Staphylococcus aureus and Pregnancy

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to staphylococcus aureus may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

What is a staph infection?

Staphylococcus aureus (staph) is a type of bacteria (germ) found on the skin or in the nose. Most of the time, people will not have problems with these bacteria. However, if staph gets inside the body through a cut or sore, it may cause painful boils or abscesses on the skin or infection in the lungs (pneumonia), bloodstream, or in a wound that is healing after surgery.

People with a higher risk of getting a staph infection include sick people in hospitals, people recovering from surgeries or other medical procedures, people living in over-crowded conditions (shelters or prisons), children in daycare, intravenous (IV) drug abusers, people with weakened immune systems, athletes, and military personnel.

Eating food that has been contaminated with staph bacteria can also cause food poisoning. Symptoms typically involve severe vomiting and diarrhea with stomach pain that will start within a few hours after exposure. This type of infection with staph bacteria usually is not serious and generally does not last for more than a day.

What medications are used to treat staph skin infections?

Draining of abscesses by your health care provider may be the only treatment needed for staph skin infections. If medication is needed, antibiotics are used. Some of the antibiotics used to treat staph infections include methicillin, penicillin, oxacillin, and amoxicillin. In rare cases, the staph bacteria do not respond to these kinds of antibiotics. This is known as “methicillin resistance to staphylococcus aureus” or “MRSA”. Other medications are available for treatment in this situation.

What will a staph or MRSA skin infection look like?

Staph bacterial infections, including MRSA, can look like a pimple or a boil and can be red, swollen and have pus or other liquids coming out of the sore. Staph infections are sometimes mistaken for a spider bite.

What should I do if I think I have a staph or MRSA infection?

Do not try to treat it yourself by picking or popping the site. Instead cover the site with a clean dry bandage and see your health care provider. Tests will determine if the infection is staph or MRSA. If you are given an antibiotic, it is very important to follow the instructions and use all of the medication for the time indicated, even if the infection is getting better. Do not share your medicine with other people and do not save your medicine to use at another time. If the infection does not get better in a few days, or it gets worse, tell your health care provider right away.

How can I prevent staph or MRSA skin infections?

Practice good hand and body hygiene:

- Wash your hands often with soap and water and bathe regularly.
- Clean any cuts or scrapes and cover with a bandage until a scab forms.
- Don’t touch other people’s cuts or their bandages.
- Don’t share personal items like razors, towels, or tweezers.
I am pregnant and have a staph or MRSA skin infection. Will it hurt the baby?

While staph or MRSA infections are not well studied during pregnancy, these infections have not been linked to causing birth defects. There have also been no reports of this infection causing miscarriage. Any infection can make it easier for you to catch other infections, so treating the staph infection will help you have a healthier pregnancy.

I am pregnant and I have a staph infection. Is there a safe treatment?

Yes. Many types of antibiotics can be used during all trimesters of pregnancy. If needed, an antibiotic in the class of penicillin may be prescribed. Studies looking at use of a penicillin or penicillin derivative during pregnancy show that these antibiotics do not appear to cause birth defects or any other problems during pregnancy. Some people are allergic to penicillin and should not take penicillin or antibiotics derived from penicillin such as methicillin. You might be allergic if you start taking the antibiotic and get a rash, hives, or diarrhea. If these or other side effects happen after taking an antibiotic, contact your health care provider as soon as possible.

I am pregnant and have a MRSA infection. Is there a safe treatment?

Yes. There are many antibiotics that can be used during pregnancy to treat MRSA skin infections. Your health care provider will determine which antibiotic will work for your infection.

I am pregnant. What if the father of the baby, other family member, or friend has a confirmed staph or MRSA skin infection? Should I avoid contact with him or her?

Yes. Contact with a person who has staph or MRSA should be limited.

• Don’t share towels, soap, razors, or other personal items.
• If you need to wash the person’s laundry, rubber gloves should be used to handle his or her clothes and bedding. Launder in warmest temperature recommended by manufacturer’s directions and dry the clothes thoroughly.
• Don’t touch the person’s sores, cuts or bandages.
• Wash your hands with soap and water after direct contact with anyone who has any skin infection.

In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures and Pregnancy at http://www.mothertobaby.org/files/paternal.pdf.

I am breastfeeding. Can I take antibiotics for a staph or MRSA infection?

Yes. Most breastfed babies do not have problems when their mothers take antibiotics. However, some babies can have an allergy to the drug. If your baby has hives or a rash or if there is a change in the baby’s stools, call the baby’s pediatrician right away. You may need to take a different antibiotic to treat the skin infection if your baby is allergic. Be sure to talk to your health care provider about all your choices for breastfeeding.

Can my breastfed baby get a staph or MRSA infection from me?

It is possible that a staph infection may spread from mother to baby, or from baby to mother, during breastfeeding. As mentioned, individuals can carry Staphylococcus aureus in their nasal passage. Because of this, if your newborn has staph in his nasal passage, you may be at increased risk to develop mastitis (breast infection), particularly if you have some nipple damage. Additionally, there are some reports of infants getting a staph or MRSA infection through expressed (pumped) breast milk that was contaminated. Therefore, it is important to thoroughly wash and sterilize pumping equipment and storage containers, as well as your hands when pumping breast milk.

Your baby could also get the infection if you have an infected wound and the baby comes into contact with your wound or any pus that may have come from the wound, even if you are not breastfeeding. It is important that you keep your wound covered with bandages so that the baby does not touch the wound or any discharge from it. The baby could also become infected if she comes in contact with clothing, bedding or other materials that were in contact with the infected area.

References Available By Request

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