

Aspirin – A Safe Alternative to Flu Vaccination During Pregnancy?

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STORY AT-A-GLANCE

- › Low-dose aspirin may be a safe alternative to flu vaccines for pregnant women, potentially reducing vascular inflammation, improving fetal outcomes, and protecting against various viral infections
- › Influenza during pregnancy can trigger a "vascular storm," causing widespread inflammation in blood vessels, particularly the aorta, potentially compromising fetal growth and development
- › Aspirin treatment in flu-infected pregnant mice improved offspring survival rates and birth weights, suggesting it could create a healthier environment for fetal growth
- › Progesterone remains crucial in preventing preterm birth, but natural progesterone is recommended over synthetic forms. Proper administration and dosage are important for effectiveness
- › Lifestyle modifications, including a fiber-rich diet, regular physical activity, and quitting smoking, can significantly impact pregnancy outcomes and reduce the risk of preterm birth

If you have ever been pregnant, your doctor has likely urged you to get a flu vaccine during your pregnancy, perhaps even multiple times. However, there's a growing concern among medical professionals about the effectiveness and safety of flu vaccinations for expectant mothers.¹ Some physicians suspect that these vaccines might be linked to

pregnancy complications, difficulties during labor, and even chronic conditions in children later in life.

The controversial vaccine-autism link hypothesis, while primarily focused on childhood vaccinations, has added to these concerns. This raises an important question: Is there a safer, more effective alternative to flu vaccines for pregnant women? According to recent research, the answer might be yes, and it comes in the form of a common, inexpensive medication: low-dose aspirin.

Aspirin as a Flu Treatment During Pregnancy

A recent study² has shown that low-dose aspirin could be a powerful tool in combating the harmful effects of influenza infection during pregnancy. When pregnant mice were infected with influenza A virus, they developed vascular dysfunction similar to preeclampsia. However, when treated with a human-equivalent dose of a baby aspirin daily, researchers observed a significant improvement in vascular function and prevention of flu-induced fetal loss.

This finding is particularly exciting because low-dose aspirin is already considered safe for use during pregnancy and is often prescribed to prevent preeclampsia in high-risk women. The dose used in the study is like what's currently prescribed, making it an accessible and safe option for flu-infected pregnant women.

Moreover, these findings suggest that aspirin's benefits may extend beyond flu and pregnancy, potentially offering protection against other viral infections, including COVID-19, which cause similar systemic inflammation primarily affecting the vascular system.

The Vascular Storm: Understanding Influenza's Impact on Your Pregnancy

While you might think of the flu as primarily a respiratory illness, recent research reveals its far-reaching effects on your cardiovascular system during pregnancy. When you're infected with influenza A virus (IAV) during pregnancy, it triggers what researchers call a

"vascular storm."³ This phenomenon is characterized by widespread inflammation in your blood vessels, particularly in the aorta.

The virus doesn't just stay in your lungs; it can actually disseminate to your aorta, causing significant inflammation and dysfunction in the blood vessel walls. This vascular dysfunction can lead to reduced blood flow to the placenta, potentially compromising your baby's growth and development.

The study showed that pregnant mice infected with IAV had smaller offspring and placentas compared to uninfected mice. These findings underscore the importance of protecting not just your respiratory system, but also your cardiovascular health during pregnancy. By understanding this vascular component of flu infection, you can better appreciate why treatments that target vascular health, like low-dose aspirin, might be beneficial.

Protecting Mother and Child with Aspirin

The benefits of aspirin treatment extend beyond preventing vascular inflammation in the mother to directly impact your baby's wellbeing. In the study, mice infected with influenza had smaller pups with lower survival rates. However, when treated with aspirin, there was a marked improvement in offspring outcomes. Pups from aspirin-treated mothers had better survival rates and were significantly heavier at five days old compared to those from untreated infected mothers.

This is crucial because low birth weight can increase your child's risk of developing cardiovascular complications and diabetes later in life.⁴ The researchers also found that aspirin treatment improved the ratio of fetal body weight to placental weight, an indicator of placental efficiency. A healthier placenta means better nutrient transfer to your developing baby, supporting proper growth and development.

These findings suggest that by improving vascular function in the mother, aspirin creates a healthier environment for your baby to grow and thrive, even in the face of a flu infection. Given aspirin's known safety profile and its potential to address multiple

pregnancy-related concerns, it could indeed be considered a "wonder" drug for expectant mothers.

Willow Bark: Nature's Time-Tested Alternative to Aspirin

Willow bark is a compelling natural alternative to aspirin, embodying centuries of traditional medicinal wisdom. The active compounds in willow bark have interacted with human biochemistry for thousands of years, creating a natural synergy that synthetic drugs often struggle to match.

This harmonious relationship is the result of our ancestors' prolonged exposure to small quantities of these compounds, enabling our bodies to adapt and effectively utilize them. The advent of aspirin as a patentable substitute for willow bark in the 19th century⁵ signaled a transition from natural to laboratory-based remedies, though this shift didn't necessarily yield improvements over the original.

Despite the pharmaceutical industry's decades-long efforts to modify willow bark compounds into a patentable product, the natural remedy continues to exemplify the potency of plant-based medicine. This historical context not only underscores willow bark's efficacy but also reminds us of the frequently overlooked potential of natural remedies and the intricate interplay between government, pharmaceutical companies, and public health.

If you're sensitive to aspirin and considering willow bark as an alternative, dosage is an important factor. While 240 mg to 600 mg of willow bark extract (15% salicin) is often estimated to provide a salicin dose that is roughly equivalent to 325 mg of aspirin, due to the differences in metabolism and bioavailability between salicin and aspirin, the total amount of willow bark extract needed is typically larger.

For dosage, to approximate the effects of 81 mg of aspirin, you would need 400 mg to 800 mg of willow bark extract standardized to 15% salicin. To match the effects of 111 mg of aspirin, you would need 500 mg to 1 gram of willow bark extract standardized to 15% salicin.

When selecting a willow bark supplement, it's important to choose a clean, high-quality product. Moreover, research suggests that some of willow bark's therapeutic properties are due to synergistic effects,⁶ offering benefits beyond those of salicylic acid alone.

Progesterone: Your Body's Natural Pregnancy Protector

While aspirin has shown promise in protecting against flu-related complications in pregnancy, progesterone remains a cornerstone in preventing preterm birth.⁷ This hormone is crucial for maintaining pregnancy and has been extensively studied for its protective effects. Recent meta-analyses have consistently shown that progesterone can significantly decrease your risk of preterm birth compared to no treatment or placebo.⁸

Although there are several options for progesterone supplementation, including vaginal, oral, and injectable forms like 17 α -hydroxyprogesterone caproate (17-OHPC) it is wise to reject ALL synthetic progesterone. You only should consider using natural progesterone typically derived from wild yam extract.

Before you consider using progesterone it is important to understand that it is not a magic bullet, and that you get the most benefit by implementing a Bioenergetic diet approach that allows you to effectively burn glucose as your primary fuel without backing up electrons in your mitochondria that reduces your energy production. My new book, "Cellular Health for Ultimate Longevity and Joy" comes out in the early fall and covers this process in great detail.

Once you have dialed in your diet, an effective strategy that can help counteract estrogen excess is to take transmucosal progesterone (i.e., applied to your gums, not oral or transdermal), which is a natural estrogen antagonist. Progesterone is one of only four hormones I believe many adults can benefit from. (The other three are thyroid hormone T3, DHEA and pregnenolone.)

I do not recommend transdermal progesterone, as your skin expresses high levels of 5-alpha reductase enzyme, which causes a significant portion of the progesterone you're

taking to be irreversibly converted primarily into allopregnanolone and cannot be converted back into progesterone.

Ideal Way to Administer Progesterone

Please note that when progesterone is used transmucosally on your gums as I advise, the FDA believes that somehow converts it into a drug and prohibits any company from advising that on its label. This is why companies like Health Natura promotes their progesterone products as "topical."

However, please understand that it is perfectly legal for any physician to recommend an off-label indication for a drug to their patient. In this case progesterone is a natural hormone and not a drug and is very safe even in high doses. This is unlike synthetic progesterone called progestins that are used by drug companies, but frequently, and incorrectly, referred.

Dr. Ray Peat has done the seminal work in progesterone and probably was the world's greatest expert on progesterone. He wrote his Ph.D. on estrogen in 1982 and spent most of his professional career documenting the need to counteract the dangers of excess estrogen with low LA diets and transmucosal progesterone supplementation.

He determined that most solvents do not dissolve progesterone well and discovered that vitamin E is the best solvent to optimally provide progesterone in your tissue. Vitamin E also protects you against damage from LA. You just need to be very careful about which vitamin E you use as most supplemental vitamin E on the market is worse than worthless and will cause you harm not benefit.

It is imperative to avoid using any synthetic vitamin E (alpha tocopherol acetate – the acetate indicates that it's synthetic). Natural vitamin E will be labeled "d alpha tocopherol." This is the pure D isomer, which is what your body can use.

There are also other vitamin E isomers, and you want the complete spectrum of tocopherols and tocotrienols, specifically the beta, gamma, and delta types, in the

effective D isomer. As an example of an ideal vitamin E you can look at the label on our vitamin E in our store. You can use any brand that has a similar label.

You can purchase pharmaceutical grade bioidentical progesterone as Progesterone Powder, Bioidentical Micronized Powder, 10 Grams for about \$40 on many online stores like Amazon. That is nearly a year's supply, depending on the dose you choose.

However, you will need to purchase some small stainless steel measuring spoons as you will need a 1/64 tsp which is 25 mg and a 1/32 tsp which is 50 mg. A normal dose is typically 25 to 50 mg and is taken 30 minutes before bed, as it has an anti-cortisol function and will increase GABA levels for a good night's sleep.

Unfortunately, this vendor frequently runs out of product, and if that's the case, then you can use [Simply Progesterone by Health Natura](#). It's premixed with vitamin E and MCT oil. Again, while Health Natura states that its product is for "topical use only," I recommend applying it transmucosally, by rubbing it on your gums.

If you are a menstruating woman, you should take the progesterone during the luteal phase or the last half of your cycle, which can be determined by starting 10 days after the first day of your period and stopping the progesterone when your period starts.

If you are a male or non-menstruating woman you can take the progesterone every day for four to six months and then cycle off for one week. The best time of day to take progesterone is 30 minutes before bed as it has an anti-cortisol function and will increase GABA levels for a good night's sleep.

This is what I have personally been doing for over a year with very good results. I am a physician so do not have any problems doing this. If you aren't a physician you should consult one before using this therapy, as transmucosal progesterone therapy requires a doctor's prescription. Also, during pregnancy, it's imperative to discuss the use of progesterone with your physician. Do not experiment on your own!

Your Daily Choices Matter

While medical interventions can be crucial, don't underestimate the power of your daily habits in preventing preterm birth. Your lifestyle choices can significantly impact your pregnancy outcomes. If you're at risk of gestational diabetes mellitus (GDM), which is a risk factor for preterm birth, consider adopting a healthy diet rich in fiber.

Studies have shown that dietary fibers can reduce the risk of GDM, decrease preterm birth, and significantly increase gestational age.^{9,10} Regular physical activity, combined with a balanced diet, can help manage your weight gain during pregnancy. This not only reduces your risk of GDM but may also lower your chances of developing pregnancy-induced hypertension, which is another risk factor for preterm birth.

If you're a smoker, quitting is one of the most important steps you can take. Women who continue smoking during pregnancy have a significantly higher risk of preterm birth compared to those who quit. Remember, every positive change you make, no matter how small it might seem, can contribute to a healthier pregnancy and reduce your risk of preterm birth.

Building on the promising findings about aspirin, let's delve deeper into other strategies that can help safeguard your pregnancy against preterm birth.

Sources and References

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