

# “Spread Prevention, Not the Infection” during Pregnancy

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By MotherToBaby’s Kirstie Perrotta, MPH, Lorrie Harris-Sagaribay, MPH, Robert Felix and Susan Sherman of the Organization of Teratology Information Specialists (OTIS) Zika Task Force

**\*\*\*This blog has been archived. For more up-to-date information, please visit:**

Zika Virus Fact Sheet

Listeria Fact Sheet

Toxoplasmosis Fact Sheet

Syphilis Fact Sheet

CMV Fact Sheet

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“It’s 2018! I didn’t even know you could get syphilis nowadays!” Yes, I mentioned the stats about syphilis and other infections that can affect pregnancy to the caller who had contacted me through our free MotherToBaby helpline. I thought, this is a great time to educate her as well as others about a variety of infections. Some infections, like Zika, seem to make headlines every week, while others tend to be discussed much less frequently. January is National Birth Defects Prevention Month, and this year’s focus is on infection prevention.

In keeping with the theme **Prevent to Protect: Prevent Infections for Baby’s Protection**, read on to learn more about the top five preventable infectious diseases that we get questions about here at MotherToBaby, and what you can do to prevent exposure during pregnancy.

## #1: Zika Virus

**One of our most common Zika questions comes from couples who have just returned home after a tropical vacation: How long do we need to wait to get pregnant after returning from a country with Zika, and what should we do in the meantime to minimize risk? Can we be tested?**

Many countries continue to see active transmission of Zika virus from infected mosquitoes. If a woman is infected with Zika during pregnancy, 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. That’s why it’s so important for couples who are planning a pregnancy to make sure the virus is completely out of their bodies before they attempt to conceive.

So, how long do couples need to wait? The Centers for Disease Control and Prevention (CDC) recommends that women who travel to a country with Zika wait at least **two months** before attempting to get pregnant. If a male partner travels, the CDC recommends waiting **six months**. Some callers ask, “Why so long? We’re ready to get pregnant now!” Although the virus is expected to leave most people’s blood in about two weeks, this could vary depending on a number of factors including their own immunity. The CDC considers 2 months to be a long enough wait time for women. As for men? Zika has been found in the semen for up to 6 months after a man is first infected. The six-month wait time ensures that men do not pass the virus to their partners during intercourse if it is still present in their semen.

Practicing safe sex is important during these wait times! Since Zika can spread through sexual contact, using condoms or dental dams is recommended every time a couple has intercourse. Don’t want to use protection? 100% abstinence is another option. These safe sex precautions significantly reduce the risk of transferring the virus from one partner to another during these important wait times.

Couples who want to get pregnant right away will often ask, “Instead of waiting, isn’t there a way my doctor can just test me for the virus?” Unfortunately, the answer to that question is not so simple. The CDC does not recommend testing as a way to know if it’s “safe” to get pregnant. For one reason, the virus could have already left your blood, but

could still be hanging out in other areas of the body (like semen). In this case, you could get a negative blood test result, but still have the virus. Second, no test is 100% accurate. There's always a chance that your result could be a false negative, especially if you are tested too soon or too late after returning home from a country with Zika.

So, the bottom line? It's a waiting game. Couples should follow the CDC's official recommendations to make sure their pregnancy has the healthiest start possible. Still have questions or concerns about Zika? Check out **Zika Central** on MotherToBaby.org or call us at 866-626-6847 to speak with a specialist who can assess your specific exposure.

## **#2 Listeria**

***I just ate unpasteurized cheese and I'm worried I have Listeria. What symptoms should I watch for? Do I need to be tested?***

Eating unpasteurized cheese does put you at risk for a **Listeria** infection (called listeriosis). So during your pregnancy it's important to avoid unpasteurized cheeses and other foods made with unpasteurized milk. The US Food and Drug Administration has developed additional **food safety guidelines** specific to pregnancy.

While listeriosis has not been found to cause birth defects, it can increase the risk for miscarriage, preterm delivery, and still birth. It also increases the risk of infection in newborns which can result in very serious long-term complications for baby.

Not everyone who is infected with Listeria will have symptoms, but some will have mild to severe symptoms that appear a few days or even weeks after eating contaminated food. Symptoms of a Listeria infection to watch for may include: diarrhea, fever, muscle aches, joint pain, headache, backache, chills, sore throat, swollen glands, and sensitivity to light.

Since not everyone has symptoms, it is important to be tested if you think you might have listeriosis. Your health care provider can order a simple blood test to confirm a Listeria infection. Treatment will reduce the risks of infection for you and your baby.

## **#3: Toxoplasmosis**

***I didn't find out I was pregnant until 12 weeks, and I've been changing my cat's litter box this whole time. Am I at risk for toxoplasmosis?***

**Toxoplasmosis** infection is caused by the parasite *Toxoplasma gondii*. You can get it from handling cat feces or soil, or eating undercooked, infected meat that contains the parasite. Eating raw eggs or drinking unpasteurized milk are also possible sources.

Most adults with toxoplasmosis don't have symptoms, but some have symptoms similar to the flu or mononucleosis, with swelling of the lymph nodes, fever, headache or muscle pain. In most cases, once a person gets toxoplasmosis, they cannot get it again. If a woman has an active toxoplasmosis infection during pregnancy, it can pass to the developing baby (called congenital toxoplasmosis infection). Not every infected baby will have problems, but the infection could cause a variety of developmental problems for the infant.

Up to 85% of pregnant women in the U.S. are at risk for toxoplasmosis infection. Generally, women who have recently acquired a cat or care for an outdoor cat may be at an increased risk for toxoplasmosis. Ask yourself: Have you ever been diagnosed with toxoplasmosis? How long have you had your cat? Is your cat indoor only, outdoor only, or both? Do you feed the cat raw meat? Talk to your healthcare provider if you have concerns and want to learn more about a blood test that can determine if you have ever had toxoplasmosis.

To avoid future infection, here are some precautions you can take: (1) wash your hands carefully after handling raw meat fruit, vegetables, and soil; (2) do not touch cat feces, or else wear gloves and immediately wash your hands afterwards if you must change the cat litter; (3) wash all fruits and vegetables; peeling fruits and vegetables can also help reduce risk of exposure; (4) cook meat until it is no longer pink and the juices run clear; and (5) do not feed your cat raw meat.

## **#4 Syphilis**

***I just found out I have syphilis and my doctor recommended medication to treat it, but I'm worried the medication will hurt the baby. What should I do?***

Syphilis is a sexually transmitted infection (STI) caused by bacteria that can be treated and cured with antibiotics. Learning that you have syphilis when you are pregnant is frightening, but the earlier you treat the infection, the better

the outcome for you and your baby.

The syphilis bacteria can spread to the baby during pregnancy (called **congenital syphilis** or CS). CS can cause stillbirth, prematurity, or other pregnancy problems, including birth defects of the bones, the brain and other body systems. If you are diagnosed with syphilis during pregnancy, be sure to talk with your baby's pediatrician since a baby might develop symptoms of CS even after being born.

The medications that are used to treat syphilis have been around for many years and are well studied. While there is always the possibility of side effects with any medication, the antibiotics used to treat syphilis during pregnancy are very well tolerated by most women.

The MotherToBaby website contains **fact sheets** on many of the medications doctors prescribe during pregnancy. If you still have concerns about the medication your doctor has prescribed to treat your syphilis, you can review the fact sheet and contact a MotherToBaby specialist at 866-626-6847.

### **#5 CMV (Cytomegalovirus)**

***I'm pregnant, and my 3-year-old came home from daycare with symptoms of CMV. Should I be worried? What can I do to prevent getting CMV from her?***

CMV is a common virus that spreads through urine, saliva and other body fluids. In pregnancy, CMV can pass from mom to the developing baby (called **congenital CMV infection**). This could happen if you already had CMV before you got pregnant or if you got a new strain of CMV from your daughter, but it might be more likely to happen if you get a first-time CMV infection from your daughter while you're pregnant.

Reassuringly, most babies born with congenital CMV infection don't get sick or have health problems. But about 1 out of every 5 babies with congenital CMV infection has health problems at birth or complications that develop later in childhood. These include developmental disability, vision problems, and hearing loss, even in babies with no signs of congenital CMV infection at birth.

So, how can you prevent getting CMV from your daughter? There is no surefire way to guarantee that you won't get it, but the best prevention is the easiest one: wash your hands often. Especially after any contact with your daughter's urine or saliva. Kissing her on the cheek or the top of the head instead of the mouth or the hands is another way to prevent contact with her saliva. And if you are still concerned, talk to your health care provider about blood tests to detect a current or past CMV infection. For more information, check out our **Baby Blog** about this topic.

If you have more questions about infections during pregnancy, contact a MotherToBaby expert by phone, email, text message or chat. During National Birth Defects Prevention Month and every day, moms-to-be have the opportunity to #prevent2protect, ensuring the healthiest start to life for their new additions!

### **About MotherToBaby**

***MotherToBaby is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new text information service by texting questions to (855) 999-3525. You can also visit [MotherToBaby.org](http://MotherToBaby.org) to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on Android and iOS markets.***

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](http://MotherToBaby.org).

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## **Why should pregnant women care about influenza? Isn't Zika a bigger deal?**

The second you get pregnant, the advice starts coming in from everyone. No eating unpasteurized cheese (Listeria!), don't change the cat litter (Toxoplasmosis!), and definitely don't travel to South America (Zika!). While these are all valid concerns, influenza tends to get forgotten, and dismissed as “just the flu.” The Influenza virus may not make sensational headlines, but it's a serious problem every year, and pregnant women are especially vulnerable to this infection.

In 2009/2010, the United States (U.S.) experienced a flu pandemic. The flu hit the public hard, and many pregnant women were hospitalized. The U.S. saw higher rates of admission to intensive care units for pregnant women, and 109 pregnant women died from confirmed or suspected flu infection. In comparison, Zika virus, which received much media attention and continues to be a source of great concern for many pregnant women, rarely results in hospitalization and has not resulted in any maternal deaths.

## **5 Quick Flu Facts:**

- The flu is a risk year-round, and is not limited to a particular area of the country.
- Changes with the immune system, heart, and lungs put pregnant women at an increased risk of developing serious complications from the flu, such as respiratory distress. Pregnant women who get the flu are also much more likely to be hospitalized, and can even die from influenza complications.
- Fever is a common flu symptom. Research shows that an untreated high fever early in pregnancy can result in an increased risk for a certain class of birth defects known as neural tube defects (spina bifida is one example).
- Being very sick from the flu can increase the risk of pregnancy complications such as miscarriage and preterm delivery.
- For pregnant women looking to ensure the healthiest start to life for their little one, influenza is an important infection to be aware of, and to try to prevent.

## **Is it too late to get a flu shot? It's January, isn't flu season over?**

It's never too late to get a flu shot! Flu season can start as early as October, and runs as late as May some years. However, research shows that the highest number of flu cases each year usually occurs in February. While vaccine effectiveness can vary from season to season, the flu vaccine is thought to reduce the risk of illness by about 50% to 60% when the flu viruses that end up circulating in the community closely match the viruses included in that year's vaccine. Even during years when the flu vaccine is not a good match, it is still thought to provide some protection against the flu. If you haven't received this year's flu vaccine yet, talk to your health care provider as soon as possible.

## 10 Quick Flu Vaccine Facts:

- The best way to avoid getting the flu virus is to receive the flu vaccine.
- Women who are planning a pregnancy and women who are currently pregnant are strongly encouraged to get the seasonal flu shot as early as possible during the flu season.
- There is no known risk from getting the flu shot during pregnancy. The seasonal flu shot is an inactivated virus vaccine, which means that it won't cause you to get sick with the flu.
- Pregnant women are asked to avoid the live attenuated flu vaccine (also called the nasal spray vaccine) as it contains a tiny amount of weakened live virus.
- There is no trimester during pregnancy when the flu shot has to be avoided.
- Studies of thousands of women who have received the flu shot just before or during pregnancy have found no increased risk for birth defects.
- Studies have found that when pregnant women get the flu shot, their baby is born with protection against the flu for anywhere from 2 to 6 months after birth.
- Most women who receive the flu shot will not experience any problems.
- A small number of individuals who receive the flu vaccine may experience soreness/redness/swelling at the injection site, headache, fever, nausea and/or muscle aches. Reassuringly, these symptoms are usually mild and go away on their own within a few days.
- Anyone with a severe, life-threatening allergy to any of the vaccine ingredients should talk with their health care provider before getting the flu vaccine.

## Is there anything else I can do to avoid the flu?

In addition to getting vaccinated, healthy habits can further reduce your risk of getting the flu. Avoid close contact with other individuals who are sick. If you're caring for someone with the flu (like a partner or a child), make sure to clean and disinfect common surfaces that may be contaminated with germs. Wash your hands frequently with soap and water. Cover your mouth and nose while coughing or sneezing, and practice good health habits like staying well hydrated and eating nutritious food.

If you develop symptoms of the flu, you should contact your health care provider as soon as possible. When indicated, antiviral medications may be prescribed (ideally within 48 hours) to lessen flu symptoms and reduce the risk of serious illness.

***MotherToBaby is a suggested resource by many federal agencies including the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration's (FDA) Office of Women's Health, and HRSA, and provides the most up-to-date information. More than 100,000 women and their health care providers seek information about birth defects prevention from MotherToBaby every year. Additionally, MotherToBaby conducts observational research studies in order to contribute more information to the published literature about a variety of exposures. To be connected with a MotherToBaby expert, please call (866) 626-6847, text questions to (855) 999-3525 (standard messaging rates might apply) or visit [www.MotherToBaby.org](http://www.MotherToBaby.org).***

## REFERENCES:

Flu Shot Effectiveness: <https://www.cdc.gov/flu/about/qa/vaccineeffect.htm>

Flu Prevention: <https://www.cdc.gov/flu/protect/habits.htm>

Peaks In February: <https://www.cdc.gov/flu/about/season/flu-season.htm>

MTB Flu Shot Fact Sheet: <https://mothertobaby.org/fact-sheets/seasonal-influenza-vaccine-flu-shot-pregnancy/>

MTB Flu Fact Sheet: <https://mothertobaby.org/fact-sheets/seasonal-influenza-the-flu-pregnancy/>

MTB Antiviral Fact Sheet:

<https://mothertobaby.org/fact-sheets/antiviral-medications-treatprevent-influenza-the-flu-pregnancy/>

Flu Shot Side Effects: <https://www.cdc.gov/flu/protect/vaccine/general.htm>

Flu Shot Protects Baby: <https://www.cdc.gov/features/pregnancyandflu/index.html>

CDC Illness/Death Stats: <https://www.cdc.gov/flu/about/disease/burden.htm>

[https://immunizationforwomen.org/uploads/Pregnancy\\_Related\\_Mortality\\_Resulting\\_From%206.pdf](https://immunizationforwomen.org/uploads/Pregnancy_Related_Mortality_Resulting_From%206.pdf)

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