Malaria

This sheet is about having malaria in pregnancy or while breastfeeding. This information is based on published research studies. It should not take the place of medical care and advice from your healthcare provider.

What is malaria?

Malaria is an infectious disease found in parts of the world with warmer weather, especially in tropical and subtropical areas like sub-Saharan Africa, New Guinea, South Asia, Central and South America.

Symptoms of malaria can range from mild to severe. Most people with malaria have fever and flu-like illness with chills, headache, muscle soreness, and extreme tiredness (fatigue). Some people may also have nausea, vomiting, diarrhea, anemia (low red blood cell count), or jaundice (yellowing of the skin and eyes). More rarely, malaria infection may lead to kidney failure, seizures, confusion, coma, or death. Malaria symptoms usually start between 7 to 30 days after infection but can happen up to one year after exposure.

How do you get malaria?

People can get malaria from being bitten by a mosquito infected with malaria parasites (Plasmodium). Less commonly, malaria infection can come from blood transfusions, organ transplants, or the shared use of needles or syringes contaminated with infected blood. A pregnant woman who has malaria can also pass malaria to the fetus / baby before or during delivery.

Malaria is not passed through casual contact because it is found only in blood. You cannot get malaria from holding hands or sitting next to someone with malaria. It is not passed like the common cold or flu through coughing or sneezing.

What can I do to prevent getting malaria?

Since no method of malaria prevention works completely, the Centers for Disease Control and Prevention (CDC) recommend that that pregnant women avoid traveling to areas where malaria is common. If travel cannot be avoided, you can lower your chance of being bitten by mosquitos by using insect repellent correctly, sleeping in places without mosquitoes, wearing long sleeves and pants, and taking medication to prevent malaria before, during, and after your trip.

See the MotherToBaby fact sheets on DEET: https://mothertobaby.org/fact-sheets/deet-nn-ethyl-m-toluamide-pregnancy/ and Insect Repellents: https://mothertobaby.org/fact-sheets/insect-repellents/),

Getting malaria during pregnancy is usually more dangerous for the pregnant woman and the fetus than the possible risks from some of the medication used for prevention. If you have questions about a specific medication, talk with your healthcare provider or a MotherToBaby specialist.

I have malaria. Can it make it harder for me to get pregnant?

It is not known if having malaria can make it harder to get pregnant.

Does having/getting malaria increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Having malaria during pregnancy increases the chance of miscarriage.

Does having/getting malaria increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like malaria, might increase the chance of birth defects in a pregnancy. Malaria is not expected to increase the chance of birth defects.

Would having/getting malaria increase the chance of other pregnancy related problems?

Having malaria during pregnancy increases the chance of preterm birth (birth before 37 weeks of pregnancy), stillbirth, and growth problems in the fetus. Symptoms of malaria during pregnancy, such as fever, low oxygen levels, or low blood sugar, may also raise the chance of pregnancy complications.

When a woman has malaria during pregnancy, there is a chance that the placenta, the fetus, or both will be infected. Infection of the placenta is common and can prevent the fetus from getting enough oxygen and nutrients. Infection may also raise the chance for dangerously high blood pressure in the pregnant woman. If infected with malaria during pregnancy, the baby might have symptoms of fever, irritability, feeding problems, breathing problems, sluggishness, paleness, anemia, an enlarged liver and spleen, jaundice, and/or diarrhea in the weeks after birth.

Does having/getting malaria in pregnancy affect future behavior or learning for the child?

It is not known if malaria can affect future behavior or learning for the child. One study showed that malaria infections in pregnancy, especially in late pregnancy, could be related to motor delay (rolling over, crawling, walking).

What screenings or tests are available to see if the fetus has growth issues?

Prenatal ultrasounds can be used to monitor the growth of the pregnancy. Talk with your healthcare provider about any prenatal screenings or testing that are available to you. There are no tests available during pregnancy that can tell how much effect there could be on future behavior or learning.

Breastfeeding while I have malaria:

Malaria is not passed through breast milk, so breastfeeding will not give your baby malaria. Some medications used to treat malaria might enter the breast milk. Talk with your healthcare provider or contact a MotherToBaby specialist with questions about your specific medication.

One medication to use with caution while breastfeeding is called primaquine. This drug is able to treat malaria infections, but it may cause serious red blood cell problems in people and infants who have a genetic condition called glucose-6-phosphate dehydrogenase deficiency (G6PD deficiency). People who need primaquine should be tested for G6PD deficiency before this medication is used. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a man has malaria, can it affect his fertility or increase the chance of birth defects?

Studies have not been done to see if malaria could affect male fertility (ability to make healthy sperm) or increase the chance of birth defects. There is one case report of a man who had low sperm count while ill with malaria. Studies were not done to confirm if malaria was the cause of the reported temporary low sperm count. In general, exposures that men have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.