



MotherToBaby

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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## Antimalarial Medication

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to antimalarial medication may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from a health care provider.

### *What is antimalarial medication?*

Antimalarial medications are medicines that are taken to prevent malaria. There are several different medications that have been used to prevent malaria, such as: chloroquine, mefloquine, atovaquone, chloroguanide, artesunate, doxycycline, pyrimethamine, hydroxychloroquine, or primaquine. There are others.

### *What is malaria?*

Malaria is a blood-borne infectious disease found in many parts of the world. People typically become infected with malaria after being bitten by a mosquito that had been infected with a malaria-causing parasite. Less commonly, people can develop a malaria infection from blood transfusions, organ transplants, or the shared use of needles or syringes contaminated with infected blood. A pregnant woman may also pass malaria to her child before or during delivery. Malaria infection during pregnancy could cause a miscarriage, stillbirth or a complication like preterm delivery. Because of these risks, the Centers for Disease Control and Prevention (CDC) recommend that pregnant women not travel to areas where malaria is found.

The best way to prevent a malaria infection is to avoid travel to areas where malaria is a risk. If travel cannot be avoided, it is recommended that pregnant women take steps to protect themselves from mosquito bites. Methods to help prevent malaria infection include using personal protection measures such as insect repellent (see the MotherToBaby information sheet on Insect Repellents at <https://mothertobaby.wpengine.com/fact-sheets/insect-repellents/pdf/> and the sheet on DEET at <https://mothertobaby.wpengine.com/fact-sheets/deet-nn-ethyl-m-toluamide-pregnancy/pdf/>), sleeping in mosquito-free areas, wearing long sleeves and pants and, taking antimalarial medication before, during, and after travel, as directed by your healthcare provider.

You can read more about malaria in pregnancy on the malaria fact sheet at:

<https://mothertobaby.wpengine.com/fact-sheets/malaria/pdf/>.

### *Is antimalarial medication safe to take during pregnancy?*

When considering the use of any medication during pregnancy, it is important to consider both the risks and benefits of taking the medication. It is commonly accepted that pregnancy complications associated with malaria infection pose a greater threat to the mother and developing baby than any risks associated with antimalarial medication used during pregnancy.

It is difficult to provide a general recommendation for which antimalarial medications are best suited for use in pregnancy as malaria parasites can be resistant to multiple drugs. The best medication for you will depend on the type of malaria parasite that is most common in the area to which you are traveling, as well as your personal health history.

The Centers for Disease Control and Prevention (CDC) have created a webpage that provides information on recommendations for each malaria-endemic country, available at:

<https://wwwnc.cdc.gov/travel/yellowbook/2018/infectious-diseases-related-to-travel/yellow-fever-malaria-information-by-country>.

### *What antimalarial medications can be used during pregnancy?*

No specific birth defects have been associated with malaria prevention medications. However, with some of the medications, there is not enough experience with use in pregnancy to know for sure.

After discussing your travel plans with your healthcare provider, contact MotherToBaby with the name of the medication that you have been advised to take. A MotherToBaby specialist can then discuss the current pregnancy and breastfeeding research on your specific medication(s).

***Do any antimalarial medications cause birth defects or pregnancy complications?***

Since there are many different medications that can be used as an antimalarial, please contact a MotherToBaby specialist with the name of the specific medication(s) that you are considering.

***Can I breastfeed my baby while taking antimalarial medications?***

Breastfeeding has many benefits for a growing baby, and any concerns you have regarding medication use while breastfeeding should be addressed with your healthcare provider and your baby's pediatrician. That said, small amounts of antimalarial medications may enter the breast milk, but this exposure is not expected to result in adverse effects on the baby. The amount of medicine in the breast milk does not provide protection from malaria for the breastfeeding infant. Infants who will be traveling to regions where malaria is present should receive their own malaria prevention medication. Primaquine is generally not prescribed to a woman who is breastfeeding unless her baby has been tested for G6PD deficiency. Malarone is generally not prescribed to a nursing mother until her baby weighs more than 11 pounds (5 kg). Be sure to talk to your health care provider about all of your breastfeeding questions.

***What if the father of the baby uses antimalarial medication?***

In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet on Paternal Exposures at <https://mothertobaby.wpengine.com/fact-sheets/paternal-exposures-pregnancy/pdf/>.

**References Available By Request**

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