

Pregnancy is a good time to do more of the things that will help keep you and your baby healthy.

Building Healthy Habits

Try to focus on:

- ✓ eating nutritious foods (see [Eating Well for Pregnancy](#))
- ✓ getting regular physical activity (see [Taking Care of Yourself](#))
- ✓ finding health care providers you trust and going to prenatal care appointments (see [Health Care During Pregnancy](#))
- ✓ brushing your teeth, flossing and seeing a dental professional
- ✓ quitting or reducing smoking, vaping and nicotine use
- ✓ building a support team of family, friends and community members (see [Your Circle of Support](#))
- ✓ keeping immunizations up-to-date and practicing hand hygiene. To learn more see: gov.bc.ca/gov/content/covid-19/info/response



DID YOU KNOW?

Good dental care is especially important during pregnancy. Brush your teeth and floss regularly. See a dentist and/or a dental hygienist if possible and let them know you're pregnant when you visit.

Reducing the Risks

By making changes to your lifestyle, you can lower the risks to you and your baby. Help is available. Talk with your health care provider.

Hot baths, hot tubs and saunas

Hot baths, hot tubs, saunas and other hot, enclosed spaces can raise your body temperature. When you're pregnant and you get overheated, your baby's temperature goes up, too. This can affect their development.

Lower the risk:

- Keep the water temperature below 38.9°C (102°F).
- Limit your time to 10 minutes.
- Have another adult with you.
- Get out right away if you feel dizzy or faint or have a fast pulse, irregular heartbeat, stomach pain or tingling in your feet or hands.
- Sit with your arms and chest above water.

Caffeine

Caffeine is fine in small amounts, but too much is not good for you or your baby. And it can keep both of you awake.

Lower the risk:

- Limit caffeine to 300 mg a day (2 cups/500 ml of coffee or 4 cups/1000 ml of tea containing caffeine).
- Remember that caffeine is found in things other than tea and coffee, like chocolate, pop and energy drinks.
- Try decaffeinated tea and coffee.



WHAT YOU CAN DO

Do your part to raise a healthy baby: make nutritious meals, exercise with your partner and plan social activities that don't involve alcohol. If you smoke, take time to learn how it can affect your baby and what you can do to stop or cut down. (See [Nicotine](#) or [commercial tobacco](#))

X-rays and CT scans

X-rays and CT scans may expose your baby to radiation, which could cause birth defects or growth issues.

Lower the risk:

- Before any medical or dental work, tell your technician if you're pregnant or breastfeeding or chestfeeding. Your health care provider will recommend the safest test possible.

Pets

Pets, especially cats, can carry a parasite in their poop that can cause a serious infection ("toxoplasmosis") and lead to miscarriage or birth defects.

Lower the risk:

- Have someone else empty the litter box daily. If you do it yourself, wear disposable gloves and avoid breathing in the dust, then wash your hands well.
- If possible, keep your cat indoors.
- Wear gloves when gardening to avoid direct contact with soil that may have cat waste in it.
- Wash your hands well with soap and water after touching pets.

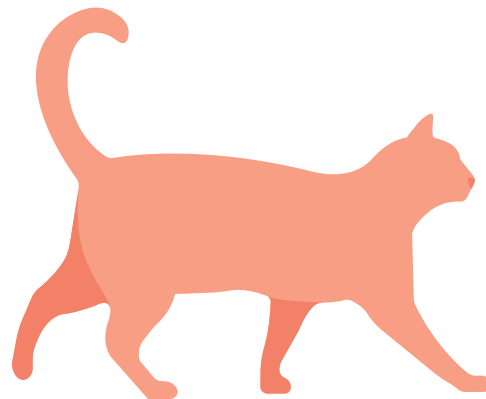


Domestic violence

Violence toward you puts both you and your unborn baby at risk. If your partner(s) abuses you physically, sexually, emotionally or verbally during pregnancy, your baby could also be injured. Your unborn baby may be affected by the stress you feel. After birth, even if a child doesn't actually see the abuse, they will feel the tension and fear in the home. This can harm their development and lifelong health.

Lower the risk:

- Seek help. Start by talking about it and take action at your own pace.
 - Call VictimLink BC for 24-hour support in 240 languages: 1-800-563-0808 (toll-free) or victimlinkbc.ca.
 - Talk with your health care provider or a violence worker.
 - Contact bc211 (dial 2-1-1) to find services and supports.
 - Call 9-1-1 for emergency help.



Medications

Many medications are safe to take during pregnancy and while breastfeeding or chestfeeding. But some – including natural remedies, traditional medicines, and prescription and non-prescription medicines, like Advil (ibuprofen) – may be unsafe during pregnancy. Using opioids (like morphine, oxycodone and fentanyl) during pregnancy can increase your risk of miscarriage, preterm birth and low birth weight. Opioid use can also cause your newborn to go through withdrawal, as can using sedatives such as Xanax, Valium and Ativan (benzodiazepines) during pregnancy.

Lower the risk:

- Talk to your health care provider or pharmacist. Let them know about all the medications you're taking, including natural ones. They can connect you to supports that can help you make changes so that you and your baby are as safe as possible.
- If you can't see your health care provider right away, call HealthLink BC 8-1-1 to talk with a nurse or pharmacist. Some medications, like those for seizures, should not be stopped suddenly.
- Never take sedatives along with opioids or alcohol.
- Talk with a health care provider about any teas, tinctures or other natural remedies you may be considering using while pregnant.
- Speak with an herbalist or Elder for information on the use of traditional medicines during pregnancy.

Non-prescription opioids and stimulants

Non-prescription opioids and stimulants can put you and your baby at very serious risk. Using drugs like cocaine and crystal meth (methamphetamine) during pregnancy raises the risk of sleep-related infant death and can cause the placenta to tear away from the wall of the uterus, risking miscarriage and preterm birth. Inhalants – such as glue, gasoline, paint thinner, cleaning fluids, hairspray and spray paint – increase the risk of miscarriage, birth defects and long-lasting problems. These effects are similar to what happens in Fetal Alcohol Spectrum Disorder (FASD) (see next page to learn more about FASD). Non-prescription opioids and stimulants can also restrict your baby's growth and cause them to experience withdrawal.

Remember – you are not alone! If you need help, it is never too late to seek support.

Lower the risk:

- Ask your health care provider for referrals to services that offer respectful support to people using substances during pregnancy.

- Work with your health care provider, outreach nurse or clinic to stop or slowly reduce your use.
- Call HealthLink BC at 8-1-1 anytime to talk with a registered nurse.
- Call the Alcohol & Drug Information Referral Service (ADIRS) anytime, day or night, for free, confidential information: 1-604-660-9382 (lower mainland) or 1-800-663-1441 (anywhere in B.C.).

Nicotine or commercial tobacco

Using nicotine or commercial tobacco can increase the risk of miscarriage, stillbirth, preterm birth, low birth weight and sleep-related infant death. The harms of using nicotine or commercial tobacco are equal no matter how it is used – smoking, vaping or chewing. It is also important to know that exposure to second-hand smoke from nicotine or commercial tobacco is harmful. Exposure to smoke and third hand smoke after birth can reduce your milk supply and puts your baby at much higher risk of sleep-related infant death, ear infections, asthma and bronchitis. It can also increase the chance that your child will become a smoker.

Lower the risk:

- If you are unable to quit all at once, smoke or vape less and less often.
- Keep your car and home smoke and vapour-free.
- Ask others to smoke or vape outside, then wash their hands. If possible, have them change clothes, too.
- Talk to your pharmacist or doctor about the BC Smoking Cessation Program, which provides free and low-cost nicotine replacement products and medications to help you quit.
- Try to quit.

More resources available to help you quit or smoke or vape less:

- Contact Quit Now at quitnow.ca or 1-877-455-2233 (toll-free).
- Talk Tobacco: Indigenous quit smoking and vaping support. smokershelpline.ca/talktobacco/home or 1-833-998-8255 (TALK).
- First Nations Health Authority Resources:
 - FNHA Quitting Commercial Tobacco fnha.ca/Documents/FNHA-Quitting-Commercial-Tobacco-FAQs.pdf
 - FNHA Respecting Tobacco fnha.ca/respectingtobacco



DID YOU KNOW?

It's against the law in B.C. to smoke or vape in cars carrying children under 16 years old.

Alcohol

There is no known safe amount of alcohol during pregnancy. Alcohol during pregnancy can result in Fetal Alcohol Spectrum Disorder (FASD), which can cause your baby serious brain injury and problems with hearing, speech, vision, memory, coordination and learning.

Lower the risk:

- Stop drinking if you're pregnant or planning a pregnancy.
- If you're having trouble stopping completely, reduce the amount you drink. Never have more than 2 drinks at a time.
- Visit bcapop.ca to find a pregnancy outreach program near you.
- Call HealthLink BC at 8-1-1 anytime to talk with a registered nurse.
- Seek support from a public health nurse, social worker or Elder.
- Call the Alcohol & Drug Information Referral Service (ADIRS) for free, confidential information: 1-604-660-9382 (lower mainland) or 1-800-663-1441 (anywhere in B.C.).



BE AWARE

If you're dependent on alcohol or if you go through withdrawal when you stop drinking, it may be dangerous for you to stop suddenly. Seek support from your health care provider or the resources listed here.

Canada's Guidance on Alcohol and Health

Guidance to support people in Canada to make informed decisions about alcohol and consider reducing their alcohol use

A standard drink means:



Beer
341 ml (12 oz) of beer
5% alcohol

or



Cooler, cider, ready-to-drink
341 ml (12 oz) of drinks
5% alcohol

or



Wine
142 ml (5 oz) of wine
12% alcohol

or



Spirits
(whisky, vodka, gin, etc.)
43 ml (1.5 oz) of spirits
40% alcohol

To reduce the risk of harm from alcohol, it is recommended that people living in Canada consider reducing their alcohol use.

Alcohol Consumption Per Week

<p>0 drinks per week Not drinking has benefits, such as better health and better sleep.</p>	No risk	0
<p>1 to 2 standard drinks per week You will likely avoid alcohol-related consequences for yourself and others.</p>	Low risk	1 2
<p>3 to 6 standard drinks per week Your risk of developing several different types of cancer, including breast and colon cancer, increases.</p>	Moderate risk	3 4 5 6
<p>7 or more standard drinks per week Your risk of heart disease or stroke increases. Each additional standard drink Radically increases the risk of these alcohol-related consequences.</p>	Increasingly high risk	7 8 + ++



Alcohol Consumption Per Day

If you are going to drink, don't exceed 2 drinks on any day.
Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.



Pregnant, Trying to Get Pregnant or Breastfeeding

During pregnancy or when trying to get pregnant, there is no known safe amount of alcohol use.
When breastfeeding, not drinking alcohol is the safest.



Sex and Gender

Health risks increase more quickly at 7 or more standard drinks per week for females.
Overall, far more injuries, violence and deaths result from men's drinking.



The Canadian Centre on Substance Use and Addiction was commissioned by Health Canada to produce Canada's Guidance on Alcohol and Health. This document is a summary for the public of the new guidance. For more information, please visit www.ccsa.ca.
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Cannabis (marijuana)

There is no known safe amount of cannabis during pregnancy. Cannabis in any form – smoking, vaping or edibles – can cross the placenta and may affect your unborn baby. Using cannabis when pregnant may lead to low birth weight, stillbirth, preterm birth and birth defects. As your child grows, it may affect their intellectual development – including memory, focus and decision-making. It may also cause problems with sleep and hyperactivity.

Lower the risk:

- Stop using cannabis if you're pregnant or planning a pregnancy. If you have trouble stopping, talk with your health care provider.
- Use less cannabis and use it less often.
- Don't use cannabis with tobacco or other substances or with medications.
- Don't use cannabis to help with morning sickness. Know that there are safer ways to cope (see [Stages of Pregnancy](#)). Talk with your health care provider.
- Choose lower-potency products that have higher levels of CBD (cannabidiol) and lower levels of THC (tetrahydrocannabinol). But be aware that even CBD-only products haven't been proven safe during pregnancy.



DID YOU KNOW?

It's possible to become dependent on cannabis.



TRY THIS

Talk to your friends and family about any lifestyle changes you want to make while you're pregnant. Ask them to help you meet your goals for a healthy pregnancy – by not smoking cigarettes or cannabis around you, for example.

Sexually transmitted infections (STIs)

Sexually transmitted infections (STIs) can cause problems with your pregnancy, increase the risk of preterm labour and harm your baby.

Lower the risk:

- Use condoms.
- Discuss your sexual practices with your health care provider.
- Make sure that both you and your partner(s) get tested for STIs early in your pregnancy. Better yet, get tested before you get pregnant.
- If you have sex with a new partner, use a condom and get tested for STIs.



DID YOU KNOW?

Testing for STIs is a regular part of prenatal care that helps make sure that you and your baby are as healthy as possible. You can get STIs while you're pregnant and not even have symptoms, but you can be treated with antibiotics that are safe to take during pregnancy.

B.C. and other parts of Canada have seen an increase in the number of cases of congenital syphilis, which is when a baby is infected during pregnancy. If not diagnosed and or treated early, this may cause fetal loss, still birth or other serious health problems. It is very important in pregnancy to have your regular prenatal follow ups and get routine testing. Help keep yourself and others healthy by learning more about how syphilis spreads, symptoms to look out for and when to get tested:

BCCDC Smart Sex Resource

smartsexresource.com/sexually-transmitted-infections/stis-conditions/syphilis/

PSBC Syphilis in Pregnancy

perinatalervicesbc.ca/Documents/Resources/Alerts/patient-resource-syphilis-in-pregnancy.pdf

HealthLink BC has more information about common risks during pregnancy and how to protect yourself and your baby. Visit healthlinkbc.ca or call 8-1-1 to talk with a nurse or other health care professionals.

Sexually Transmitted Infections You Can Pass to Your Baby

Infection	Way Transferred to Baby	Symptoms	Treatment	Risks if Untreated	Prevention
<p>Chlamydia Diagnosed by urine test or testing a swab of fluids from the vagina.</p>	During birth.	<p>Parent: Usually no symptoms. May have pain when peeing, vaginal discharge or stomach pain.</p>	<p>Parent, partner(s) and baby: Antibiotics.</p>	<p>Parent: Preterm labour, premature breaking of water.</p> <p>Baby: Pneumonia, eye infections, blindness.</p>	<p>Parent: Treat parent before birth to prevent infecting baby.</p> <p>Partner(s): Treat partner(s) to avoid re-infection.</p> <p>Baby: Antibiotic eye ointment may be recommended for baby after birth.</p>
<p>Gonorrhea Diagnosed by urine test or testing a swab of fluids from the vagina.</p>	During pregnancy or birth.	<p>Parent: Pain in lower stomach, vaginal discharge, pain when peeing, or no symptoms.</p>	<p>Parent, partner(s) and baby: Antibiotics.</p>	<p>Parent: Preterm labour, infertility or future pregnancy losses, pelvic inflammatory disease, reactive arthritis.</p> <p>Baby: Eye infections and blindness.</p>	<p>Parent: Treat parent and partner(s) before birth to prevent infecting baby.</p> <p>Baby: Antibiotic eye ointment may be recommended for baby after birth.</p>
<p>Hepatitis B Diagnosed by blood test.</p>	During birth or by contact with blood.	<p>Parent: Loss of appetite, fever, tiredness, muscle and joint pain, stomachache, nausea, diarrhea, vomiting, dark urine, yellow skin and eyes.</p> <p>Baby: Usually no signs. May have fever, fatigue, vomiting, loss of appetite, yellow skin.</p>	<p>Parent, partner(s): Ongoing antiviral drugs if necessary.</p> <p>Baby: Hep B immunization and hepatitis immunoglobulin.</p>	Liver disease and liver cancer, especially for baby.	<p>Parent: Hep B vaccine. Antivirals if high virus levels during pregnancy.</p> <p>Baby: Hep B vaccine at birth. May also get Hep B immunoglobulin.</p>

Infection	Way Transferred to Baby	Symptoms	Treatment	Risks if Untreated	Prevention
<p>Herpes</p> <p>Diagnosed by a swab or blood test after a sore develops.</p>	<p>Usually during birth. Sometimes before or after birth. During breastfeeding or chestfeeding if there is a sore on or near the nipple.</p>	<p>Parent: Blisters/sores in genital area that appear once or return. May be no signs.</p> <p>Baby: Low energy, fever, low weight gain.</p>	<p>Parent, partner(s) and baby: Ongoing antiviral drugs.</p>	<p>Baby: Skin, eye, mouth or blood infections, seizures. May be fatal.</p>	<p>Avoid sex if you have a sore. Avoid oral sex if your partner(s) has a cold sore. Condoms help but don't guarantee protection. Caesarean birth is recommended if you have an active infection at time of birth.</p> <p>Avoid breastfeeding or chestfeeding if you have open sores on your breast or chest. Hand express or pump milk until healed. Pumped milk can be given to the baby if no part of the pump or your hands has come into contact with a sore. Otherwise, discard the milk.</p>
<p>HIV (Human Immunodeficiency Virus)</p> <p>Diagnosed by blood test.</p>	<p>During pregnancy, birth or breastfeeding or chestfeeding.</p>	<p>Parent: At first – rash, fever, sore throat, severe headache, swollen lymph nodes, nausea, fatigue, mouth sores, vaginal infections, night sweats, vomiting, muscle and joint pain.</p> <p>Baby: Failure to thrive, swollen belly and lymph nodes, diarrhea, pneumonia, oral thrush. May test negative and have no symptoms. Regular testing is important.</p>	<p>Parent, partner(s) and baby: Ongoing antiviral drugs.</p>	<p>Parent and baby: Advanced HIV or AIDS.</p>	<p>Parent: Ongoing antiretroviral therapy during pregnancy and after birth.</p> <p>Baby: 6 weeks antiviral therapy after birth. Baby should not be breastfed or chestfed.</p>

Infection	Way Transferred to Baby	Symptoms	Treatment	Risks if Untreated	Prevention
<p>Syphilis Diagnosed by blood test.</p>	During pregnancy or birth.	<p>Parent: Many have no symptoms. Some have a small, painless sore in genital area, then fever, rash, headache, swollen glands.</p>	<p>Parent, partner(s) and baby: Antibiotics (during pregnancy or to newborn).</p>	<p>Parent: Nervous system, eye and heart problems and preterm labour.</p> <p>Baby: Stillbirth or physical and mental problems.</p>	<p>Early treatment of parent usually prevents infection in baby.</p> <p>Prevent baby's contact with a sore. Avoid skin-to-skin contact and breastfeeding or chestfeeding if you have open sores on your breast or chest. Hand express or pump milk until healed. Pumped milk can be given to the baby only if no part of the pump, your hands or the milk have come into contact with a sore. Otherwise, discard the milk.</p>
<p>Zika Virus Diagnosed by blood or urine test.</p>	During pregnancy.	<p>Parent: A week of mild fever, rash, muscle and joint pain, irritated eyes, headache.</p>	<p>Parent: Usually cures on its own.</p> <p>Baby: Ongoing support and treatment to help child cope with developmental delays and other challenges.</p>	<p>Baby: Can affect brain development which could lead to an abnormally small head ("microcephaly") and cause developmental delays, epilepsy and hearing and vision problems.</p>	<p>Use condoms (and barrier protection for oral sex) if partner(s) has travelled to areas with Zika. Avoid any type of sexual contact with infected partners. While pregnant, avoid travel to areas where Zika is present.</p>