made during pregnancy cause the ligaments that support your joints to become relaxed. This makes the joints more mobile and at risk of injury. Avoid jerky, bouncy, or high-impact motions that can increase your risk of being hurt.
- Balance—During pregnancy, the extra weight in the front of your body shifts your center of gravity. This places stress on joints and muscles, especially those in your pelvis and low back. Because you are less stable and more likely to lose your balance, you are at greater risk of falling.
- Breathing—When you exercise, ***oxygen*** and blood flow are directed to your muscles and away from other areas of your body. While you are pregnant, your need for oxygen increases. As your belly grows, you may become short of breath more easily because of increased pressure of the ***uterus*** on the diaphragm (a muscle that aids in breathing). These changes may affect your ability to do strenuous exercise, especially if you are overweight or obese.

What precautions should I take when exercising during pregnancy?

There are a few precautions that pregnant women should keep in mind during exercise:

- Drink plenty of water before, during, and after your workout. Signs of ***dehydration*** include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort while walking or running.
- Avoid becoming overheated, especially in the first trimester. Drink plenty of water, wear loose-fitting clothing, and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.
- Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your uterus presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. Both of these positions can decrease the amount of blood returning to your heart and may cause your blood pressure to decrease for a short time.

What are some safe exercises I can do during pregnancy?

Whether you are new to exercise or it already is part of your weekly routine, choose activities that experts agree are safest for pregnant women:

- Walking—Brisk walking gives a total body workout and is easy on the joints and muscles.
- Swimming and water workouts—Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain. If you find brisk walking difficult because of low back pain, water exercise is a good way to stay active.
- Stationary bicycling—Because your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice.
- Modified yoga and modified Pilates—Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are even prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant woman's shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.

If you are an experienced runner, jogger, or racquet-sports player, you may be able to keep doing these activities during pregnancy. Discuss these activities with your health care professional.

What exercises should I avoid during pregnancy?

While pregnant, avoid activities that put you at increased risk of injury, such as the following:

- Contact sports and sports that put you at risk of getting hit in the abdomen, including ice hockey, boxing, soccer, and basketball
- Skydiving
- Activities that may result in a fall, such as downhill snow skiing, water skiing, surfing, off-road cycling, gymnastics, and horseback riding
- "Hot yoga" or "hot Pilates," which may cause you to become overheated
- Scuba diving
- Activities performed above 6,000 feet (if you do not already live at a high altitude)

What are warning signs that I should stop exercising?

Stop exercising and call your obstetrician or other member of your health care team if you have any of these signs or symptoms:

- Bleeding from the vagina
- Feeling dizzy or faint
- Shortness of breath before starting exercise
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Regular, painful contractions of the uterus
- Fluid leaking from the vagina

Why is it important to keep exercising after my baby is born?

Exercising after your baby is born may help improve mood and decreases the risk of ***deep vein thrombosis***, a condition that can occur more frequently in women in the weeks after childbirth. In addition to these health benefits, exercise after pregnancy can help you lose the extra pounds that you may have gained during pregnancy.

Glossary

Anemia: Abnormally low levels of blood or red blood cells in the bloodstream. Most cases are caused by iron deficiency or lack of iron.

Cerclage: A procedure in which the cervical opening is closed with stitches in order to prevent or delay preterm birth.

Cervical Insufficiency: Inability of the cervix to retain a pregnancy in the second trimester.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Complications: Diseases or conditions that occur as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Deep Vein Thrombosis: A condition in which a blood clot forms in a vein in the leg or other area of the body.

Dehydration: A condition that results from loss of water from the body.

Gestational Diabetes: Diabetes that arises during pregnancy.

Hormones: Substances made in the body by cells or organs that control the function of other cells or organs. An example is estrogen, which controls the function of female reproductive organs.

Oxygen: A gas that is necessary to sustain life.

Placenta Previa: A condition in which the placenta lies very low in the uterus, so that the opening of the uterus is partially or completely covered.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury, such as an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Preterm: Born before 37 completed weeks of pregnancy.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

ZIKA VIRUS

Protect Yourself.
Protect Your Pregnancy.

There are risks to your fetus if you are pregnant and get Zika virus.

Zika can cause serious birth defects, including microcephaly and other brain abnormalities. Microcephaly can lead to lifelong problems, such as seizures, feeding problems, hearing loss, vision problems, and learning difficulties.

There is no vaccine at this time. Avoiding infection is best.

The Zika virus spreads to humans in the following ways:

- Through a bite by an infected mosquito
- From a pregnant woman to her fetus during pregnancy or around the time of birth
- During sex

Symptoms of Zika virus infection:

- Symptoms usually are mild.
- Symptoms include fever; rash; joint pain; and red, itchy eyes.
- Many people with Zika virus infection do not have any symptoms.

If you want to get pregnant...

- Talk to your health care professional about
  - –your pregnancy plans
  - –the risks of Zika virus infection during pregnancy
  - –your male sex partner's risk of being exposed to Zika virus
- Take strict steps to avoid mosquito bites.

If you are pregnant...

- Take strict steps to avoid mosquito bites.
- Use a condom each time you have sex if your partner lives in or travels to an area where Zika virus is spreading.
- Don't travel to areas where Zika virus is spreading.
- See your health care professional to discuss testing if
  - –you or your sexual partner have traveled or live in an area where Zika is present or
  - –you or your sexual partner have symptoms of Zika virus infection.

Mosquito Bite Prevention

If you must travel to one of the areas where Zika virus is spreading, strictly follow these four steps to prevent mosquito bites:

1. Use EPA-registered bug spray with DEET, picaridin, IR3535, oil of lemon eucalyptus, paramenthane-diol, or 2-undecanone. Used as directed, these sprays are safe for pregnant and breastfeeding women.
2. Wear long-sleeved shirts and long pants.
3. Treat clothing and gear with permethrin or buy permethrin-treated items.
4. Stay in air-conditioned or screened-in areas during the day and at night.

Follow these steps at all times. Mosquitoes are active during the day and night.

The following web sites give the latest information about Zika virus:

- www.cdc.gov/zika
- www.acog.org/zika
- www.immunizationforwomen.org/zika

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS
409 12th Street SW, PO Box 96920
Washington, DC 20090-6920
www.acog.org

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ055
PREGNANCY

Travel During Pregnancy

- Is travel safe during pregnancy?
- When is the best time to travel during pregnancy?
- When is travel not recommended during pregnancy?
- Are there areas that I should avoid traveling to while I am pregnant?
- What should I do before going on a trip?
- What is deep vein thrombosis and why is it a concern for pregnant travelers?
- What are some tips for traveling by car?
- What are some tips for traveling by plane?
- What are some tips for traveling by ship?
- What are some tips for traveling outside the United States?
- When should I seek emergency medical care when traveling?
- How can I find a health care professional while traveling?
- Glossary

Is travel safe during pregnancy?

For most women, traveling during pregnancy is safe. As long as you and your fetus are healthy, you can travel safely until you are 36 weeks pregnant.

When is the best time to travel during pregnancy?

The best time to travel is the middle of your pregnancy—between week 14 and week 28. Most common pregnancy problems happen in the first and third trimesters. During midpregnancy, your energy has returned, morning sickness usually is gone, and it is still easy to get around. Paying attention to the way you feel is the best guide for your activities.

When is travel not recommended during pregnancy?

Travel is not recommended if you have certain pregnancy complications, including ***preeclampsia***, ***premature rupture of membranes***, and ***preterm*** labor. Travel also may not be a good idea if you are pregnant with more than one fetus.

Are there areas that I should avoid traveling to while I am pregnant?

Travel is not recommended for pregnant women in areas where Zika outbreaks are ongoing. Zika is an illness spread by mosquitoes that can cause serious birth defects. Travel also is not recommended to areas with malaria, another mosquito-carried illness that is dangerous for pregnant women. For a current list of Zika and malaria outbreak areas, as well as other areas that may pose risks for pregnant women, go to wwwnc.cdc.gov/travel/notices/.

What should I do before going on a trip?

There are a few things you can do to make sure your trip is safe and comfortable:

- Schedule a checkup with your ***obstetrician–gynecologist (ob-gyn)*** before you leave.
- Know your estimated due date. If you have a problem while you are traveling, your caregivers will need to know how far along you are in your pregnancy.

- Plan to bring any over-the-counter medications that you may need, such as pain relievers, hemorrhoid ointment, a first aid kit, and prenatal vitamins. Also bring any prescribed medications.
- Check that you are up to date with your vaccines.
- Think about how long it will take to get to your final destination. The fastest way often is the best.
- Make your travel plans easy to change. Consider buying travel insurance to cover tickets and deposits that cannot be refunded.

What is deep vein thrombosis and why is it a concern for pregnant travelers?

Deep vein thrombosis (DVT) is a condition in which a blood clot forms in the veins in the legs or other areas of the body. DVT can lead to a dangerous condition in which the clot travels to the lungs. Sitting or not moving for long periods of time, such as during long-distance travel, can increase the risk of DVT. Pregnancy further increases the risk of DVT. If you are planning a long trip, take the following steps to reduce your risk of DVT:

- Drink lots of fluids.
- Wear loose-fitting clothing.
- Walk and stretch at regular intervals. For example, when traveling by car, make frequent stops to get out and stretch your legs.

What are some tips for traveling by car?

During a car trip, make each day's drive as short as possible. Wear your seat belt every time you ride in a car. Buckle the belt low on your hipbones, below your belly. Place the shoulder belt off to the side of your belly and across the center of your chest (between your breasts). Plan to make frequent stops so that you can move around and stretch your legs.

What are some tips for traveling by plane?

Keep your due date in mind when booking your flight. Complete your flight before you reach 36 weeks of pregnancy. Some domestic airlines restrict travel completely or require a medical certificate during the last month of pregnancy. For international flights, the cutoff point often is earlier, sometimes as early as 28 weeks. Check your airline's policies when planning your trip.

Book an aisle seat so that you can get up and stretch your legs. Plan to do this every 2 hours or so. Avoid gas-producing foods and carbonated drinks before your flight. Gas expands in the low air pressure in airplane cabins and can cause discomfort. Wear your seatbelt at all times.

What are some tips for traveling by ship?

Make sure a doctor or nurse is on board the ship. Also make sure that your scheduled stops are places with modern medical facilities. Before you leave, ask your ob-gyn which medications are safe for you to take if you get seasickness.

A concern for cruise ship passengers is norovirus infection. Noroviruses are a group of viruses that can cause severe nausea and vomiting for 1–2 days. People easily can become infected by eating food, drinking liquids, or touching surfaces that are contaminated with the virus. Wash your hands frequently while on board the ship. If you have diarrhea and vomiting at the same time, seek medical care.

The Centers for Disease Control and Prevention (CDC) performs periodic inspections of cruise ships to prevent widespread virus outbreaks. You can check whether your ship has passed this health and safety inspection at www.cdc.gov/nceh/vsp/.

What are some tips for traveling outside the United States?

Check your health insurance policy to see if you are covered internationally. If not, you may be able to buy special health care insurance for international travelers.

Travel to developing countries comes with the risk of consuming contaminated food and water. Travelers can become sick if they eat raw or undercooked food or drink local water. This short-term illness, called "traveler's diarrhea," may be a minor problem for someone who is not pregnant, but it is a greater concern for pregnant women. Serious illnesses, such as ***hepatitis A*** and ***listeriosis***, also can be spread by contaminated food and water. These diseases can cause severe complications for a pregnant woman and her fetus.

If you get diarrhea, drink plenty of fluids to combat dehydration. Before taking a diarrhea treatment, check with your ob-gyn or other health care professional to make sure it is safe. The best way to prevent illness is to avoid unsafe food and water. The CDC offers food and water precautions at wwwnc.cdc.gov/travel/page/food-water-safety.

When should I seek emergency medical care when traveling?

Go to a hospital or call emergency medical services right away if you have any of the following:

- Vaginal bleeding
- Pelvic or abdominal pain or contractions
- Rupture of the membranes (your "water breaks")
- Signs and symptoms of preeclampsia (headache that will not go away, seeing spots or other changes in eyesight, swelling of the face or hands)

- Severe vomiting or diarrhea
- Signs of DVT (see FAQ174 “Preventing Deep Vein Thrombosis”)

How can I find a health care professional while traveling?

Even if you are in perfect health before going on a trip, you never know when an emergency will come up. If you are traveling in the United States, locate the nearest hospital or medical clinic in the place you are visiting. You also can search online for a health care professional.

American College of Obstetricians and Gynecologists Find an Ob-Gyn

Web site: www.acog.org/About_ACOG/Find_an_Ob-Gyn

American Medical Association DoctorFinder

Web site: https://apps.ama-assn.org/doctorfinder/home.jsp

International Association for Medical Assistance to Travelers

Web site: www.iamat.org/

Glossary

Hepatitis A: An infection caused by a virus that can be spread by contaminated food or water.

Listeriosis: A type of food-borne illness caused by bacteria found in unpasteurized milk, hot dogs, luncheon meats, and smoked seafood.

Obstetrician–Gynecologist (Ob-Gyn): A physician with special skills, training, and education in women’s health.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury, such as an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Premature Rupture of Membranes: A condition in which the membranes that hold the amniotic fluid rupture before labor.

Preterm: Born before 37 completed weeks of pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ018
PREGNANCY

Car Safety for Pregnant Women, Babies, and Children

- Why is it important to wear a seat belt when I travel during pregnancy?
- How should I wear a seat belt while I am pregnant?
- What should I know about air bags when I travel in a car?
- Are there laws regarding child safety seats while riding in a car?
- If I am pregnant, when should I buy a car seat for my baby?
- Where should child car seats be installed in the car?
- What types of car seats are available for infants, toddlers, and school-aged children?
- What should I keep in mind when choosing a car seat?
- What should I know if I am considering buying a used car seat?
- What do I need to do after I buy a car seat?
- What is distracted driving?

Why is it important to wear a seat belt when I travel during pregnancy?

Although the baby is protected inside your body, you should wear a lap and shoulder belt every time you travel while you are pregnant for the best protection—even in the final weeks of pregnancy. You and your baby are much more likely to survive a car crash if you are buckled in.

How should I wear a seat belt while I am pregnant?

When wearing a seat belt, follow these rules:

- Buckle the lap belt below your belly so that it fits snugly across your hips and pelvic bone.
- Place the shoulder belt across your chest (between your breasts) and over the mid-portion of your collar bone (away from your neck).
- Never place the shoulder belt under your arm or behind your back.
- Pull any slack (looseness) out of the belt.

What should I know about air bags when I travel in a car?

Follow these tips if your car has air bags:

- Keep 10 inches between the steering wheel and your breastbone.
- If the car has an air bag "on/off" switch, check to be sure it is turned to "on."
- As your belly grows, you may not be able to keep as much space between you and the steering wheel. If the car has a tilt steering wheel, make sure it is angled toward your breastbone, not your belly or head.

Are there laws regarding child safety seats while riding in a car?

All 50 states have laws requiring the use of child safety seats for infants and children at different ages. In 48 states, there are laws requiring the use of booster seats for children who have outgrown their safety seats. Go to http://www.ghsa.org/html/stateinfo/laws/childsafety_laws.html to find out the laws for your state. In most states, you can be stopped for a child seat violation as the only reason.

If I am pregnant, when should I buy a car seat for my baby?

You cannot take your newborn home from the hospital without a car seat. Plan to have the car seat at least 3 weeks before your due date so you will have time to install it correctly and learn how to buckle the baby in safely.

Where should child car seats be installed in the car?

All car seats for children should be used in the back seat of the car—never in the front seat. Air bags in the front seat can cause serious injury to children. Until they reach age 13 years, children should always ride in the back seat.

What types of car seats are available for infants, toddlers, and school-aged children?

1. Rear-facing car seat—In a rear-facing car seat, the baby is turned to face the back windshield of the car. Infants and toddlers should ride in a rear-facing car seat until they are 2 years of age or until they reach the highest weight and height allowed by their car seat's maker.
2. Forward-facing car seat—A forward-facing car seat faces the front windshield of the car. Toddlers and preschoolers who have outgrown the height and weight limit of the rear-facing seat should use a forward-facing seat.
3. Booster seat—A booster seat raises and positions your child so that the vehicle's lap and shoulder belts fit properly. Your child should use a booster seat until the car seat belts fit properly. This usually occurs when the child is between the ages of 8 years and 12 years and is at least 4 feet 9 inches in height.

What should I keep in mind when choosing a car seat?

- Know whether your car has the LATCH system. LATCH stands for Lower Anchors and Tethers for Children. Instead of seat belts, special anchors hold the seat in place. If your car and car seat do not have the LATCH system, you will need to use seat belts to install the car seat.
- Try locking and unlocking the buckle while you are in the store. Try changing the lengths of the straps.
- Read the labels to find out the seat's height and weight limits.

The National Highway Traffic Safety Administration offers parents a five-star rating system on its web site (http://www.nhtsa.gov/nhtsa_eou) based on how easy certain car seats are to use.

What should I know if I am considering buying a used car seat?

Do not buy a used car seat if you know it has been in a car crash. Also, used car seats may be missing parts or instructions. Avoid a used car seat that looks old or worn or is missing labels with the model number and maker's name. Keep in mind that car seats have expiration dates. You can check the expiration date for any car seat on the maker's web site.

What do I need to do after I buy a car seat?

After you buy the seat, register it with the maker using the card that comes with the seat, or register it online with the National Highway Traffic Safety Administration at http://www-odi.nhtsa.dot.gov/recalls/register/childseat/index.cfm. Registering your car seat allows you to get updates and recall notices. You can take your car and the seat to a car seat inspection station. These stations can check whether your car seat is installed correctly after you have installed it yourself.

What is distracted driving?

Distracted driving means doing something else while driving that takes your hands off the steering wheel or your eyes or mind off the road:

- Using a cell phone
- Texting
- Eating
- Feeding a child or picking up a toy
- Grooming
- Using a navigation system or changing a DVD

Parents who are distracted while driving with children in the car are more likely to be in a crash. Wait to send a text or make a call until your car is parked.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ188
PREGNANCY

Multiple Pregnancy

- How does multiple pregnancy occur?
- What are some causes of multiple pregnancy?
- What are some symptoms of multiple pregnancy?
- Do I need to gain extra weight if I am pregnant with multiples?
- Should I exercise if I am pregnant with multiples?
- Is the risk of complications higher if I am pregnant with multiples?
- What is the most common complication of multiple pregnancy?
- What are chorionicity and amnionicity?
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- How can multiple pregnancy affect fetal growth?
- Are tests for genetic disorders as accurate in multiple pregnancies?
- How can multiple pregnancy affect delivery?
- Can multiple pregnancy affect my risk of postpartum depression?
- Can I breastfeed if I have multiples?
- Glossary

How does multiple pregnancy occur?

A pregnancy with more than one ***fetus*** is called ***multiple pregnancy***. If more than one egg is released during the menstrual cycle and each is fertilized by a sperm, more than one ***embryo*** may implant and grow in your ***uterus***. This type of pregnancy results in ***fraternal twins*** (or more). When a single fertilized egg splits, it results in multiple identical embryos. This type of pregnancy results in ***identical twins*** (or more). Identical twins are less common than fraternal twins.

What are some causes of multiple pregnancy?

The use of fertility drugs to induce ***ovulation*** often causes more than one egg to be released from the ***ovaries*** and can result in twins, triplets, or more. ***In vitro fertilization (IVF)*** can lead to a multiple pregnancy if more than one embryo is transferred to the uterus. Identical multiples also may result if the fertilized egg splits after transfer.

Women older than 35 years are more likely to release two or more eggs during a single menstrual cycle than younger women. Therefore, they are more likely than younger women to become pregnant with multiples.

What are some symptoms of multiple pregnancy?

Women who are pregnant with multiples may have more severe morning sickness or breast tenderness than women who are pregnant with a single fetus. They also may gain weight more quickly. Most multiple pregnancies are discovered during an ***ultrasound exam***.

Do I need to gain extra weight if I am pregnant with multiples?

It generally is recommended that women who are pregnant with multiples gain more weight than women who are pregnant with one fetus. An extra 300 calories a day is needed for each fetus. For instance, if you are pregnant with twins, you need an extra 600 calories a day. For triplets and more, weight gain should be individualized.

Should I exercise if I am pregnant with multiples?

Staying active during multiple pregnancy is important for your health, but you may need to avoid strenuous exercise. Try low-impact exercise, such as swimming, prenatal yoga, and walking. You should aim for 30 minutes of exercise a day. If problems arise during your pregnancy, it may be recommended that you avoid exercise.

Is the risk of complications higher if I am pregnant with multiples?

The risk of certain complications is higher if you are pregnant with multiples. You most likely will have more frequent ***prenatal care*** visits with your ***obstetrician–gynecologist (ob-gyn)*** or other health care professional. Starting in your second trimester, you may have ultrasound exams every 4–6 weeks. If a problem is suspected, you may have special tests, such as a ***nonstress test*** or ***biophysical profile***, and more frequent ultrasound exams.

What is the most common complication of multiple pregnancy?

The most common complication of multiple pregnancy is ***preterm*** birth. More than one half of all twins are born preterm. Triplets and more are almost always born preterm.

Babies born before 37 weeks of pregnancy may have an increased risk of short-term and long-term health problems, including problems with breathing, eating, and staying warm. Other problems, such as learning and behavioral disabilities, may appear later in childhood or even in adulthood. Very preterm babies (those who are born before 32 weeks of pregnancy) can die or have severe health problems, even with the best of care.

Preterm multiples also have a greater risk than single preterm babies of the same ***gestational age*** for serious complications that can lead to ***cerebral palsy***. Children born with problems related to being preterm may need lifelong medical care.

What are chorionicity and amnionicity?

Early in a multiple pregnancy, an ultrasound exam is done to find out whether each baby has its own ***chorion*** (***chorionicity***) and ***amniotic sac*** (***amnionicity***). There are three types of twins:

1. Dichorionic–diamniotic—Twins who have their own chorions and amniotic sacs. They typically do not share a ***placenta*** and can be fraternal or identical.
2. Monochorionic–diamniotic—Twins who share a chorion but have separate amniotic sacs. They share a placenta and are identical.
3. Monochorionic–monoamniotic—Twins who share one chorion and one amniotic sac. They share a placenta and are identical.

What are the risks associated with monochorionic babies?

Monochorionic babies have a higher risk of complications than those with separate placentas. One problem that can occur in monochorionic–diamniotic babies is ***twin–twin transfusion syndrome (TTTS)***. In TTTS, the blood flow between the twins becomes unbalanced. One twin donates blood to the other twin. The donor twin has too little blood, and the recipient twin has too much blood. The earlier TTTS occurs in the pregnancy, the more serious the outcomes for one or both babies.

Although monochorionic–monoamniotic babies are rare, this type of pregnancy is very risky. The most common problem is an ***umbilical cord*** complication. Women with this type of pregnancy are monitored more frequently and are likely to have a ***cesarean birth***.

How can multiple pregnancy affect my risk of preeclampsia?

Preeclampsia is a blood pressure disorder that usually starts after 20 weeks of pregnancy or after childbirth. It occurs more often in multiple pregnancies than in singleton pregnancies. It also tends to occur earlier and is more severe in multiple pregnancies.

Preeclampsia can damage many organs in your body, most commonly your kidneys, liver, brain, and eyes. Preeclampsia that worsens and causes seizures is called ***eclampsia***. When preeclampsia occurs during pregnancy, the babies may need to be delivered right away, even if they are not fully grown.

How can multiple pregnancy affect my risk of gestational diabetes?

Women carrying multiples have a high risk of ***gestational diabetes***. This condition can increase the risk of preeclampsia and of developing ***diabetes mellitus*** later in life. Newborns may have breathing problems or low blood sugar levels. Diet, exercise, and sometimes medication can reduce the risk of these complications.

How can multiple pregnancy affect fetal growth?

Multiples are more likely to have growth problems than single babies. Multiples are called ***discordant*** if one fetus is much smaller than the others. Discordant growth is common with multiples. It does not always signal a problem. Sometimes, though, a fetus's restricted growth may be caused by an infection, TTTS, or a problem with the placenta or umbilical cord. If growth restriction is suspected in one or both fetuses, frequent ultrasound exams may be done to track how the fetuses are growing.

Are tests for genetic disorders as accurate in multiple pregnancies?

Screening tests for genetic disorders that use a sample of the mother's blood (serum screening tests) are not as sensitive in multiple pregnancy. It is possible to have a positive screening test result when no problem is present in either fetus.

Diagnostic tests for ***birth defects*** include ***chorionic villus sampling (CVS)*** and ***amniocentesis***. These tests are harder to perform in multiples because each fetus must be tested. There also is a small risk of loss of one or all of the fetuses. Results of these tests may show that one fetus has a disorder, while the others do not.

How can multiple pregnancy affect delivery?

The chance of cesarean birth is higher with multiples. In some cases, twins can be delivered by vaginal birth. How your babies are born depends on the following:

- Number of babies and the position, weight, and health of each baby
- Your health and how your labor is going
- The experience of your ob-gyn or other health care professional

Can multiple pregnancy affect my risk of postpartum depression?

Having multiples might increase your risk of ***postpartum depression***. If you have intense feelings of sadness, anxiety, or despair that prevent you from being able to do your daily tasks, let your ob-gyn or other member of your health care team know.

Can I breastfeed if I have multiples?

Yes, but it may take some practice. Your milk supply will increase to the right amount. You will need to eat healthy foods and drink plenty of liquids. Lactation specialists are available at many hospitals and in your community to help you work out any problems you may have.

Glossary

Amniocentesis: A procedure in which amniotic fluid and cells are taken from the uterus for testing. The procedure uses a needle to withdraw fluid and cells from the sac that holds the fetus.

Amnionicity: The number of amniotic (inner) membranes that surround fetuses in a multiple pregnancy. When multiple fetuses have only one amnion, they share an amniotic sac.

Amniotic Sac: Fluid-filled sac in a woman's uterus. The fetus develops in this sac.

Biophysical Profile: A test that uses ultrasound to measure a fetus's breathing, movement, muscle tone, and heart rate. The test also measures the amount of fluid in the amniotic sac.

Birth Defects: Physical problems that are present at birth.

Cerebral Palsy: A disorder of the nervous system that affects movement, posture, and coordination. This disorder is present at birth.

Cesarean Birth: Birth of a fetus from the uterus through an incision made in the woman's abdomen.

Chorion: The outer membrane that surrounds the fetus.

Chorionic Villus Sampling (CVS): A procedure in which a small sample of cells is taken from the placenta and tested.

Chorionicity: The number of chorionic (outer) membranes that surround the fetuses in a multiple pregnancy.

Diagnostic Tests: Tests that look for a disease or cause of a disease.

Discordant: A large difference in the size of fetuses in a multiple pregnancy.

Eclampsia: Seizures occurring in pregnancy or after pregnancy that are linked to high blood pressure.

Embryo: The stage of development that starts at fertilization (joining of an egg and sperm) and lasts up to 8 weeks.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Fraternal Twins: Twins that have developed from two different fertilized eggs.

Gestational Age: How far along a woman is in her pregnancy, usually reported in weeks and days.

Gestational Diabetes: Diabetes that starts during pregnancy.

Identical Twins: Twins that have developed from a single fertilized egg that are usually genetically identical.

In Vitro Fertilization (IVF): A procedure in which an egg is removed from a woman's ovary, fertilized in a laboratory with the man's sperm, and then transferred to the woman's uterus to achieve a pregnancy.

Multiple Pregnancy: A pregnancy where there are two or more fetuses.

Nonstress Test: A test in which changes in the fetal heart rate are recorded using an electronic fetal monitor.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Ovaries: Organs in women that contain the eggs necessary to get pregnant and make important hormones, such as estrogen, progesterone, and testosterone.

Ovulation: The time when an ovary releases an egg.

Placenta: An organ that provides nutrients to and takes waste away from the fetus.

Postpartum Depression: A type of depressive mood disorder that develops in the first year after the birth of a child. This type of depression can affect a woman's ability to take care of her child.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury. These signs include an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Preterm: Less than 37 weeks of pregnancy.

Screening Tests: Tests that look for possible signs of disease in people who do not have signs or symptoms.

Twin–Twin Transfusion (TTS): A condition of identical twins in which one twin gets more blood than the other during pregnancy.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Umbilical Cord: A cord-like structure containing blood vessels. It connects the fetus to the placenta.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

If you have further questions, contact your obstetrician–gynecologist.

Medicine Guidelines During Pregnancy

If you were taking prescription medicines before you became pregnant, please ask your healthcare provider about the safety of continuing these medicines as soon as you find out that you are pregnant.

Your healthcare provider will weigh the benefit to you and the risk to your baby when making his or her recommendation about a particular medicine. With some medicines, the risk of not taking them might be more serious than the potential risk associated with taking them.

Allergy

Safe Medications to Take During Pregnancy

- Diphenhydramine (Benadryl®)
- Loratidine (Claritin®)
- Cetirizine (Zyrtec®)

Cold and Flu

Safe Medications to Take During Pregnancy

- Diphenhydramine (Benadryl)*
- Dextromethorphan (Robitussin®)*
- Guaifenesin (Mucinex® [plain]) *
- Vicks Vapor Rub® mentholated cream
- Mentholated or non-mentholated cough drops
- (Sugar-free cough drops for gestational diabetes should not contain blends of herbs or aspartame)
- Pseudoephedrine ([Sudafed®] after 1st trimester)
- Acetaminophen (Tylenol®)*
- Saline nasal drops or spray
- Warm salt/water gargle

***Note**: Do not take the "SA" (Sustained Action) form of these drugs or the "Multi-Symptom" form of these drugs. **Do not use Nyquil**® due to its high alcohol content.

Constipation

Safe Medications to Take During Pregnancy

- Methylcellulose fiber (Citrucel®)
- Docusate (Colace®)

- psyllium (Fiberall®, Metamucil®)
- polycarbophil (FiberCon®)
- polyethylene glycol (MiraLAX®)*

*Occasional use only

First Aid Ointment

Safe Medications to Take During Pregnancy

- Bacitracin
- Neomycin/polymyxin B/bacitracin (Neosporin®)

Headache

Safe Medications to Take During Pregnancy

- Acetaminophen (Tylenol)

Heartburn

Safe Medications to Take During Pregnancy

- Calcium carbonate (Titralac®, Tums®)
- Famotidine (Pepcid AC®)
- Aluminum hydroxide/magnesium hydroxide (Maalox®)
- Calcium carbonate/magnesium carbonate (Mylanta®)

Hemorrhoids

Safe Medications to Take During Pregnancy

- Phenylephrine/mineral oil/petrolatum (Preparation H®)
- Witch hazel (Tucks® pads or ointment)

Insect repellant

Safe Medications to Take During Pregnancy

- N,N-diethyl-meta-toluamide (DEET®)

Rashes

Safe Medications to Take During Pregnancy

- Diphenhydramine cream (Benadryl)
- Hydrocortisone cream or ointment
- Oatmeal bath (Aveeno®)

Sleep

Safe Medications to Take During Pregnancy

- Diphenhydramine (Unisom SleepGels®, Benadryl)

***Please note: No drug can be considered 100% safe to use during pregnancy.**

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SKIN CARE IN PREGNANCY

IS ANY ACNE TREATMENT SAFE TO USE DURING PREGNANCY?

So many things change during pregnancy, and your acne treatment may need to be one of them. Here's what you should know about using acne treatment while you're pregnant.

Acne medication never to take during pregnancy

If you're pregnant, immediately stop taking these medications and do not use them during your pregnancy.

Unsafe medications during pregnancy

Isotretinoin
Brand names include: Absorica®, Amnesteem®, Claravis®, Myorisan®, Sotret®, and Zenatane™
Tazarotene
Brand names include: Avage®, Fabior®, Tazorac®, and Zorac®
Spironolactone
Brand name: Aldactone®
These medications can cause serious birth defects.

Using other acne treatments during pregnancy

It's more difficult to say what can safely treat acne while you're pregnant. Researchers don't give pregnant women medications, so there are no studies to tell us what happens when pregnant women use a treatment.

What we know comes from animal studies and women who have used acne treatments while pregnant. From this, researchers have learned the following about acne medications:

Adapalene (brand name: Differin® gel): Most experts recommend stopping this treatment during pregnancy.

Antibiotics (you apply to your skin): Applying clindamycin during pregnancy is thought to be safe. Before using it while you're pregnant, it's best to check with your obstetrician or dermatologist.

Antibiotics (you take): Cefadroxil is an antibiotic that can help clear severe acne. In giving pregnant animals large amounts of this antibiotic, researchers haven't seen birth defects.

The antibiotics that are often used to treat acne, such as azithromycin and clarithromycin, also seem safe during pregnancy. A few women, however, have had a baby with a birth defect while taking one of these. We don't know for certain whether the antibiotic caused the birth defect.

PREGNANCY AND ANTIBIOTICS

Stop taking doxycycline, minocycline, or tetracycline by your 15th week of pregnancy.

Azelaic acid: This is thought to be safe to use during pregnancy. In animal studies, researchers haven't seen birth defects.

Benzoyl peroxide: Often found in acne treatment you can buy without a prescription, experts say it's safe to use in limited amounts. For this reason, you should talk with your obstetrician or dermatologist before using it while you're pregnant.

Dapsone (brand name, Aczone®): In animal studies, this medication hasn't caused birth defects. While that's great news, we don't have much information about what happens when pregnant women take it. This is a newer acne treatment.

For this reason, experts recommend that doctors be very cautious when they prescribe dapsone to women who are pregnant.

Laser and light therapies: Lasers have been used to safely treat medical conditions in women who are pregnant. As such, lasers are considered relatively safe for women who are pregnant.

If you are considering using a laser or light treatment for your acne while pregnant, please make an appointment to see a dermatologist first. There are many different types of lasers and light treatments. Some require a numbing solution or medicine, which could affect your baby.

Salicylic acid: Often found in acne treatment you can buy without a prescription, salicylic acid is generally considered safe when used for a limited time. For this reason, you should talk with your obstetrician or dermatologist before using it during your pregnancy.

Tretinoin (brand name: Retin-A®): Most experts recommend stopping this treatment during pregnancy.

STOP METHOTREXATE BEFORE GETTING PREGNANT

Both men and women who take methotrexate should stop taking this medicine and wait at least 3 months before trying to have a child.

Methotrexate is a strong medicine. The US Food and Drug Administration (FDA) approved it to treat adults with severe, disabling psoriasis that cannot be controlled with medicine applied to the skin or light treatments. Methotrexate works by suppressing the overactive immune system that causes psoriasis. **Pregnancy:** Women who are pregnant or planning to become pregnant should NOT take methotrexate. This medicine can cause miscarriages and serious birth defects.

A dermatologist can help you sort out your options

As you can see, we don't have a lot of information about what can safely treat acne during pregnancy. Your health also plays a role in what acne treatments you can use while you're pregnant.

If you want to treat acne during your pregnancy, it helps to get expert advice from your obstetrician or a dermatologist before using any acne treatment.

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AMERICAN ACADEMY of DERMATOLOGY | ASSOCIATION

OnabotulinumntoxinA (Botox®) and Pregnancy

- It is not known if BOTOX® can harm your unborn baby

The currently approved botulinum toxin drug products' labeling indicates that there are no adequate and well-controlled trials in pregnant women. BOTOX should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Botox® injections are not recommended for people who have nervous system issues, muscle disorders, breastfeeding mothers or women looking to become pregnant soon

References:

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Pregnant? You Need a **Flu Shot!**

Information for pregnant women

Because you are pregnant, CDC and your ob-gyn or midwife recommend you get a flu shot to protect yourself and your baby from flu.

You should get vaccinated by the end of October, if possible. This timing can help ensure that you are protected before flu activity begins to increase. Talk to your ob-gyn or midwife about getting a flu shot.

The flu is a serious illness, especially when you are pregnant.

Getting the flu can cause serious problems when you are pregnant. Even if you are generally healthy, changes in immune, heart, and lung functions during pregnancy make you more likely to get severely ill from flu. Pregnant women who get flu are at high risk of developing serious illness, including being hospitalized.

Flu shots are the best available protection for you – and your baby.

When you get your flu shot, your body starts to make antibodies that help protect you against the flu. Antibodies also can be passed on to your developing baby, and help protect them for several months after birth. This is important because babies younger than 6 months of age are too young to get a flu vaccine. If you breastfeed your infant, antibodies also can be passed through breast milk. It takes about two weeks for your body to make antibodies after getting a flu vaccine. Talk to your doctor, nurse, or clinic about getting vaccinated by the end of October, if possible.

The flu shot is safe for pregnant and breastfeeding women and their infants.

You can get a flu shot at any time, during any trimester, while you are pregnant. Millions of pregnant women have gotten flu shots. Flu shots have a good safety record. There is a lot of evidence that flu vaccines can be given safely during pregnancy, though these data are limited for the first trimester.

If you deliver your baby before getting your flu shot, you still need to get vaccinated. The flu is spread from person to person. You, or others who care for your baby, may get the flu, and spread it to your baby. It is important that everyone who cares for your baby get a flu vaccine, including other household members, relatives, and babysitters.

Common side effects of a flu vaccine are mild.

After getting your flu shot, you may experience some mild side effects. The most common side effects include soreness, tenderness, redness and/or swelling where the shot was given. Sometimes you might have a headache, muscle aches, fever, and nausea or feel tired.

If you have flu symptoms, call your doctor immediately.

If you get flu symptoms (e.g., fever, cough, body aches headache, etc.) – even if you have already had a flu shot – call your doctor, nurse, or clinic right away. Doctors can prescribe influenza antiviral medicine to treat flu. Antiviral drugs can shorten your illness, make it milder and lessen the chance of developing serious complications. Because pregnant women are at high risk of serious flu complications, CDC recommends that they be treated quickly with antiviral drugs if they get flu symptoms. Oral oseltamivir is the preferred treatment for pregnant women because it has the most studies available to suggest that it is safe and beneficial. These medicines work best when started early.

Fever is often a symptom of flu. Having a fever early in pregnancy increases the chances of having a baby with birth defects or other problems. Tylenol® (acetaminophen) can reduce a fever, but you should still call your doctor or nurse and tell them about your illness.

If you have any of the following signs, call 911 and seek emergency medical care right away:

- **Problems breathing or shortness of breath**
- **Pain or pressure in the chest or abdomen**
- **Sudden dizziness or confusion**
- **Severe or constant vomiting**
- **Decreased or no movement of your baby**
- **High fever that is not responding to Tylenol® or other acetaminophen**

For more information about the flu or the vaccine, call:

1-800-CDC-INFO

or visit:

www.cdc.gov/flu/

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ032
PREGNANCY

A Partner's Guide to Pregnancy

- Why is it important to be supportive during your partner's pregnancy?
- How long does pregnancy last?
- How is the due date estimated?
- What happens during the first trimester of pregnancy?
- What happens during the second trimester of pregnancy?
- What happens during the third trimester of pregnancy?
- What lifestyle changes do my partner and I need to make during pregnancy?
- Do I need to quit smoking if my partner is pregnant?
- Is it safe to have sex during pregnancy?
- How can I help prepare for labor and delivery?
- How can I help my partner during labor and delivery?
- When can we take our baby home from the hospital?
- What is postpartum depression?
- What are the signs and symptoms of postpartum depression?
- How can I feel involved when my partner is breastfeeding?
- When is it OK to have sex again after the baby is born?
- Glossary

Why is it important to be supportive during your partner's pregnancy?

Women who have an involved and supportive partner during pregnancy are more likely to give up harmful behaviors, such as smoking, and lead healthier lives. Babies may be born healthier as well, with lower rates of ***preterm*** birth and growth problems. Women who are well supported during pregnancy may be less anxious and have less stress in the weeks after childbirth. You can be supportive by educating yourself about pregnancy, going with your partner to ***prenatal care*** appointments, and joining her in making healthy lifestyle choices.

How long does pregnancy last?

A normal pregnancy lasts about 40 weeks from the first day of the woman's ***last menstrual period (LMP)***. Weeks of pregnancy are divided into three ***trimesters***. Each trimester lasts about 3 months.

How is the due date estimated?

The estimated date that the baby will be born is called the ***estimated due date (EDD)***. This date is based on the LMP or an ***ultrasound exam***. The LMP and ultrasound dating methods often are used together to estimate the EDD. Keep in mind that only 1 in 20 women actually give birth on their estimated due date.

What happens during the first trimester of pregnancy?

During the first trimester (the first 13 weeks), most women need more rest than usual. They may have symptoms of nausea and vomiting. Although commonly known as "morning sickness," these symptoms can occur at any time during the day or night. Early pregnancy can be an emotional time for a woman. Mood swings are common. It is not unusual for you to have

ups and downs as well. Pregnancy and parenthood are huge life changes, and it can take time for you to adjust. Listen to your partner and offer support.

What happens during the second trimester of pregnancy?

For most women, the second trimester of pregnancy (weeks 14–27) is the time they feel the best. As your partner's abdomen grows, the pregnancy becomes more obvious. Many women begin to feel better physically. Energy levels improve, and morning sickness usually goes away. Your partner will start to feel the baby move. This typically happens at about 20 weeks of pregnancy, but it can happen earlier or later.

Many couples take childbirth classes at the hospital where they plan to have the baby. Classes are a great way to learn what to expect during labor and delivery and how to support your partner during childbirth. You also can meet and talk with other expecting parents.

What happens during the third trimester of pregnancy?

The last trimester (weeks 28–40) usually is the most uncomfortable for your partner. It also can be a very busy time as you prepare for the baby. Your partner may feel discomfort as the baby grows larger and her body gets ready for the birth. She may have trouble sleeping, walking quickly, and doing routine tasks. It is normal for both of you to feel excited and nervous.

What lifestyle changes do my partner and I need to make during pregnancy?

Your partner needs to make her health a top priority during pregnancy, and you can support her by doing this too. Eat healthy meals together, and make sure that she gets plenty of rest. Exercise during pregnancy also is important. It is especially important for your partner to avoid harmful substances such as smoking, alcohol, and illegal drugs.

No amount of alcohol is considered safe during pregnancy. Illegal drugs, such as heroin, cocaine, methamphetamines, and prescription drugs used for a nonmedical reason, can harm a developing baby. And although marijuana is legal in some states, its use is not recommended during pregnancy. Women who use these substances may have other unhealthy behaviors, such as poor nutrition, that are known to be harmful during pregnancy.

Do I need to quit smoking if my partner is pregnant?

You and your partner should both avoid smoking. Smoking during pregnancy increases the risk of fetal growth problems and preterm birth. Secondhand smoke also is harmful. Pregnant women who breathe in secondhand smoke have an increased risk of having a low-birth-weight baby. Infants and children who are around secondhand smoke have higher rates of asthma attacks, respiratory infections, ear infections, and ***sudden infant death syndrome (SIDS)*** than those who are not. For all of these reasons, smoking should not be allowed in your home or car.

Is it safe to have sex during pregnancy?

Unless your partner's ***obstetrician*** or other health care professional has told her otherwise, you can have sex throughout pregnancy. You may need to try new positions as your partner's belly grows. Also, keep in mind that intercourse may be uncomfortable at times for your partner.

Please note! We recommend avoiding intercourse until your first pregnancy ultrasound, and check with your doctor after that. Avoid intercourse if you are having any cramping or bleeding. Intercourse and orgasm can cause spotting and cramping, which can be stressful. - *Columbia Fertility*

How can I help prepare for labor and delivery?

There is plenty you can do to help make labor and delivery go as smoothly as possible:

- Tour the hospital. The tour is a good time to ask about the hospital's policies on who can be in the room during labor and delivery, whether you can stay overnight in the room, and if you can take pictures or videotape the birth. Also ask about parking areas at the hospital and where to check in.
- Install a rear-facing car seat. You cannot take your baby home unless you have an infant car seat. Plan to get a rear-facing car seat well before the due date and make sure it is installed correctly. The "Parents Central" web site at www.safercar.gov offers tips on choosing and installing the car seat that is best for your baby.
- Get vaccinated. If it is flu season (October to May), get a flu shot. The Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists recommend that everyone 6 months of age and older get the flu vaccine each year. They also recommend that everyone who will be in contact with the baby receive a dose of the ***tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine*** at least 2 weeks before.

How can I help my partner during labor and delivery?

During this time, you can

- help distract your partner by playing games with her or watching a movie during early labor
- take short walks with her, unless she has been told to stay in bed
- time her contractions
- massage her back and shoulders between contractions
- offer comfort and words of support
- encourage her during the pushing stage

Some partners decide not to attend the labor and birth. Even if you are not in the room, your partner will get plenty of help during labor and delivery from the hospital staff. Friends or family members can offer support. You also can hire a childbirth assistant called a ***doula***.

When can we take our baby home from the hospital?

After the baby is born, you most likely can take your new family home after 1–2 days. If your partner had a ***cesarean delivery***, she and the baby may need to stay in the hospital longer.

What is postpartum depression?

It is very common for new mothers to feel sad, upset, or anxious after childbirth. Many have mild feelings of sadness called ***postpartum*** blues or "baby blues." When these feelings are more extreme or last longer than a week or two, it may be a sign of a more serious condition known as ***postpartum depression***. Often, women with postpartum depression are not aware they are depressed. It is their partners who first notice the signs and symptoms.

What are the signs and symptoms of postpartum depression?

The following are signs of postpartum depression:

- The baby blues do not start to fade after about 1 week, or the feelings get worse.
- She has feelings of sadness, doubt, guilt, or helplessness that seem to increase each week and get in the way of her normal routine.
- She is not able to care for herself or her baby.
- She has trouble doing tasks at home or on the job.
- Her appetite changes.
- Things that used to bring her pleasure no longer do.
- Concern and worry about the baby are too intense, or interest in the baby is lacking.
- She feels very panicked or anxious. She may be afraid to be left alone with the baby.
- She fears harming the baby. These feelings may lead to guilt, which makes the depression worse.
- She has thoughts of self-harm or suicide.

If your partner shows any of these signs, tell her of your concerns. Listen to her and support her. Assist in getting her the professional help she may need.

You also should be aware that all new parents can have postpartum depression. Talk to a health care professional if you have any of the signs.

How can I feel involved when my partner is breastfeeding?

Medical experts agree that breastfeeding provides the greatest health benefits for most women and their babies. Some partners feel left out when watching the closeness of breastfeeding. But if your partner has chosen to breastfeed, there are ways you can share in these moments:

- Bring the baby to her for feedings.
- Burp and change the baby afterward.
- Cuddle and rock the baby to sleep.
- Help feed your baby if your partner pumps her breast milk into a bottle.

When is it OK to have sex again after the baby is born?

There is no set "waiting period" before a woman can have sex again after giving birth. Some health care professionals recommend waiting 4–6 weeks. The chances of a problem occurring, like bleeding or infection, are small after about 2 weeks following birth. If your partner has had an ***episiotomy*** or a tear during birth, she may be told to not have intercourse until the site has completely healed.

Glossary

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Doula: A birth coach or aide who gives continual emotional and physical support to a woman during labor and childbirth.

Episiotomy: A surgical incision made into the perineum (the region between the vagina and the anus) to widen the vaginal opening for delivery.

Estimated Due Date (EDD): The estimated date that a baby will be born.

Last Menstrual Period (LMP): The date of the first day of the last menstrual period before pregnancy that is used to estimate the date of delivery.

Obstetrician: A physician who specializes in caring for women during pregnancy, labor, and the postpartum period.

Postpartum: A term that generally refers to the first weeks or months after childbirth.

Postpartum Depression: Intense feelings of sadness, anxiety, or despair after childbirth that interfere with a new mother's ability to function and that do not go away after 2 weeks.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Preterm: Born before 37 completed weeks of pregnancy.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant and in which the cause is unknown.

Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis (Tdap) Vaccine: A vaccine that includes a combination of tetanus toxoid, diphtheria toxoid, and acellular pertussis.

Trimesters: The three 3-month periods into which pregnancy is divided.

Ultrasound Exam: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

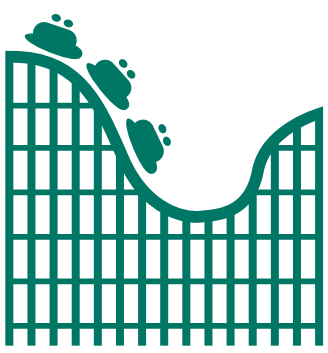
If you have further questions, contact your obstetrician–gynecologist.

What if the "happiest time of your life" doesn't feel so happy?

It seems like everywhere you look, you see happy moms. But the truth is, pregnancy and childbirth can bring a mix of emotions, including feeling sad and feeling overwhelmed. Many women may experience these emotions, which may be signs of depression and anxiety, before and after birth.

Contact a health care provider if you experience:

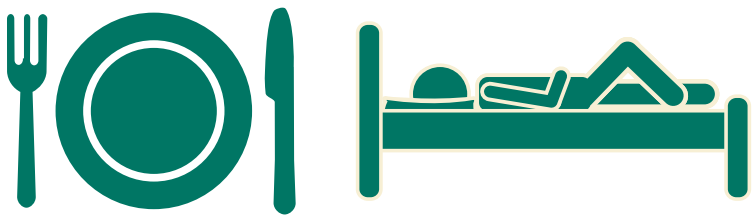
Intense anger, worry, or unhappiness



Extreme mood swings

Difficulty caring for yourself or your baby

Less interest in things you used to enjoy



Changes in your eating or sleeping habits

Reach out if you don't feel right.

To learn more, visit **nichd.nih.gov/MaternalMentalHealth**.
To find a mental health provider in your area, call **1-800-662-HELP (4357)**.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

NATIONAL CHILD & MATERNAL HEALTH EDUCATION PROGRAM

Action Plan for Depression and Anxiety Around Pregnancy

Having a baby brings a mix of emotions, including feeling sad and feeling overwhelmed. Many women experience deeper signs of depression and anxiety before and after birth. Be prepared. **Watch for the signs.**

If you...

- Feel like you just aren't yourself
- Have trouble managing your emotions
- Feel overwhelmed but are still able to care for yourself and your baby

You may be experiencing mood swings that happen to many pregnant women and new moms.

These feelings typically go away after a couple of weeks.

- Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team up with another mom to share child care so that you can rest and exercise.
- Continue to watch for the signs of depression and anxiety in the yellow and red sections below. If things get worse, find someone to talk to. Talk to a health care provider if you feel unsure.

If you...

- Have feelings of intense anxiety that hit with no warning
- Feel foggy and have difficulty completing tasks
- Feel "robotic," like you are just going through the motions
- Have little interest in things that you used to enjoy
- Feel very anxious around the baby and your other children
- Have scary, upsetting thoughts that don't go away
- Feel guilty and feel like you are failing at motherhood

You may be experiencing postpartum depression and anxiety.

These feelings will not go away on their own.

- Get help. Contact your health care provider or visit a clinic.
- Call Postpartum Support International at **1-800-944-4PPD (4773)** to speak to a volunteer who can provide support and resources in your area.
- Talk to your partner, family, and friends about these feelings so they can help you.

If you...

- Feel hopeless and total despair
- Feel out of touch with reality (you may see or hear things that other people don't)
- Feel that you may hurt yourself or your baby

Get help now!

- Call **9-1-1** for immediate help.
- Call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** for free and confidential emotional support—they talk about more than suicide.
- Call the Substance Abuse and Mental Health Services Administration's National Helpline at **1-800-662-HELP (4357)** for 24-hour free and confidential mental health information, treatment, and recovery services referral in English and Spanish.

Depression and Anxiety Happen. **Getting Help Matters.**

To learn more, visit nichd.nih.gov/MaternalMentalHealth.
To find a mental health provider in your area, call 1-800-662-HELP (4357).

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

National Child & Maternal Health Education Program

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

Moms' Mental Health Matters

Depression and Anxiety Around Pregnancy

Depression and anxiety can happen during pregnancy or after birth. Learn the signs and how to get help.

Moms-to-be and Moms

Pregnancy and a new baby can bring a range of emotions. In fact, many women feel overwhelmed, sad, or anxious at different times during their pregnancy and even after the baby is born. For many women, these feelings go away on their own. But for some women, these emotions are more serious and may stay for some time.

Depression and anxiety that happen during pregnancy or anytime during the first year after the birth of your baby are medical conditions. These feelings are not something you caused by doing or not doing something. And, they can be treated if you seek help.

What are depression and anxiety?

Depression—feeling sad, empty, and/or "down"—and **anxiety**—feeling nervous, worried, and/or scared—are serious medical conditions that involve the brain and may occur during pregnancy or after birth

These feelings go beyond what people may experience when they have a bad day or are nervous about an upcoming event. They are also more than "just feeling moody" or having the "baby blues."

Depression and anxiety may get in the way of doing everyday activities, like taking care of yourself and your baby. They are long lasting and won't go away on their own. But they are treatable, which is why it's important to get help.

Are you talking about postpartum depression?

Postpartum depression is one name you might hear for depression and anxiety that can happen during and after pregnancy. But it might not be the best way to describe what women feel.

The word "postpartum" means "after birth," so "postpartum depression" is talking only about depression after the baby is born. For many women, this term is correct: they start feeling depression sometime within the first year after they have the baby.

But research shows that some women start to feel depression while they're still pregnant. You might hear the term "perinatal depression" to describe this situation. The word "perinatal" describes the time during pregnancy or just after birth.

Researchers believe that depression is one of the most common problems women experience during and after pregnancy.

We now know that women may also experience anxiety around the time of pregnancy, beyond just being nervous about having a baby. Anxiety during and after pregnancy is as common as depression and may even happen at the same time as depression. So, you also may hear "perinatal depression and anxiety" or "perinatal mood and anxiety disorders" used to describe all of what women might feel.

No matter what you call them, depression and anxiety that happen during pregnancy or after birth are real medical conditions, and they affect many women.

What are some signs of depression and anxiety?

Women with depression or anxiety around pregnancy tell us that they feel:

- Extremely sad or angry without warning
- Foggy or have trouble completing tasks
- "Robotic," like they are just going through the motions
- Very anxious around the baby and their other children
- Guilty and like they are failing at motherhood
- Unusually irritable or angry

They also often have:

- Little interest in things they used to enjoy
- Scary, upsetting thoughts that don't go away

How common are depression and anxiety during pregnancy or after birth?

As mentioned above, researchers believe that depression is one of the most common problems women experience during and after pregnancy. According to a national survey, about 1 in 8 women experiences postpartum depression after having a baby.

Anxiety during and after pregnancy is as common as depression and may happen at the same time as depression.

You may feel like you're the only person in the world who feels depressed and anxious during pregnancy or after your baby is born, but you are not alone.

What are the risk factors for depression and anxiety during pregnancy or after birth?

Depression and anxiety during pregnancy or after birth can happen to anyone. However, several factors make some women more likely than others to experience one or both of these conditions. These risk factors include:

- A history of depression or anxiety, either during pregnancy or at other times[1]
- Family history of depression or anxiety[2]
- A difficult pregnancy or birth experience[3]
- Giving birth to twins or other multiples[4]
- Experiencing problems in your relationship with your partner[5]
- Experiencing financial problems[6]
- Receiving little or no support from family or friends to help you care for your baby[7]
- Unplanned pregnancy[8]

Depression and anxiety during pregnancy or after birth don't happen because of something you do or don't do—they are medical conditions. Although we don't fully understand the causes of these conditions, researchers think depression and anxiety during this time may result from a mix of physical, emotional, and environmental factors.

Can depression and anxiety during pregnancy or after birth affect my baby?

Yes—these medical conditions can affect your baby, but not directly. Early mother-child bonding is important for your baby's development and becoming close to your baby is a big part of that bonding. When you have depression or anxiety during pregnancy or after birth, it can be hard to become close to your baby. You may not be able to respond to what your baby needs. And, if there are older children in the house, they may be missing your support as well.

Early treatment is important for you, your baby, and the rest of your family. The sooner you start, the more quickly you will start to feel better.

Are there treatments for depression or anxiety during pregnancy or after birth?

Yes, there are treatments, and they can help you feel better. Treatment can reduce your symptoms or make them go away completely.

Many treatment options are available for depression or anxiety during pregnancy or after birth. Some women may participate in counseling ("talk therapy"); others may need medication. There is no single treatment that works for everyone.

Your provider may ask you a set of questions, called a screening, to learn more about what you are feeling. Together, you can find the treatment that is right for you. Some treatments for depression and anxiety that occur during or after pregnancy are listed below.

Counseling ("Talk Therapy")

Some women find it helpful to talk about their concerns or feelings with a mental health provider. Your provider can help you find ways to manage your feelings and to make changes to help ease the depression or anxiety.

Medication

Several medications can treat depression and anxiety effectively and are safe for pregnant women and for breastfeeding moms and their babies. Talk with a health care provider about medications that may be right for you. You can also visit the U.S. Food and Drug Administration to learn about drugs and their possible effects on a breastfed baby.

Is there anything I can do in addition to treatment?

There are some things you can do, in addition to treatment, that may help you feel better.

- **Connect with other moms:** Look for a moms' group in your community or online. These groups may give you the chance to learn from others who are going through or have gone through the same thing and to share your own feelings. Postpartum Support International (PSI) can help you locate groups in your area. Postpartum Progress® offers a private online community so you can connect with other moms no matter where you live.

- **Make time for yourself:** Do something for you, like getting out of the house, or taking a hot bath without interruption. If you can, have your partner, a family member, or babysitter watch the baby regularly and go visit a friend or run an errand.

- **Do something you enjoy:** Whether it is listening to music, reading a book, or watching a favorite movie, take a bit of time each day to do something you enjoy.

- **Be realistic:** You don't have to do everything. You don't have to have the "perfect" home. Just do what you can and leave the rest.

- **Ask for help:** Don't be afraid to ask for help from family and friends, whether it's caring for the baby or doing household chores.

- **Rest when the baby rests:** Sleep is just as important for you as it is for the baby. Sleep when the baby sleeps, during naps and at night.

- **Be with others:** Seek out other adults, like family and friends, who can provide comfort and company. Regularly create a special time for you and your partner or for you and a friend to be together.

Can I prevent depression or anxiety during pregnancy or after birth?

Currently, there is no known way to prevent depression or anxiety that occurs during pregnancy or after the birth of your baby. But knowing what signs and symptoms to watch for during and after pregnancy can help you prepare and get help quickly. Here's what you can do:

- Find out whether you have factors that put you at greater risk for depression and anxiety during pregnancy and after birth.
- Talk with a health care provider about depression and anxiety around pregnancy and learn what to watch for.
- Learn as much as you can about pregnancy, childbirth, and parenthood so you know what to expect.
- Set realistic expectations for yourself and your family.
- Do things in addition to seeking treatment that may help you feel better
- Plan ahead. While you're pregnant, think about who can give you support and help when your baby comes. Talk with that person about helping you so that you can both prepare.

Remember, depression and anxiety that happen during pregnancy or after the birth of your baby are not things you cause—they are medical conditions that require medical care.

Source: https://www1.nichd.nih.gov/ncmhep/initiatives/moms-mental-health-matters/moms/Pages/default.aspx

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2. Dietz, P.M., Williams, S.B., Callaghan, W.M., Bachman, D.J., Whitlock, E.P., & Hornbrook, M.C. (2007). Clinically identified maternal depression before, during, and after pregnancies ending in live births. *American Journal of Psychiatry,164*(10), 1515–1520.
3. Blom, E.A., Jansen, P.W., Verhulst, F.C., Hofman, A., Raat, H., Jaddoe, V.W., et al. (2010). Perinatal complications increase the risk of depression or anxiety during pregnancy or after birth. The Generation R Study. *BJOG: An International Journal of Obstetrics and Gynaecology, 117*(11), 1390–1398.
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5. Robertson, E., Grace, S., Wallington, T., & Stewart, D.E. (2004). Antenatal risk factors for depression or anxiety during pregnancy or after birth: A synthesis of recent literature. *General Hospital Psychiatry, 26*(4), 289–295.
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Support and Resources

New York Presbyterian Hospital Healthy Baby Program

T: 212-297-5557
Helps pregnant women enroll in early prenatal care programs; provides support and assistance to women with high-risk pregnancies.

Healthy Families Program

healthyfamiliesnewyork.org
Locations throughout 5 boroughs

A statewide program that provides expectant and new parents with comprehensive support to ensure that healthy developments of their children, reduce parental stress and integrate a healthy focus on child development into family life. Services include: Games and activities to help families feel happy, healthy and strong. Education and information about fetal, infant and child development. Support adjusting to and caring for new babies. Talk about issues and challenges. Education and encouragement around prenatal care, well-baby visits and immunizations. Help accessing resources in the community, including childcare, medical care, and headstart. Prenatal yoga, infant massage classes. Some sites have mental clinics on site. Services are provided in various languages depending on the area.Will accompany family to court if needed For example, in LES, services are provided in Chinese, Spanish and English. If parents are separate they will invite other parent to join as long as everyone agrees and there are no order of protection in place. Will work with coure-involved parents; most cases are usually child support and custody agreement. Pre-natal to age 5.

Nurse Family Partnership

www.nursefamilypartnership.org
Locations throughout 5 boroughs

A free, voluntary program that partners first-time mothers with nurse home visitors. When the mother enrolls in the program, a specially trained nurse will visit her throughout her pregnancy until the baby turns 2 years old. During these visits, the nurse will offer knowledge and support needed to create a better life for the mother and baby. Focuses on: Learning about child development. Preparing for birth. Coaching and Empowerment. Address any questions or concerns.

Bright Beginnings at Henry Street Settlement

www.henrystreet.org
265 Henry Street
New York, NY 10002
Tera Gurney @ 212-471-2400 Ext. 218 or tgurney@henrystreet.org

Ackerman Institute pairs with Henry Street Settlement to provide six-week group for expectant mothers. This group will focus on: Preparing for birth, reflecting upon feelings around pregnancy, developing a positive parenting style

Backlineyourbackline.org

888-493-0092

Offers free, peer-based phone counseling and support for pregnant women. Promotes unconditional and judgement-free support for people in all of their decision, feeling and experiences with pregnancy, parenting, adoption and abortion. Also can speak to partners, parents, friends and loved ones who want to talk about their own feeling and/or how they can support someone in their lives.

Resource List

Therapists

Patricia Mendell, LCSW

902 Broadway, Apt 8A

Brooklyn, NY 10010

(212) 819-1178/1130

Michele Carroll, LCSW/Psychotherapist

19 West 34th Street PH

New York, New York 10001

(646) 798-5821

Nora Spielman, LCSW/Psychotherapist

161 Madison Ave., Suite 10NW

New York, NY 10016

(917) 968-0436

Noraspielman.lcsw@gmail.com

Psychiatrists

Sabrina Kahn, MD, Reproductive Psychiatrist

138 West 25th Street, Suite 606

New York, NY 10001

(646) 530-8717

Carly Snyder, MD, Reproductive Psychiatrist

201 East 87th St #16J

New York, NY

(212) 348-0175

Nutritionist

BeWell Integrative Health Services

*virtual tele-consultations available

(973) 975-0280

info@bewellmorristown.com