



MotherToBaby

Medications & More During Pregnancy & Breastfeeding
Ask The Experts

Fact Sheet

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

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Malaria

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 malaria 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 malaria?

Malaria is an infectious disease found in many parts of the world, especially in tropical and subtropical areas like sub-Saharan Africa and South Asia. Malaria is also found in parts of the Caribbean, Southeast Asia, the Middle East, and other regions.

People can develop malaria from being bitten by a mosquito that was infected with certain 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 pregnant woman 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.

How is malaria diagnosed and treated?

Your healthcare provider can do one of several blood tests to see if you have malaria. If you have malaria, your healthcare provider will decide how you should be treated.

Most cases of malaria can be treated with medication. The medication used to treat a woman who is pregnant with malaria will depend on the severity and types of symptoms she is having, whether she has had malaria before, and the type of parasite that caused her infection.

Does malaria infection cause birth defects or other problems in pregnancy?

Malaria infection during pregnancy increases the chance for serious health problems for both a pregnant woman and her baby, especially if the woman has never had malaria before and this is her first pregnancy. Having malaria during pregnancy can cause a higher chance for miscarriage, premature birth (birth before week 37), stillbirth, and growth problems in the baby. Symptoms of malaria in the mother, such as fever, low oxygen levels, or low blood sugar, may also raise the risk of pregnancy complications.

When a pregnant woman 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 may develop symptoms of fever, irritability, feeding problems, breathing problems, sluggishness, paleness, anemia (low red blood cell count), an enlarged liver and spleen, jaundice

(yellowing of the skin and eyes), and diarrhea in the weeks after birth.

What can I do to prevent getting malaria?

Since no method of malaria prevention works completely, it is best to avoid travel to parts of the world where malaria is common. If it is not possible to avoid travel, ways to help prevent malaria infection include using insect repellent (see the MotherToBaby fact sheet on DEET: <https://mothertobaby.org/fact-sheets/deet-nn-ethyl-m-toluamide-pregnancy/pdf/> and Insect Repellents: <https://mothertobaby.org/fact-sheets/insect-repellents/pdf/>), 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 pose a greater threat to mother and the developing baby than any risks associated with medication used for prevention. For more information, please see the MotherToBaby fact sheet on Antimalarial Medication at <https://mothertobaby.org/fact-sheets/antimalarials/pdf/>.

I have malaria. Can I breastfeed my baby?

Most likely. Malaria is not passed through breast milk, so breastfeeding will not give your baby malaria. Small amounts of medications used to treat malaria may enter the breast milk, but most are not expected to cause harm to the baby. Talk with your healthcare provider and contact a MotherToBaby specialist with questions about your specific medications.

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 mothers or infants who have a common genetic condition called glucose-6-phosphate dehydrogenase deficiency (G6PD deficiency). Mothers and their babies 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.

What if the father of the baby has malaria?

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 on Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

Please [click here](#) for references.

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