

Pregnant? Hoping to be? Or not? Doctors point to these 9 resources



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The stakes are high for everyone during pregnancy, from the baby to the parents to the village around them. And there is an almost endless list of issues to keep track of during this special time, including which supplements to take, which substances to avoid and when to look for professional help. Don't rely on social media for answers to these questions—look instead to experts who have been at the leading edge of medical research for decades.

The JAMA Network® has created easy-to-understand [Patient Pages](#) drawing on content from JAMA®—one of the world's top general medical journals—along with a dozen other peer-reviewed journals published by the AMA to make the most accurate, up-to-date medical information available to patients just like you.

Patient Pages provide basic definitions of conditions or issues, along with details of symptoms, consequences, diagnosis, treatment and prevention. These resources, illustrated by JAMA medical illustrators, are always free to access.

This article highlights Patient Pages relevant to pregnancy, including how to prepare for it and what to do if something goes wrong.

1 **“Over-the-Counter Progestin-Only Oral Contraceptives”**

“Oral contraceptives are pills that prevent pregnancy,” the Patient Page explains. “Most oral contraceptive pills contain two hormones—estrogen and progestin—that are naturally present in the bodies of individuals who are capable of becoming pregnant. Progestin-only oral contraceptive pills can be used by individuals who should avoid additional estrogen, such as those who smoke, are breastfeeding, or have heart disease or diabetes.”

It goes on to outline the uses and effectiveness of progestin-only pills.

“Opill is a progestin-only pill that contains the progestin hormone (norgestrel) but not estrogen. Progestin-only pills prevent pregnancy by stopping sperm from entering the uterus and may prevent egg release from the ovary in some individuals,” the Patient Page says, noting that Opill became available over the counter in 2024.

“If taken as recommended, progestin-only pills are highly effective at preventing pregnancy,” it notes.

Click through to learn about potential side effects and who should not use progestin-only pills.

Don’t miss this takeaway: “Progestin-only pills are not to be used as emergency contraception after unprotected sex.”

2

“What Is Prepregnancy Care and Counseling?”

“Pregpregnancy care and counseling include steps taken before pregnancy to improve health outcomes for pregnant individuals and their infants,” the Patient Page says.

It then outlines first steps.

“For those desiring pregnancy within the next year, reproductive life planning, individualized counseling and prepgnancy care should be started,” it says.

“Important steps include stopping or changing medications that have potential harmful effects in pregnancy, and genetic counseling for those at risk of inherited conditions. For individuals not planning pregnancy, contraception options should be discussed.”

The Patient Page also lays out several recommended treatments.

“All individuals desiring pregnancy should take folic acid supplements before conception to decrease the risk of neural tube defects, which are serious birth defects involving the brain and spine that occur during the first month of pregnancy,” it says.

Likewise, everyone desiring pregnancy “should also receive vaccinations against hepatitis B and rubella to decrease the risk of congenital infections and to reduce the risk of stillbirth, which is associated with rubella infection. Other recommended vaccinations include influenza (which is associated with increased maternal morbidity during pregnancy), COVID-19 (which is associated with increased maternal and neonatal morbidity and mortality), pertussis, varicella (chickenpox) and human papillomavirus (HPV).”

Click through to learn why it’s important for all individuals interested in pregnancy to be screened for infection and substance use.

And don’t miss this takeaway: “For individuals with a body mass index of 25 or higher, weight loss prior to conception is recommended because overweight and obesity are associated with increased risk of gestational diabetes, gestational hypertension and cesarean delivery.”

3 **“Early Pregnancy Loss”**

This is “the spontaneous loss of a pregnancy during the first trimester,” the Patient Page explains, adding that it affects approximately 1 million pregnant individuals each year in the U.S.

Early pregnancy loss is most commonly caused by fetal chromosomal abnormalities, it notes.

“Risk factors for early pregnancy loss include older age at onset of pregnancy, prior pregnancy loss, some medical conditions (such as diabetes, hyperthyroidism and lupus), and exposures during pregnancy that may harm a developing fetus (such as alcohol; some viral or bacterial infections; environmental exposure to lead, mercury, or radiation; and certain medications),” it says.

The Patient Page goes on to summarize how early pregnancy loss is diagnosed, as well as how it is managed.

“There are three management options for patients with early pregnancy loss who do not have vaginal bleeding or signs of infection,” it says. They are:

Expectant management, or allowing the body to pass pregnancy tissue without any intervention.

Medication management, which can speed up the expulsion of pregnancy tissue.

Procedural or surgical management, particularly uterine aspiration, which uses gentle suction to remove the contents of the uterus.

“Rare complications following treatment of early pregnancy loss include infection, bleeding, retained products of conception and surgical injury,” the Patient Page says.

Don’t miss this takeaway: “Individuals who chose expectant management or medications should be offered follow-up to ensure complete passage of the products of conception.”

4 “Folic Acid to Prevent Neural Tube Defects”

“Neural tube defects are malformations of the cranium (brain and skull) or spine (spinal cord and backbone) that can occur in fetuses during early pregnancy,” the Patient Page explains. “These malformations occur when the neural tube, an important embryonic structure, does not close properly.”

The two major types of neural tube defects are anencephaly, in which the baby is born without parts of the brain or skull, and spina bifida, where part of the spinal cord protrudes through an opening in the back.

“Because neural tube defects are often severe, treatments are limited. Infants born with anencephaly do not survive more than a few weeks, and those born with spina bifida have varying levels of disability, including weakness and paralysis, and problems with bowel and bladder function. Therefore, prevention is very important,” the Patient Page says.

It goes on to note the benefits of taking folic acid, also known as folate, as deficiency in this vitamin is the primary preventable cause of neural tube defects.

“Folate, or vitamin B₉, is found in many foods, including leafy greens, fruits, nuts, beans, eggs, dairy, seafood and meat. Folic acid refers to the synthetic form of folate that is found in supplements and added to fortified foods,” the Patient Page says.

Click through to learn what causes folate deficiency, and read about the pros and cons of taking a folic acid supplement.

Don’t miss this takeaway: “Ideally, a supplement containing folic acid should start one month prior to conception and be continued through the first trimester of pregnancy.”

5 “Screening for Iron Deficiency and Iron Deficiency Anemia During Pregnancy”

“Iron is a necessary ingredient for the body to make hemoglobin, a protein that transports oxygen throughout the body,” the Patient Page explains. “In some people, iron deficiency can lead to low hemoglobin levels, known as iron deficiency anemia.”

This is a cause for concern, it notes, because approximately 5% of pregnant individuals have iron deficiency anemia and “severe anemia during pregnancy may be linked to poorer maternal and infant health outcomes such as preterm birth, preeclampsia and low birth weight, although a definite cause-and-effect relationship has not been proven.”

Iron deficiency anemia is treated by increasing your intake of iron-fortified foods and/or taking iron supplements, either as pills or liquid, or through an intravenous infusion. But remember: You might not need to take any action.

“According to the U.S. Preventive Services Task Force, there is not enough evidence to say whether asymptomatic pregnant individuals should be screened for iron deficiency and iron deficiency anemia,” the Patient Page says. “There is also not enough evidence about whether treatment with iron supplements is helpful in prevention of poor maternal and fetal health outcomes linked to iron deficiency anemia.”

Click through to learn about the pros and cons of screening for iron deficiency and anemia during pregnancy.

6 “Screening for Syphilis Infection During Pregnancy”

“Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum*,” the Patient Page explains, adding that the congenital variety occurs when a syphilis infection passes from mother to fetus during pregnancy.

“Congenital syphilis is associated with premature birth, low birth weight, stillbirth and infant death,” it says. “Infants born with congenital syphilis may have deformed bones, anemia, enlarged liver and spleen, jaundice, and inflammation around the brain and spinal cord (meningitis) that may cause permanent vision or hearing loss.”

The Patient Page goes on to describe the treatment.

“Injected penicillin G is the only documented effective treatment for syphilis during pregnancy,” it says. “Pregnant women with later stages of syphilis infection need a longer duration of treatment. A fetal ultrasound to evaluate for signs of congenital syphilis is recommended when syphilis is diagnosed during the second half of pregnancy.”

Click through to learn more about who is most affected by congenital syphilis, as well as the pros and cons of screening for it during pregnancy.

Don’t miss this takeaway: “It is estimated that almost 90% of new congenital syphilis cases could have been prevented with timely testing and treatment.”

7 “What Parents Need to Know About Maternal Cannabis Use During Pregnancy”

“Many pregnant individuals report using cannabis (also called marijuana) during pregnancy to help with nausea, vomiting, stress, sleep problems or pain,” the Patient Page says, noting that it is the most commonly used federally illegal substance during pregnancy.

Still, many major health organizations recommend that pregnant and breastfeeding individuals avoid it. “This is because current research suggests it may pose risks to both the parent and the baby,” the Patient Page notes.

It goes on to explain that cannabis use during pregnancy has been linked to several health concerns for pregnant individuals, “including an increased risk of pregnancy-related anemia (low red blood cell count), diabetes, high blood pressure and preeclampsia, mood disorders such as anxiety or depression, and nausea and vomiting.”

In addition, cannabis use during pregnancy may affect the baby's development, the Patient Page notes.

“Studies have linked use to a higher risk of low birth weight, being born early (preterm birth) and being smaller than expected,” it says. “Some studies also suggest higher risks of stillbirth, needing care in the neonatal intensive care unit or infant death. Using cannabis more often or in higher amounts may increase these risks, especially when combined with use of tobacco or any kind of nicotine.”

Moreover, tetrahydrocannabinol (THC)—the chemical in cannabis that causes a “high”—“can pass into breast milk and reach the baby,” it says. “Some studies suggest this may affect brain development. THC can stay in the body for up to six days because it is stored in fat and released slowly. This means the baby may still be exposed to THC even after cannabis use stops.”

Click through to learn more about the effects of cannabis use during pregnancy.

Don't miss this takeaway: “There is no known safe amount of cannabis to use during pregnancy or while breastfeeding.”

8 “What Parents Should Know About Returning to Work While Breastfeeding”

“Breastfeeding is best because of its positive effects on the health and well-being of both mother and child, and the American Academy of Pediatrics

recommends breastfeeding alone for six months and with solid foods for two years if desired,” the Patient Page says. “However, this becomes more challenging if the mother returns to work, either inside or outside the home.”

It also explains that, for many mothers, returning to work can be difficult, but it is often needed and should be supported.

“Spending time away from the infant can cause many struggles including maternal health issues, weaning to formula and lost wages,” it says. “For mothers choosing to breastfeed, time away may increase the difficulty maintaining a sufficient breast milk supply. To maintain milk volume, mothers must pump or breastfeed often based on their infant’s feeding schedule. Pumping takes an average of 15 to 20 minutes per session, not including time for setting up, cleaning the pump and storing the milk. This poses a challenge to mothers at work, especially those who are on a clock.”

But there are proven ways to satisfy your baby’s needs and your employer’s, the Patient Page notes.

“Before going back, some mothers attempt to extend their maternity leave and/or consider an adjusted work schedule if possible,” it says. “Discuss with your supervisor the company’s pumping policies. Federal laws such as Break Time for Nursing Mothers and the PUMP Act allow mothers access to a safe, clean space to pump and require pay for mothers who are not off duty during this time. Work with your employer to ensure compliance to these rights beforehand.”

Click through to learn more about how to juggle working and breastfeeding, including how your health insurance policy might help cover the cost of a breast pump.

Don’t miss this takeaway: “Breastfeeding is an option all mothers should have, whether or not they are working. It is normal to miss your child while at work, but providing them with breast milk may reduce that ache.”

9 **“What is Perinatal Depression?”**

“Perinatal depression (also called postpartum depression) is a mental health condition that affects about one in seven individuals during pregnancy or the postpartum period,” meaning the 12 months after childbirth, the Patient Page explains.

“More than 75% of these individuals receive no treatment for perinatal depression,” it says. “Onset of perinatal depression may occur prepregnancy or may develop over the course of pregnancy and the postpartum period. Untreated perinatal depression is associated with an increased risk of suicide and has additional negative effects on the perinatal individual, the fetus (preterm birth, low birth weight) and the child (impaired attachment, which may affect neurodevelopment) and may negatively affect relationships with partners and other family members.”

The Patient Page goes on to summarize the screening recommendations for perinatal depression.

“In 2023, the American College of Obstetricians and Gynecologists released a new recommendation that all pregnant individuals should be screened for perinatal depression at least twice during pregnancy (including during the initial prenatal visit) and at postpartum visits,” it says.

Screening questionnaires ask about symptoms of depression, in addition to self-harm thoughts or actions.

“Diagnosis of perinatal depression requires presence of five or more symptoms (including depressed mood or loss of interest or pleasure) that differ from a person’s usual functioning for two weeks or longer,” the Patient Page says.

Click through to learn more about the other things physicians look for and ask about when evaluating for perinatal depression, as well as how perinatal

depression is treated.

Don't miss this takeaway: "Psychotherapy is the first-line treatment for mild perinatal depression, and all patients with perinatal depression should be referred for psychotherapy."

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