

Alcohol, Tobacco & Marijuana: What You Need To Know During Breastfeeding

By Beth Conover, APRN, CGC, MotherToBaby Nebraska

So...you were really good during your entire pregnancy, giving up every drop of alcohol, quitting smoking tobacco, and, of course, avoiding any drug like marijuana. You were concerned about the development of your baby, and doing everything you could to make a healthy outcome more likely. Good job! But now here you are....you've had your baby, you're giving breastfeeding your best shot...do you still need to be so careful? If you're wondering this, you're not alone. It is a top question I get as a health care provider and one of the top questions we get from moms through **MotherToBaby's text information line**. I'm a mom myself and after I had my boys, I asked the same things, like "would having a glass of wine when I'm on a date with my husband be the end of the world if I'm breastfeeding?"

Alas, many years later (and many published studies later), I have answers for you.

Let's start with the facts about breastfeeding. Breastfeeding is good for you and the baby, and you should continue nursing for at least 6 months... and better-yet, a year.

I think of alcohol and tobacco as 'recreational drugs' because there is not any medical reason to use them. And while medical use of marijuana is becoming more widespread, for most of us the use of marijuana is not medically necessary. We don't want rules surrounding the use of alcohol, tobacco, and marijuana to be unnecessarily strict so that they discourage nursing for the optimal amount of time. But we also want nursing moms to know that each of these drugs are passed to breast milk. Fortunately, there are often ways that we can limit the amount that baby gets.

Let's take a closer look at each one...

Alcohol—alcohol of all kinds (wine, beer, liquor) passes into your milk. Babies don't like the taste of it, and, if it happens often enough, babies may show developmental delays from exposures to alcohol through breast milk. Fortunately, waiting 2-3 hours after drinking a single alcoholic beverage results in lower amounts in milk. If you have two drinks, wait 4-6 hours...you get the idea. You can pump for comfort and to maintain your milk supply, but be sure to throw away the milk since it likely has alcohol in it. Chronic or heavy users of alcohol probably should not breastfeed.

Tobacco—you know that it is best for your health and that of your baby to avoid smoking tobacco, but if you cannot resist, keep the number of cigarettes as low as possible (preferably less than ½ pack per day) and never smoke around your baby. Nicotine gets into your milk, so try to wait several hours after you smoke before nursing your baby. Second hand smoke increases your baby's risk for ear and respiratory infections, asthma, and even sudden infant death syndrome. The immunoglobulins in your milk help to lessen those risks, which is why most experts still recommend breastfeeding even if a woman is smoking small amounts of tobacco.

Marijuana - THC, the active ingredient in marijuana, passes into breast milk. Marijuana production is not very well regulated, so there may be other dangerous contaminants. There are not many studies regarding use of marijuana and breastfeeding, but there are concerns that exposure to THC via milk might affect baby's development. It can also reduce your milk supply. Until more is known, it is recommended that marijuana be avoided in breastfeeding women, and that an effort also be made not to expose the infant to second hand marijuana smoke. If you happen to use marijuana, waiting 1-2 days before resuming nursing will help reduce the amount in milk. Pump and throw away milk in the meantime for comfort and to maintain your milk supply.

Bottom line, by breastfeeding, you're already taking the first step in providing continued important nutrition for your baby. Way to go! Taking steps to make sure your breastmilk stays as healthy as possible for the entire time you breastfeed will be well worth the effort. Stay strong, live well.



Beth Conover, APRN, CGC, is a genetic counselor and pediatric nurse practitioner. She established the Nebraska Teratogen Information Service in 1986, also known as MotherToBaby Nebraska. She was also a founding board member of the Organization of Teratology Information Specialists (OTIS). In her clinical practice, Beth sees patients in General Genetics Clinic, Prenatal Clinic, and the Fetal Alcohol Syndrome Clinic at the University of Nebraska Medical Center. Beth has provided consultation to the FDA and CDC. Two of her recent publications are, “The Art and Science of Teratogen Risk Communication” and “Safety Concerns Regarding Binge Drinking in Pregnancy: A Review.”

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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.

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<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 repellent 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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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 bebés 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 bebés, 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 embarazadas, existen preocupaciones muy reales que la mujer o la pareja planificando un embarazo experimentan también. Justo el otro día, tuve una conversación con una mujer que contactó 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 cuánto tiempo más? 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 rápidamente antes de viajar. Por ejemplo, antes de viajar a la Florida un médico me llamó preocupado de si sería seguro para su esposa usar DEET durante el embarazo. En ese momento no había advertencias para esa zona, pero poco después, el gobernador de la Florida emitió 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 deberíamos 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-occidental/>

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/>

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

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