Beyond the Status: What STDs Really Mean in Pregnancy and Breastfeeding

By Brittany Ajoku, MotherToBaby North Texas

Did you know that 1 of every 2 sexually active people will contract a sexually transmitted disease (STD) by age 25? That number is shocking, and highlights why it is so important to tackle this often-stigmatized topic head-on! So as we ease into National STD Awareness Month, it's time to talk openly about STDs, pregnancy and breastfeeding. STDs can affect people from all walks of life, and do not discriminate against anyone, including pregnant and breastfeeding women.

I remember when a client recently called our office panicked about the result of an STD test after learning her husband was having an affair. She tested positive for a bacterial infection and her doctor prescribed an antibiotic for treatment. Because she was breastfeeding, she was hesitant to begin using the antibiotic and had many questions. Would the antibiotic hurt her baby? Could she have infected her baby before she knew she had the infection? With a Google search leaving her with more questions than answers, she turned to MotherToBaby. After listening to her concerns, I began to dig through the latest research to provide her with what we are known for: giving understandable and current, evidence-based information.

STD Testing: Why Knowing Your Status Is Definitely Better For You & For Baby

In any woman, including those who are pregnant or breastfeeding, some STDs are asymptomatic (do not have symptoms or signs) even when infected. As a result, it can be difficult to know for sure whether a woman is infected or not without testing. Some STDs are automatically tested for over the course of a pregnancy (such as syphilis, HIV, hepatitis B, and chlamydia) while others are only tested if you are at an increased risk for the infection due to various risk factors. Even if you have already been tested earlier in pregnancy or you were tested in the past while breastfeeding, it is important to let your doctor know if you are having symptoms or suspect you have or may have been exposed to an STD. Earlier treatment of STDs allows for earlier detection of infections, which reduces the likelihood for you to transmit the infection to your baby during pregnancy or via breastmilk. Untreated STDs can not only lead to negative outcomes in moms but can also lead to negative outcomes in their babies.

Some of the negative outcomes from untreated STDs in pregnancy are:

- Preterm delivery
- Low birth weight
- Pregnancy loss
- Infections in the baby's organs
- Premature rupture of membranes

Treating STDs in Nursing Moms and Moms-To-Be

Once detected and diagnosed, it's best to begin to treat the STD as soon as possible. Antibiotics are commonly prescribed to treat and cure bacterial infections, while antiviral medications are prescribed to help treat the signs and symptoms of viral infections. Many medications have not been shown to increase risks in pregnancy and breastfeeding. Our library of fact sheets has many of the antibiotics and antiviral medications used to treat STDs and can be viewed here.

While breastfeeding with an STD, there is an additional factor to keep in mind besides what medication is prescribed to treat the STD. There are some STDs (such as syphilis and herpes) that may produce sores on various areas of the body and it's important to keep your baby and any pumping equipment from touching these sores to limit transmission of infections.

"An Ounce of Prevention Is Worth A Pound of Cure"

As important as it is to talk about treatment, prevention is also important to discuss. Here are a few things to keep in mind both during pregnancy and while breastfeeding.

- It is important to always have open and honest conversations with both your doctor and intimate partner(s) about your STD status.
- Abstaining from any type of sex (oral, vaginal, or anal) is the most reliable way to avoid infection. But if you want to be sexually active (and let's face it, many do!), practice safe sex by consistently and correctly using condoms, especially if you and your partner are not mutually monogamous or have not recently been tested.
- Be sure to get tested as soon as possible whenever you notice symptoms and signs, or think you've been infected.
- If you and/or you partner(s) are currently receiving treatment for an STD, practice abstinence during treatment.

With this information in mind, I was able to counsel my client on the importance of treating her STD and that the antibiotic she was prescribed was not expected to have negative effects in her nursing infant. Many STDs that are bacterial (such as chlamydia and gonorrhea) have not been shown to be transmitted via breast milk so my client had not put her infant at risk prior to treatment.

Just as I was able to help my client, the experts at MotherToBaby are always available to discuss medications and exposures, like STDs, during pregnancy and breastfeeding – it's confidential, no-cost, and judgment-free!



Brittany Ajoku is a Teratogen Information Specialist with MotherToBaby North Texas. She received her bachelor's degree in biochemistry from the University of North Texas and is working towards a Master in Public Health in Maternal and Child Health. Along with providing counseling at the service, she also enjoys raising awareness of the organization through community presentations and events.

About MotherToBaby

***MotherToBaby** is a service of the Organization of Teratology Information Specialists (OTIS), and a suggested resource 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** 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.*

References:

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

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