

Malaria

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, South Asia, Central and South America.

People can develop malaria from being bitten by a mosquito that was 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 person who is pregnant and has malaria may also pass malaria to the 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 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 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 develop between 7 to 30 days after infection but can happen 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 people who are pregnant 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-nn-ethyl-m-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 are likely a greater threat to people who are pregnant and the developing baby than any risks associated with medication used for prevention. If you have questions about a specific medication, talk with your healthcare provider or a MotherToBaby specialist.

In October 2021, the World Health Organization (WHO) formally recommended the RTS,S malaria vaccine for broader use among children in sub-Saharan Africa and in other regions with moderate to high malaria transmission. This is the first time ever that a vaccine has been recommended to fight malaria. There are no data about the safety of this vaccine during pregnancy. Talk to your healthcare provider if you are traveling to regions where malaria is regularly found (endemic).

I have malaria. Can it make it harder for me to get 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 of having a miscarriage.

Does having/getting malaria 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. Based on the studies reviewed, malaria is not expected to increase the chance for birth defects above the background risk.

Would having/getting malaria cause other pregnancy-related problems?

Having malaria during pregnancy can cause a higher chance for preterm 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 chance 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 chance for dangerously high blood pressure in the person who is pregnant. If a baby is infected with malaria during pregnancy, the baby might develop 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.

I have malaria. Can I breastfeed my baby?

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 and 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 very well, 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 your breastfeeding questions.

If a male has malaria, can it make it harder to get a partner pregnant or increase the chance of birth defects?

Studies have not been done to see if malaria could affect fertility or increase the chance of birth defects above the background risk. There is one case report of a person who developed low sperm count while ill with malaria. Studies were not done to confirm if the malaria was the cause of the reported temporary low sperm count. In general, exposures that fathers or sperm donors have are unlikely to increase the 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.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://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). *OTIS/MotherToBaby encourages inclusive and person-centered language. While our name still contains a reference to mothers, we are updating our resources with more inclusive terms. Use of the term mother or maternal refers to a person who is pregnant. Use of the term father or paternal refers to a person who contributes sperm.* Copyright by OTIS, October 1, 2021.