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!



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About MotherToBaby

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

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!

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