This sheet is about exposure to malaria in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from a healthcare provider.

**What is malaria?**

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

People can develop malaria from being bitten by a mosquito that was infected with malaria parasites. Less commonly, malaria infection can come from blood transfusions, organ transplants, or the shared use of needles or syringes contaminated with infected blood. A person who is pregnant with malaria may also pass malaria to her child 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 through sexual contact, and it is not passed like the common cold or flu through coughing or sneezing.

**What are the symptoms of malaria?**

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 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 develop between 7 and 30 days following infection, but can occur up to one year after exposure.

**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 pregnant women not travel to areas where malaria is found. If it is not possible to avoid travel, ways to help prevent malaria infection include properly using insect repellent (see the MotherToBaby fact sheet on DEET: https://mothertobaby.org/fact-sheets/deet-nnethylm-toluamide-pregnancy/ and Insect Repellents: https://mothertobaby.org/fact-sheets/insect-repellents/) sleeping in mosquito-free areas, wearing long sleeves and pants, and taking medication to prevent infection before, during, and after travel. The risks associated with malaria infection likely pose a greater threat to people who are pregnant and the developing baby than any risks associated with medication used for prevention.

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

Studies have not been done to see if malaria could make it harder to get pregnant.

**Does having/getting malaria increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. If a person has malaria during pregnancy, they could have a higher chance to have a miscarriage.

**Does having/getting malaria in the first trimester increase the chance of birth defects?**

Every pregnancy starts with a 3-5% chance of having a birth defect. This is called the background risk. Studies have not suggested a greater chance for birth defects from a malaria infection.

**Would having/getting malaria infection in the second or third trimester cause other pregnancy complications?**

Having malaria during pregnancy can cause a higher chance for premature birth (birth before 37 weeks of pregnancy), stillbirth, and growth problems in the baby. Symptoms of malaria in the person who is pregnancy, such as fever, low oxygen levels, or low blood sugar, may also raise the risk of pregnancy complications.

When a person who is pregnant is infected with malaria, there is a chance that the placenta or baby will become...
infected. Infection of the placenta is more common than infection of the baby. Placental infection may prevent the baby from getting proper amounts of oxygen and nutrients. Infection may also raise the risk for dangerously high blood pressure in the mother.

If a baby is infected with malaria, the baby might develop symptoms of fever, irritability, feeding problems, breathing problems, sluggishness, paleness, anemia, an enlarged liver and spleen, jaundice, and diarrhea in the weeks after birth.

**I have malaria. Can I breastfeed my baby?**

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

One medication you may want to use with caution while breastfeeding is called primaquine. This drug is able to treat malaria infections very well, but it may cause serious red blood cell problems in people and infants who have a common 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 your breastfeeding questions.

**If a man has malaria, could it affect his fertility (ability to get partner pregnant) or increase the chance of birth defects?**

There is one case report of a man who developed a low sperm count while ill with malaria. Studies were not done to confirm if the malaria was the cause of his temporary low sperm count. In general, exposures that fathers 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/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/).

**Please click here for references.**

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

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, February 1, 2020.