Father's Day Food for Thought: Zika in a Man's World

By Patricia Markland Cole, MPH, MotherToBaby Massachusetts

****This information was current as of the time the blog was published. However, information is constantly changing. Please visit Zika Central for the latest information.****

When it comes to pregnancy, so much of the attention is focused on the woman: her nutrition, her health, her behavior and just about her whole world comes under scrutiny in order to promote a healthy pregnancy; but what about the man? His nutrition, health, and behavior hardly comes under that same intense scrutiny…until now. Enter Zika virus. A man who has traveled to a Zika-affected area and has a wife/girlfriend who is pregnant must play an active role in protecting his partner and baby from possible Zika infection. Even if his partner is not currently pregnant, a man must be aware of his role when it comes to preventing the spread of the Zika virus. Father's Day starts well before you actually become one, men….here's why:

This illness, which is spread by the bite of a mosquito, took the world by surprise last fall when an unusually high number of babies, particularly in Brazil, were born with small heads and brains, a birth defect called microcephaly. Zika is a mild illness and typical symptoms include fever, skin rashes, muscle and joint pain, headache and conjunctivitis or red eyes. These symptoms normally last for 2-7 days. Some adults do not even know that they are infected because they have no symptoms while others will recover with rest, fluids and taking over-the counter medications to control symptoms. While Zika is a mild illness for many adults, if a pregnant woman becomes infected she can pass the infection to her child and, as a result, increase the chance that her child may be born with microcephaly and other abnormalities. To complicate matters more, it became clear that Zika can be transmitted by a man to a woman through sex or intercourse. The virus can be spread before symptoms begin and after symptoms end. Also Zika virus can remain in the blood of an individual for a week (or sometimes longer), but in regards to men Zika can remain in semen even longer than in the blood. Since we still don't know how long Zika can remain in the semen, a man has to be more proactive than reactive when it comes to protecting his partner and future baby.

And ladies, our men, especially fathers-to-be, are thinking about Zika and are making some life changing decisions to protect the welfare of their families. Take, for example, cyclist Tejay van Garderen (27 years old) who is considered a medal contender for this year's summer Olympic Games in Rio de Janeiro, Brazil. He has decided to withdraw from consideration to be a part of the US Olympic team because his wife Jessica is pregnant and he doesn't want to put her or the well-being of his unborn child at risk by possibly contracting Zika and passing the infection on to them. "I don't want to take any chances. If anything were to happen, I couldn't live with myself." When you consider that Tejay will now have to wait 4 more years to fulfill his Olympic dreams and put all that training on hold for his wife and child, that is chivalry at its finest. (All I can hear is the song "When a Man Loves a Woman" playing in my mind right now!)

So what is a man to do?

If you have a pregnant partner and you have traveled or lived in a Zika-affected area:

The most conservative approach is to not have sex during the entire pregnancy. Although the thought of not having sex for several months might seem like the end of the world for some, the health and welfare of your child is well worth the sacrifice.

However, every couple has to do what will work for them, so if abstaining from sex is not possible then it is important to use a condom correctly and consistently while having sex for the entire time of intercourse. Condoms should be used regardless of whether you are having vaginal, anal or oral (mouth to penis) sex, even if you do not have symptoms. Remember: since Zika virus is found in semen, the idea is to make sure your partner has no contact with semen. Think, knight in shining latex armor, right? Yet another chance for chivalry, guys.

If your partner is not currently pregnant:

If you and your partner are planning or actively trying to get pregnant but you've recently traveled to or lived in a Zika-affected area, experts advise you to hold off on getting pregnant. The length of time you delay would depend on

whether you've had symptoms of Zika infection: delay 6 months men, if you have had symptoms, or 8 weeks if your wife or girlfriend had symptoms.. Avoid sex or be sure to use condoms every time , as mentioned before, during this period. If neither one of you have experienced symptoms than it is advised that you wait 8 weeks before trying.

Even if you are not planning a pregnancy, it is advisable to wear condoms every time you have sex because (well, you know) accidents have been known to happen! And you can even go a step further by not having sex for 8 weeks after you return from a Zika-affected area, if you have had no symptoms or for 6 months if you do.

Other Means of Prevention

Here in the United States, we do not yet have local cases of Zika – meaning that all reported cases in the US to date are from individuals who lived in or traveled to Zika-affected areas and have traveled back to the United States. While this is reassuring, we cannot be completely at ease and need to take the proper steps to prevent infection – especially since there is no vaccine or medicine to treat Zika. The use of insect repellents is an important tool in the prevention of Zika for everyone and especially those who are traveling back to the United States from Zika infected areas. The Centers for Disease Control and Prevention has some great info about Zika prevention:
http://www.cdc.gov/zika/prevention/

If you are uncertain about your risk of infection, you should talk to your doctor sooner than later so that they can make a proper assessment of your level of risk. Zika testing is available for people who believe they have been exposed through sex and have symptoms; however, keep in mind that testing blood, semen or urine will not tell you the level of risk for passing the infection to someone during sex. In addition, because Zika can remain longer in semen than in blood, a man could get a negative blood or urine test but still have the Zika virus in their semen.

So men, prepare for your most chivalrous self. We need you in the fight against Zika! Your partner and future child will appreciate all you do to protect them.



Patricia Cole, MPH, is the Program Coordinator for MotherToBaby Massachusetts. She obtained her Bachelor's degree in Biology from Simmons College in Boston and her MPH in Maternal and Child Health from Boston University School of Public Health. She has been the serving the families of New England as a teratogen counselor since 2001 and provides oversight for the day-to-day functions and outreach of the program. She has also provides education to graduate students and other professionals.

MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about viruses, alcohol, medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new text counseling service by texting questions to (855) 999-3525. You can also visit MotherToBaby.org to browse a library of fact sheets, email an expert or chat live. MotherToBaby recently released an evidence-based Zika virus fact sheet for concerned pregnant and breastfeeding women. It can be found here: https://mothertobaby.org/fact-sheets/zika-virus-pregnancy/

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By Jennifer Lemons, MS, CGC, MotherToBaby Texas TIPS

It was the longest 3 minutes of her life. As she opened her eyes to glance at the test, her heart stopped. She couldn't breathe. Frantically, she tore open the instructions that came with the test to confirm what she already knew. She was pregnant. She laid her head on the bathroom stall, tears threatening to fall. It was then that the bell rang, signaling the end of lunch. It was time to go to class. But all she could think was, "I'm only 16…"

May is National Teen Pregnancy Prevention Month, a good time to focus on the specific challenges a young, pregnant mother may face. Teen pregnancy raises a myriad of emotions and thoughts from the most practical of, "How am I going to finish school?" or "What will my parents think?" to the more profound, "Should I even keep it?" or "Could I have harmed the baby somehow?"

When trying to answer these questions, it should come as no surprise that teens are at a high risk for receiving misinformation from many sources, i.e. the internet, friends and media. As a certified genetic counselor at MotherToBaby, this concerns me greatly – for mom's sake, as well as baby's. When somehow that mom-to-be lands on the other end of my phone line, in my office or on the other end of an email, I am relieved. She's found a trustworthy resource available for pregnant teens to help them answer these important, and potentially life-changing, questions.

MotherToBaby, a service of the nonprofit Organization of Teratology Information Specialists (OTIS), provides the most up-to-date, evidence-based information to mothers, healthcare professionals, and the general public about potentially harmful exposures, like alcohol, drugs and medications, during pregnancy and while breastfeeding. Each question that MotherToBaby receives is researched by a professional like me. From questions about bug repellant to illegal drug use, MotherToBaby has seen it all! So, what are some of the most common questions I get from young moms?

ALCOHOL. "Can I drink any alcohol at all during my pregnancy?" No amount of alcohol is safe during pregnancy. However, babies exposed to large amounts of alcohol at one time (i.e. binge drinking) and/or frequently throughout a pregnancy may be at risk for Fetal Alcohol Spectrum Disorder (FASD). Babies with FASD may have one or more of the following: birth defects, intellectual disabilities, learning disorders and/or behavioral problems.

CIGARETTES. "Why can't I smoke cigarettes while I am pregnant?" There are over 4,000 chemicals and toxins in cigarette smoke. Several of these can cross the placenta and decrease the amount of oxygen and nutrients available to baby. Studies on heavy smoking (smoking 15 or more cigarettes per day) during pregnancy have shown an increased risk of oral clefts in newborns, as well as a higher chance for preterm delivery, low-birth weight or

miscarriage. Long-term effects have included a higher risk for childhood asthma, bronchitis, and respiratory infections, as well as ADHD. It's never too late to quit smoking – even reducing the number of cigarettes smoked per day will help!

MARIJUANA. "I've heard it is OK to smoke marijuana during pregnancy. Is this true?" There is conflicting information available about the effects of marijuana on a pregnancy. While some recent studies have shown that it has not been associated with an increased risk for birth defects or complications, there is not enough data available to say this with 100% confidence. Additionally, cognitive and behavioral problems have been seen more often in children whose mothers were "heavy" marijuana users (used marijuana one or more times per day). Again, the evidence is not conclusive and some studies report conflicting results. Plus, smoking is smoking, so heavy marijuana use during pregnancy can be associated with many of the same problems as heavy cigarette use.

METHAMPHETAMINES. "I've used methamphetamines in the past. Is this OK to use now and then while I am pregnant?" Methamphetamines (meth) should not be used at any point during pregnancy. Meth use has been associated with an increased risk of miscarriage or preterm delivery. Meth use later in pregnancy has also been associated with babies experiencing withdrawal symptoms after being born. Currently, there is not enough data to know whether meth use during pregnancy increases the risk of birth defects, although heavy use of meth during pregnancy may increase the risk for learning problems.

There's no doubt the road ahead will be filled with many more questions for a young parent, but I'd like to think receiving a reliable personalized risk assessment about exposures during pregnancy and breastfeeding will be the start of an important support system she builds for herself.



Jennifer Lemons, MS, is a certified genetic counselor and clinical instructor in the Department of Pediatrics, Division of Genetics at the University of Texas Medical School. In addition to providing teratogen counseling for MotherToBaby TexasTIPS, she provides genetic counseling services at the Gulf States Hemophilia and Thrombophilia Center in Houston. Special thanks to Meagan Giles, a 2nd year genetic counseling student with the University of Texas Genetic Counseling Program, who also contributed information to this blog.

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By Chris Colón, Certified Genetic Counselor at MotherToBaby Arizona

We here at MotherToBaby are always looking for new and interesting topics to write about in our monthly blog series. We like to make sure that we do our best to target questions and concerns that are important to our readers. We of course spend a lot of time focused on over-the-counter and prescription medications, but not everyone feels comfortable taking traditional remedies. In fact, more and more people are looking to alternative medicine practices to treat a variety of conditions. Practices such as hypnosis, massage therapy and the use of essential oils is becoming more common.

As a teratogen information specialist I've fielded more than a few calls about the use of essential oils during pregnancy and breastfeeding. While information on the use of FDA-approved medications in pregnancy and breastfeeding is improving, reliable information on the use of products that are not regulated by the FDA is uncommon. Still, when callers want answers, it's our job to provide them with the most current and accurate data we can find.

Having no personal experience of my own with the use of essential oils, I wanted to talk to someone who did. Luckily, my friend, colleague and mom of three, Nicole Greer, was willing to share her personal story.

Nicole came to find out about the use of essential oils through a friend. "Three years ago, a friend invited me to her 'oils' party, and while I had no idea what that meant, because she was a good friend, I went to support her," she said. "When I arrived at the party, there were people trying different oils and discussing the life-altering differences oils had made for their families. Each of them had a story about changes such as elevated mood, better digestion issues, increased overall health – the list goes on."

While curious, Nicole was not ready to take the full plunge into oil therapy without some more information. "I went looking for credible sources to validate what I was hearing before I invested any time or money. I thought, if this is as great as they say it is, why haven't I heard about them before and why don't more people use them? Why isn't there use of these products in medical settings?"

Turns out there is. As the approaches to total patient care continue to change, more institutions are looking "outside the box" for treatments. There are many alternative medicine practitioners who use oils as part of their patient care routine. Vanderbilt University began using essential oils in their emergency room and their own study showed that the use of essential oils reduced stress and improved overall wellness among staff and patients. The Department of Integrative Medicine at Beth Israel Hospital in New York launched a program to help encourage self-care of its staff members, which includes essential oil therapy. And, there are large organizations both in the United States and abroad, that offer guidance on the practice of aromatherapy and the use of essential oils.

So what does all this mean for pregnancy and breastfeeding? Well, let's start with the basics. Before the use of any products, it's recommended to consult your healthcare provider to discuss the risks and the benefits. If you're looking for information on the use of oils during pregnancy and breastfeeding that can be found on the internet, here are a few tips:

Information is limited. Depending on the product in question, there may be few studies on its use in pregnancy and breastfeeding. For many products, there is no information at all. That doesn't mean that the oils are necessarily helpful or harmful; it means that they haven't been studied. The lack of data can sometimes make it hard to decide if the product should be used or not.

Not all information is created equal. Some information available is based on sound research and scientific proof. Some is "anecdotal", meaning it's based on people's experiences and not necessarily facts. When deciding what is best for you, make sure you're getting information from a reliable source.

Still talk with your healthcare provider. Information from books, media, and/or the internet may be helpful, but it cannot predict what exactly will happen with you. Everyone is different, and every pregnancy is different, too. What works for others may not work for you. There may be something in your medical history that makes using certain products potentially more risky- even products that are not a problem for others. It's best to always check with a medical professional.

If you have used a product without knowing its possible side effects, don't panic. Call your healthcare provider. The use of products on the skin (topical) usually does not lead to large absorption by the person using them. That means not a lot is getting to the bloodstream, or to the baby. Constant use, use on broken or diseased skin, use over large areas of the body, use on certain body parts and swallowing of products have a greater rate of absorption by the body. However, assessing if there a possibility of negative effects on pregnancy or breastfeeding depends on what product is used, when in pregnancy it was used, and how much was used.

Nicole's experience with oils has been a positive one. "For me, the defining moment came when I had a headache, and decided to give some oils a try. I have been plagued by headaches my entire life. I have used over-the-counter pain medication for years, and still my headaches never completely went away until I used a few dabs of oils on my temples. Also, after using the oils for almost two years, I believe the amount of times my three children have been sick is much lower than before. I have many friends who all have similar stories now, and my kids and husband have certainly gotten on board now that they have seen results," she said.

Like everything else, the use of essential oils in pregnancy and breastfeeding is a very personal decision, and one that should be made after careful information gathering and thinking about what's best for you and your baby. MotherToBaby is available to help provide information for questions on the use of essential oils during pregnancy and breastfeeding. You can reach a teratogen information specialist by calling 866-626-6847 or by visiting www.MotherToBaby.org.



Chris Colón is a certified genetic counselor based in Tucson, Arizona and proud mother of two. She currently works for The University of Arizona as a Teratogen Information Specialist at MotherToBaby Arizona, formerly known as the Arizona Pregnancy Riskline. Her counseling experience includes prenatal and cardiac genetics, and she has served as MotherToBaby's Education Committee Co-chair since 2012.

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Por Patricia Markland Cole, MPH, MotherToBaby Massachusetts

Zika Zika Zika…dondequiera que vas alguien está hablando sobre el Zika, y no es difícil entender porque. El otoño pasado en Brasil, los casos comenzaron a aparecer con frecuencia inusual. Los proveedores de salud notaron un aumento en bebes nacidos con cabezas pequeñas y pequeños cerebros, un defecto de nacimiento llamado microcefalia. Y las preguntas comenzaron a llegar en cuanto a por qué esto podría estar sucediendo? Los proveedores notaron que estas mujeres vivían, o habían visitado áreas afectadas por el virus del Zika; de hecho, de los primeros 35 casos reportados de microcefalia, la mayoría de las madres reportaron de una enfermedad eruptiva similar y algunas salieron positiva para Zika.

Cuando el virus del Zika apareció en la noticias, fue comprensiblemente alarmante para las mujeres embarazadas. Una de las poblaciones más vulnerables, nuestros bebes, corren riesgo de algo que ni siquiera podemos ver con nuestros mismos ojos: un virus transmitido por un mosquito. Aunque todavía tenemos mucho que aprender sobre Zika y el embarazo (incluyendo si es en realidad esta asociada con microcefalia), la posibilidad de que existe un riesgo aleja de la alegría y la celebración que la mujer embarazada siente normalmente y lo ha sustituido que con miedo y temor. Como consejera con MotherToBaby, lo sé., he escuchado el miedo en las voces de las mujeres que me llaman; incluso a través de mensajes de correo electrónico y de texto, la inquietud ha sido palpable. Así que vamos a poner todo en perspectiva.

Centrándose lejos del miedo: Si estas planificando un embarazo …
Si bien hay mucho énfasis en los temores de los mujeres embarazados, existen preocupaciones muy reales que la mujer o la pareja planificando un embarazo experiencian también Justo el otro día, tuve un conversación con una mujer que contacto nuestro servicio con la esperanza de obtener algunas respuestas. “Yo estoy planeando tener una fertilización in vitro y tengo programado un viaje a México, previendo las noticias acerca del Zika. Mi plan era ir a México e iniciar el proceso de fertilización in vitro a mi regreso. Debo cancelar mi viaje o, si viajo, debo posponer mis planes de embarazo, y si así fuera, por cuanto tiempo mas? Podemos hacernos prueba de laboratorio para Zika cuando regresemos, solo para estar seguros que no hemos contraído la infección? Es duro pensar en retrasar el embarazo, pero al mismo tiempo, hemos estado esperando este viaje desde mucho tiempo atrás!” Yo podía escuchar la lucha.
Todavía estamos aprendiendo sobre Zika,, pero para las parejas planeando un embarazo la recomendación actual es que hable con su médico acerca de cómo sus planes podrían verse afectados por viajar a un área afectada por el Zika. Zika usualmente permanece en la sangre por una semana después de la infección, y actualmente no hay evidencia que sugiera un incremento en el riesgo de defectos de nacimiento si una mujer resulta embarazada después que la infección ha pasado.

Si está embarazada…
Zika se puede transmitir de una mujer embarazada a su bebé. El vínculo entre Zika y microcefalia todavía está siendo investigado, pero para estar seguros los Centros para el Control y la Prevención de Enfermedades de los Estados Unidos(CDC) actualmente recomienda que las mujeres embarazadas consideren posponer su viaje a cualquier área en la que el virus del Zika se está extendiendo. Si el viaje a una región afectada no se puede evitar, se debe hablar con su proveedor de la salud antes de viajar, y mientras viaja tomar medidas cuidadosas para evitar las picaduras de mosquitos (ver más adelante). Si ha viajado recientemente, usted debe hablar con su proveedor de salud, incluso si usted no se siente enfermo.

Zika puede transmitirse a través del contacto sexual.
Para los hombres, Zika puede permanecer en el semen durante un período más largo de tiempo, por lo que es importante hablar con su proveedor médico sobre los riesgos. Si un hombre ha viajado a una región afectada por el Zika y tiene una compañera embarazada, se ha recomendado que use condones durante las relaciones sexuales (vaginal, anal u oral) por el resto del embarazo. Para las parejas que planean un embarazo, se ha recomendado que los hombres usen condones durante los siguientes 28 días después de viajar a zonas infectadas por el Zika. Para más detalles, consulte nuestra hoja informativa, Zika y embarazo
https://mothertobaby.org/es/hojas-informativas/virus-de-zika/.

Prevención Contra Los Picaduras De Mosquitos Durante Los Viajes
Es importante comprobar las recomendaciones de viaje para la zona que va a visitar, porque la situación en esas áreas puede cambiar rapidamente antes de viajar. Por ejemplo, antes de viajar a la Florida un médico me llamó preocupado de si seria seguro para su esposa usar DEET durante el embarazo. En ese momento no habia advertencias para esa zona, pero poco después, el gobernador de la Florida emitio un estado de emergencia para algunos condados que habían informado casos de infección por el Zika que estaban vinculados a las personas que habían viajado a zonas afectadas por el Zika. Por lo tanto, es importante comprobar siempre el sitio web de el CDC para información de viajes (http://wwwnc.cdc.gov/travel/page/zika-travel-information) y tomar las precauciones necesarias para protegerse de las picaduras de mosquitos.

Éstas incluyen:
1. Use camisas y pantalones de manga larga;
2. Utilice repelente de mosquitos con un número registrado en la EPA ya que esto significa que el repelente ha demostrado ser seguro y eficaz como DEET y picaridin; ambos considerados seguros para ser usados durante el embarazo. Asegúrese de leer la etiqueta y seguir las instrucciones, ya que puede necesitar volver a aplicar repelente de insectos cada par de horas. Si está utilizando protector solar, aplicar este primero y luego el repelente de insectos. Puede obtener más información sobre el uso de repelente de insectos durante el embarazo en nuestra nueva hoja informativa en https://mothertobaby.org/es/fact-sheets/repelente-de-insectos/pdf/;
3. Permanezca en áreas con aire acondicionado;
4. Permanezca en áreas con puertas con malla protectora contra mosquitos, y duerma protegido con red antimosquitos.

Los virus transmitidos por mosquitos no son nada nuevo
Zika es sólo el último golpe de estos matones que pican. De hecho, la adopción de medidas para evitar las picaduras de mosquitos es algo que todos deberiamos estar haciendo, ya que hay un buen número de enfermedades que se

pueden transmitir a los humanos. Algunas son más comunes en las zonas tropicales, pero también pueden encontrarse aquí en los Estados Unidos, como el dengue y el virus del Nilo Occidental. Ambas condiciones se asocian con síntomas incómodos, el dengue puede plantear complicaciones para el embarazo y los efectos del Nilo Occidental durante el embarazo no son tan bien conocidos – así que la protección en todo momento es la clave. Por suerte, tampoco son tan frecuentes en los Estados Unidos o Canadá como en otras partes del mundo debido a la utilización de repelentes de insectos y otras medidas de protección que tenemos. Para obtener más información, visita nuestra hoja informativa sobre el virus del Nilo Occidental en
https://mothertobaby.org/es/hojas-informativas/la-infeccion-del-virus-del-nilo-occidetal/

Recuerda: si no estás embarazada, el virus Zika generalmente no causa efectos graves. Es sólo cuando una mujer es infectada de Zika durante el embarazo que los expertos sospechan (pero aún no ha sido probado) que puede aumentar el riesgo de defectos de nacimiento así que todavía hay mucho que aprender.
Ha sido dicho que lo único que permanece constante es el cambio. Ya se trate de Zika o el próximo brote transmitido por mosquitos, lucha contra las picaduras y navega por esos cambios. MotherToBaby está aquí para ayudar.



Patricia Cole, MPH, es el coordinador del programa de MotherToBaby Massachusetts. Obtuvo su título de Licenciado en Biología por la Universidad Simmons en Boston y su MPH en Salud Materno Infantil de la Escuela de Salud Pública de la Universidad de Boston. Ella ha estado sirviendo a las familias de Nueva Inglaterra como un consejero teratólogo desde 2001 y presta servicios de supervisión de las funciones del día a día y el alcance del programa. También ha proporcionado educación a los estudiantes graduados y otros profesionales.

MotherToBaby es un servicio de la Organización Internacional de Especialistas en Información sobre Teratología (OTIS), un recurso sugerido por muchos organismos, entre ellos los Centros para el Control y la Prevención de Enfermedades (CDC). Si tiene alguna pregunta acerca de los virus, alcohol, medicamentos, vacunas, enfermedades u otras exposiciones, llame MotherToBaby al número gratuito 866-626-6847 o probar un nuevo servicio de asesoramiento texto de MotherToBaby enviando preguntas al (855) 999-3525. También puede visitar MotherToBaby.org para buscar una biblioteca de hojas de datos, enviar por correo electrónico un experto o chat en vivo. MotherToBaby lanzado recientemente una hoja de datos de virus Zika basada en la evidencia para las mujeres embarazadas y lactantes afectados. Se puede encontrar aquí: https://mothertobaby.org/es/hojas-informativas/virus-de-zika/

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****This information was current as of the time the blog was published. However, information is constantly changing. Please visit **Zika Central** for the latest information.****

Zika, Zika, Zika……everywhere you turn someone is talking about Zika and it's not hard to understand why. Last fall in Brazil, the cases began coming in with unusual frequency. Health care providers noticed an increase in babies born with small heads and small brains, a birth defect called microcephaly. And the questions began pouring in as to why this could be happening? Providers noticed these women lived in or had visited areas affected by the Zika Virus; in fact, out of the first 35 case reports of microcephaly the majority of the moms reported a rash-like illness and some tested positive for Zika.

When Zika hit the news, it was understandably scary for pregnant woman. One of our most vulnerable populations – our babies– are at risk from something we can't even see with our natural eyes: a virus carried by a mosquito. While we still have much to learn about Zika and pregnancy (including whether it is actually associated with microcephaly), the possibility that there is a risk takes away from the joy and celebration that pregnant woman normally feel and has replaced that with fear and trepidation. As a counselor with MotherToBaby, I know. I've heard the fear in the voices of women calling me; even through emails and text messages, the concern has been palpable. So let's put it all into perspective.

Focusing Away From Fear: If You're Planning A Pregnancy…
While there is so much focus on the fears of pregnant woman, there are very real concerns that the woman or couple planning for pregnancy experience as well. Just the other day, I had a conversation with a woman who contacted our service hoping to get some answers. "I am planning to go through IVF and scheduled a trip to Mexico well in advance of the news about Zika. My plan was to go to Mexico and start going thru IVF when I came back. Do I have to cancel my trip or if I go do I have to delay my plans for pregnancy, and, if so, for how long. It is hard to think of delaying pregnancy but at the same time we were so looking forward to this trip and planned it long ago!" I could hear the struggle.

We're still learning about Zika, but for couples planning a pregnancy the current recommendation is that you talk with your physician about how your plans could be affected by travel to a Zika–affected area. Zika usually remains in the blood for a week after infection and there is currently no evidence to suggest an increased risk of birth defects if a woman becomes pregnant after the infection has passed.

If You're Pregnant…
Zika can be spread from a pregnant woman to her baby. The link between Zika and microcephaly is still being investigated, but to be safe the US Centers for Disease Control and Prevention (CDC) currently recommends that pregnant women consider postponing travel to any area where Zika virus is spreading. If travel to an affected region cannot be avoided, you should talk to your healthcare provider before leaving, and while traveling take careful steps to prevent mosquito bites (see below). If you've recently completed your travel, you should still talk to your healthcare

provider, even if you don't feel sick.

Zika Can Be Transmitted Through Sexual Contact.
For men, Zika can remain in semen for a longer period of time so it is important to speak with your healthcare provider regarding risks. If a man has traveled to a Zika-affected region and has a pregnant partner, it has been recommended that he use condoms during sex (vaginal, anal, and oral) for the remainder of the pregnancy. For couples planning a pregnancy, it has been recommended that men use condoms for 28 days after traveling to Zika infected areas. For more details, see our fact sheet, Zika and Pregnancy https://mothertobaby.org/fact-sheets/zika-virus-pregnancy/.

Travel and Mosquito Bite Prevention
It is important to check travel advisories for the area you plan to visit because the status of areas can change before your trip quite rapidly. For example, prior to traveling to Florida a physician called me about the safety for his wife to use DEET during pregnancy. At the time there were no advisories for the area but shortly thereafter, the Governor of Florida issued a state of emergency for some counties that had reported cases of Zika infection that were linked to people who had traveled to Zika-affected areas. Therefore it is important to always check the CDC website for travel information (http://wwwnc.cdc.gov/travel/page/zika-travel-information) and to take the necessary precautions to protect yourself from mosquito bites. These include:

- Wear long sleeve shirts and pants;
- Use mosquito repellent with an EPA registered number as this means that the repellant has been proven safe and effective like DEET and picaridin; both of these agents are considered compatible for pregnancy. Make sure to read the label and follow the instructions, as you may need to reapply insect repellant every few hours. If you are using sunscreen, apply that first and then add the insect repellant. You can get more info on insect repellant use during pregnancy from our new Fact Sheet at https://mothertobaby.org/fact-sheets/insect-repellents/;
- Stay in air-conditioned areas;
- Stay in areas with screened doors, and sleep with mosquito netting.

Mosquito-transmitted Viruses are Nothing New
Zika is just the latest punch from these biting bullies. In fact, taking steps to avoid mosquito bites is something we should all be doing, as there are quite a few diseases they can pass on to humans. Some are more common in tropical areas but can also be found here in the United States like Dengue and West Nile Virus. Both conditions are associated with uncomfortable symptoms, dengue can pose complications for pregnancy and the effects of West Nile during pregnancy are not that well known – so protection at all times is key. Thankfully, neither are as frequent in the United States or Canada as in some other parts of the world due to the use of insect repellants and other protective measures we have. For more info, check out our West Nile Virus Fact Sheet at
https://mothertobaby.org/fact-sheets/west-nile-virus-infection-pregnancy/

Remember: if you are not pregnant, Zika virus overall does not cause serious effects. It is only when a woman gets Zika during pregnancy that experts suspect (but have not yet proven) that it may increase the risk of birth defects so there is still more to learn.
It's been said that the only thing that remains constant is change. Whether it's Zika or the next mosquito-transmitted outbreak, fight the bite and navigate those changes. MotherToBaby is here to help.



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MotherToBaby** is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about viruses, alcohol, medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's **new text counseling service** by texting questions to (855) 999-3525. You can also visit **MotherToBaby.org** to browse a library of fact sheets, **email an expert** or **chat live**. MotherToBaby recently released an evidence-based Zika virus fact sheet for concerned pregnant and breastfeeding women. It can be found here: **https://mothertobaby.org/fact-sheets/zika-virus-pregnancy/

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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