

## Frequently Asked Questions About Having a Baby in the 21<sup>st</sup> Century

**Question:** Is it safe to dye your hair during pregnancy?

**Answer:** Historically, physicians advised women against dyeing their hair while pregnant because it was thought to be potentially harmful to the fetus. However, today it is believed that hair dyes are most likely safe to use during pregnancy since very little is absorbed through the skin. Women should realize, though, that because pregnancy causes a change in hormone levels, the hair color may not come out as expected.

**Question:** Is it safe to have sex during pregnancy?

**Answer:** Yes, sexual activity during pregnancy is safe for most women right up until labor, unless a woman's ob-gyn has advised against it. Couples may need to try different positions as the woman's stomach grows, however. Women may be advised to limit or avoid sex if they've had preterm labor or birth, more than one miscarriage, placenta previa, infection, bleeding, and/or breaking of the amniotic sac or leaking amniotic fluid.

**Question:** How soon after birth can sex begin?

**Answer:** Most women will need about 4 to 6 weeks after delivery to heal. Women who have had a cesarean delivery may take a little longer to heal before their ob-gyn gives the green light for sexual activity. It is fine to resume sex after the cervix has closed (usually around 4 weeks after delivery) and as soon as intercourse is comfortable, but the healing process should be complete to avoid hurting fragile tissues. Some women, however, may find that they don't have much interest in sex after giving birth due to fatigue, stress, fear of pain, lack of opportunity and/or lack of desire. This is usually temporary, though.

**Question:** Is it safe to drink coffee and other beverages containing caffeine during pregnancy?

**Answer:** There's no proof that small amounts of caffeine (for instance, 1 or 2 cups of coffee daily) cause problems during pregnancy.

**Question:** What is ACOG's (the American College of Ob/Gyn's) position on storing umbilical cord blood?

**Answer:** ACOG believes that there are many questions about this technology that remain unanswered. Parents should not be sold this service without a realistic assessment of their likely return on the investment. The odds of needing a stem cell transplant are low -- estimated at between 1 in 1,000 and 1 in 200,000 by age 18. Commercial cord blood banks should not represent the service they sell as "doing everything possible" to ensure the health of children, nor should parents be made to feel guilty if they are not eager or able to invest considerable sums in such a highly speculative venture.

**Question:** What does ACOG say regarding 'water births?'

**Answer:** ACOG's Committee on Obstetric Practice addressed the issue of warm-water immersion for laboring women and for delivery of infants. The Committee felt that there are insufficient data, especially concerning rates of infection, to render an opinion on whether warm-water immersion is a safe and appropriate birthing alternative. The Committee also felt that this procedure should be performed only if the facility can be compliant with OSHA standards regarding infection. See related concerns below regarding home births.

**Question:** What is ACOG's position on home births?

**Answer:** Labor and delivery, while a physiologic process, clearly presents potential hazards to both mother and fetus before and after birth. These hazards require standards of safety that are

provided in the hospital setting and cannot be matched in the home situation. ACOG supports those actions that improve the experience of the family while continuing to provide the mother and her infant with accepted standards of safety available only in hospitals that meet the standards outlined by the American Academy of Pediatrics and The American College of Obstetricians and Gynecologists.

**Question:** Should pregnant women avoid certain foods to prevent listeriosis?

**Answer:** Yes, pregnant women should not consume unpasteurized milk or soft cheeses; cold meats; or undercooked or raw animal foods such as meat, fish, shellfish, or eggs. And, all fresh fruits and vegetables should be washed thoroughly before consumption. Listeriosis is an illness caused by bacteria found in certain food and can cause serious problems for the fetus. It can also cause miscarriage.

**Question:** Is it safe for women to eat fish while pregnant?

**Answer:** The US Food and Drug Administration (FDA) recently issued a consumer advisory about the dangers of eating fish for nursing mothers and women who are or who may become pregnant. The risk of eating fish for these women is due to methylmercury, a naturally occurring element in the environment as well as a byproduct of industrial pollution. Mercury poses a danger to the developing fetus, nursing infant, and young child. Nearly all fish contain trace amounts of mercury, but only the long-lived, larger fish such as shark, swordfish, king mackerel, and tile fish that eat other fish accumulate the highest levels of mercury. The FDA therefore advises that pregnant or nursing women can safely eat 12 ounces per week of cooked fish if they select the smaller fish and eat a variety of fish. In addition, the Environmental Protection Agency (EPA) also recommends that pregnant women and young children limit their consumption of freshwater fish caught by family and friends to no more than one meal per week. The EPA specifies no more than 8 ounces of uncooked fish per week for adults and 3 ounces for young children.

**Question:** What does ACOG say about screening strategies for preterm labor?

**Answer:** ACOG points out that there are no current data to support the use of salivary estriol tests, home uterine activity monitoring, or bacterial vaginosis screening strategies to identify the risk of or prevent preterm birth. Widespread screening for risk of preterm labor is not beneficial in the general obstetric population. Ultrasonography to determine the cervical length and/or fetal fibronectin screening may be useful in determining who is at high risk for preterm labor, but the benefit may be mainly to rule out those who are not at high risk for preterm birth. Fetal fibronectin should be used only between 24 weeks and 34 weeks gestation in women with intact amniotic membranes and minimal cervical dilation (<4 cm). In addition, test results must be available from a lab in a timely fashion, ideally within 24 hours.