



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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Zika Virus and Pregnancy

New information about Zika may become available before it can be included in this fact sheet. Please contact a MotherToBaby Service for additional information that may be available.

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 the Zika virus 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 Zika? How do people get it?

Zika is a virus that is usually spread by infected mosquitoes. Not all mosquitoes carry the Zika virus and not every person bitten by an infected mosquito will get Zika. People who have the highest risk of getting Zika virus are those who live in or travel to areas with active Zika transmission.

Other ways people become infected with Zika include sexual contact with an infected partner (vaginal, anal or oral sex, or sharing of sex toys), from an infected pregnant woman to her fetus, and through blood transfusions with infected blood. Blood donations in the U.S. are screened for Zika virus. There is no evidence that Zika is spread through the saliva or by coughing or sneezing.

What are the symptoms of Zika virus?

Four out of 5 people who are infected with the Zika virus do not have symptoms. Those who do develop symptoms usually have a mild flu-like illness with fever, rash, headache, joint and/or muscle pain and conjunctivitis (“pink eye”). Symptoms can begin 3-7 days after being infected and can last for several days to a week.

Can Zika virus affect my pregnancy?

Yes. If a woman is infected with Zika during pregnancy, there is a chance the virus will pass to the developing baby. If this happens, it can increase the risk of microcephaly (small head and brain) and other severe brain defects. It may also cause eye defects, hearing loss, seizures, and problems with the joints and limb movement. This pattern of birth defects caused by Zika infection in pregnancy is called ‘congenital Zika syndrome.’ Zika infection in pregnancy might also affect the baby’s growth or increase the chance of miscarriage or stillbirth. Sometimes, a baby can be born with no apparent effects from Zika infection, but can later have slowed head and brain growth as a result of the infection (called postnatal microcephaly).

Researchers are still working to find out how likely it is that a baby exposed to Zika in pregnancy will have congenital Zika syndrome, or if it makes a difference when in the pregnancy the mother becomes infected. Based on limited research, it is possible that infection early in pregnancy could be a greater risk to the baby than infection in later pregnancy. But Zika is still considered a risk at any time during pregnancy.

Are there other health problems that having Zika virus can cause?

Yes. People who have been infected with Zika virus have a small increased risk for developing Guillain-Barré syndrome (GBS). GBS is a rare condition affecting a person’s nervous system, leading to weakness or causing the person to not be able to move certain parts of their body (paralysis). Symptoms of GBS can last a few weeks to several months. Most people who develop GBS completely recover, but some can have permanent nerve damage.

How is Zika treated?

A person with Zika can treat the symptoms, such as fever, headache, joint pain, pink eye, and any other symptoms that might develop. There is no cure, medication or vaccine specific for Zika. Even if an infected person treats their symptoms, they can still pass the virus to others through sex or to a developing baby in pregnancy.

How can I protect myself from the Zika virus?

Avoid traveling to areas where there is a risk of getting Zika. For a list of areas with Zika risk, visit the Centers for Disease Control and Prevention (CDC) webpage [Zika Travel Information](#).

Avoid mosquito bites by using insect repellents registered by the Environmental Protection Agency (EPA), wearing protective clothing (such as long sleeves and long pants and/or clothing treated with the insecticide permethrin), and emptying any standing water from around your home, as this is where mosquitoes lay their eggs. When possible, use air-conditioning or screens to keep mosquitoes out of the house. For more information on prevention, visit the CDC webpage [Prevention](#). MotherToBaby fact sheets are available for [DEET and Pregnancy](#) and [Insect Repellents and Pregnancy](#).

Since Zika can be spread through sexual contact, you can protect yourself by not having sex with a partner who might have the virus. If you do have sex with a partner who might be infected, use barrier protection (male and female condoms and dental dams) correctly from start to finish every time you have sex. For more information, visit the CDC webpage [Sexual Transmission & Prevention](#).

I am pregnant. What if my partner or I have traveled, or need to travel, to an area with Zika risk?

The CDC recommends that pregnant women and their sexual partners avoid travel to any area where there is a risk of Zika infection. This includes places with Zika Travel Notices (where there have been recent cases of Zika infection from mosquitoes) AND places where there is a history of Zika infection from mosquitoes, even if there is no current Zika Travel Notice. For a list of areas with Zika Travel Notices and other areas with Zika risk, visit the CDC webpage visit the Centers for Disease Control and Prevention (CDC) webpage [Zika Travel Information](#).

If a pregnant woman must travel to an area with Zika risk, she should avoid mosquito bites and talk to her health care provider about whether she should be tested for Zika when she gets back. If her partner travels, they should not have sex, or should use barrier protection every time for vaginal, anal or oral sex, for the rest of the pregnancy. Pregnant women and their sexual partners who live in Zika-affected areas should also use protection or not have sex for the rest of the pregnancy. See the CDC webpage [Sexual Transmission & Prevention](#).

I am thinking about getting pregnant. How long do I need to wait after being in an area with Zika risk or having sex with someone who might be infected?

Women who might have been exposed to the Zika virus through travel or sex should wait at least 8 weeks before trying to get pregnant, even if they don't have symptoms of Zika. Men who might have been exposed to the Zika virus through travel or sex should wait at least 6 months before trying to conceive a pregnancy, even if they do not have symptoms. During any wait time, men and women should use barrier methods and effective birth control to prevent pregnancy and to protect their sexual partners from the virus. Visit the CDC webpage [Women & Their Partners Trying to Become Pregnant](#) for more details.

I had Zika virus months ago. Is there a risk of birth defects for my future pregnancies?

Waiting at least 8 weeks after Zika infection allows time for the virus to clear from a woman's body before she gets pregnant. After that time, there is no increased risk of Zika-related birth defects in future pregnancies. Based on what we know about other similar viruses, it is unlikely that someone could get Zika again after having it once.

Is there a test that can tell if I have or have had the Zika virus?

Yes. The kind of test that may be right for you depends on how long ago you had symptoms or were possibly exposed to Zika, whether or not you are pregnancy, and where you live. Not everyone who may have been exposed to Zika virus needs to be tested. Your health care provider and local health department can decide if testing is right for you. Guidelines for testing pregnant women and their sexual partners can be found on the CDC webpage [Testing & Diagnosis](#).

What if I am pregnant and test positive for Zika, or if my test results are not clear?

The CDC provides guidance to health care providers for following the baby's growth and development for the

rest of the pregnancy (see [Prenatal Care](#)). This may include more frequent ultrasounds (called serial ultrasounds) every 3–4 weeks and tests to look for Zika infection in the baby. It is important to remember that just because a pregnant woman tests positive for Zika, it does not automatically mean her baby will have birth defects.

If I tested positive for Zika, can the baby be checked for Zika virus infection at birth?

Yes. The CDC recommends testing the blood and urine of newborns whose mothers have confirmed or possible Zika virus infection, and closely monitoring their growth and development (see [Postnatal Care](#)). Discuss testing options and recommendations for your baby's care with your health care provider.

Can I breastfeed if I have the Zika virus?

Zika virus has been found in the breast milk of women infected with Zika, but there have not been any reported cases of infants getting Zika through breastfeeding. Researchers are learning more about any long-term effects that Zika could have on children and infants, but most infants and children who get Zika from mosquito bites either don't have symptoms or have only mild symptoms, similar to the infection in adults. Based on current information, experts believe that the benefits of breastfeeding outweigh any potential risks of Zika virus infection through breastfeeding. Be sure to talk to your health care provider about all your breastfeeding questions.

Can I get Zika from a mosquito bite in the United States?

At this time, there are no areas in the United States (U.S.) where mosquitoes are known to be infected with Zika. However, the two main types of mosquitoes that can carry Zika virus (*Aedes aegypti* and *Aedes albopictus*) are found in many areas of the U.S., and these mosquitoes could become infected by biting people who have Zika.

Some southern and Gulf Coast states have a higher potential risk for local Zika outbreaks due to their warmer, wetter climates where mosquitoes thrive. Pregnant women should talk to their health care providers about any local risks or testing recommendations for Zika. For example, health officials in a number of south Texas counties are recommending routine Zika testing for pregnant women as a precaution. The CDC also recommends routine Zika testing for women who are pregnant or planning a pregnancy if they and/or their partners travel regularly between the U.S. and Mexico. For more information, see [Patient Counseling](#).

Is there still Zika in Florida or Texas?

In 2016, the CDC reported small, local outbreaks of Zika in Miami-Dade County, Florida and Brownsville, Texas. Brownsville, TX is still a “yellow” cautionary zone for Zika, meaning that couples who are pregnant or planning pregnancy should consider following the same precautions for Brownsville as they would for other areas where there is a risk of Zika. See [Advice for People Living In or Traveling to Brownsville, TX](#).

On June 2, 2017, the “yellow” cautionary zone for Zika was removed from Miami-Dade County, FL. This means there is no recommendation to avoid travel to Miami-Dade, even for pregnant women. However, there could still be sporadic cases of Zika there, so pregnant women and couples who are planning pregnancy are still encouraged to avoid mosquito bites while in Miami-Dade (as in other places), and to check regularly for any updates about Zika transmission. If couples are still concerned about Zika, they might still decide to avoid travel to Miami-Dade, or to wait before getting pregnant after traveling there. See [Advice for People Living In or Traveling to South Florida](#).

People who traveled to or lived in Miami-Dade County while there were still Zika precautions in place (from August 1, 2016 to June 2, 2017) should consider the last day they were there (during that time) to be their last possible exposure to Zika virus in the area. Couples can use this date to make decisions with their health care providers about Zika testing, pregnancy planning, and preventing the spread of Zika to their partners through sex. For more information, see [Guidance for Previous Yellow Areas](#).

For updated information about Zika in the U.S., visit [Maps of Zika in the United States](#) or call MotherToBaby toll-free at 1-866-626-6847.

Where can I get more information on the Zika virus?

- World Health Organization: <http://www.who.int/mediacentre/factsheets/zika/en/>
- Pan American Health Organization: http://www.paho.org/hq/index.php?option=com_content&view=article&id=11585&Itemid=41688&lang=en
- DEET and Pregnancy: <https://mothertobaby.org/fact-sheets/deet-nn-ethyl-m-toluamide-pregnancy/pdf/>
- Insect Repellents and Pregnancy: <https://mothertobaby.org/fact-sheets/insect-repellents/pdf/>
- From the CDC:

- Prevention: <http://www.cdc.gov/zika/prevention/index.html>
- Zika Travel Information: <http://wwwnc.cdc.gov/travel/page/zika-information>
- Sexual Transmission & Prevention: <https://www.cdc.gov/zika/prevention/sexual-transmission-prevention.html>
- Women & Their Partners Trying to Become Pregnant: <http://www.cdc.gov/zika/pregnancy/women-and-their-partners.html>
- Pregnant Women: <http://www.cdc.gov/zika/pregnancy/protect-yourself.html>

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