



Staphylococcus aureus (Staph Infection)

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 staphylococcus aureus may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care provider.

What is a staph infection?

Staphylococcus aureus (staph) is a type of bacteria (germ) found on the skin or in the nose. Most of the time, people will not have problems with these bacteria. However, if staph gets inside the body through a cut or sore, it may cause painful boils or blisters on the skin or, infection in the lungs (pneumonia), bloodstream, or in a wound that is healing after surgery.

People with a higher risk of getting a staph infection include sick people in hospitals, people recovering from surgeries or other medical procedures, people living in over-crowded conditions (shelters or prisons), children in daycare, intravenous (IV) drug abusers, people with weakened immune systems, athletes, and military personnel.

Eating food that has been contaminated with staph bacteria can also cause food poisoning. Symptoms typically involve severe vomiting and diarrhea with stomach pain that will start within a few hours after exposure. This type of infection with staph bacteria usually is not serious and generally does not last for more than a day.

What medications are used to treat staph skin infections?

Draining of the boil or blister by your health care provider may be the only treatment needed for staph skin infections. If medication is needed, antibiotics will be prescribed by your health care provider. In rare cases, the staph bacteria do not respond to commonly used antibiotics. This is known as “methicillin-resistant staphylococcus aureus” or “MRSA”. Other medications are available for treatment in this situation.

What will a staph or MRSA skin infection look like?

Staph bacterial infections, including MRSA, can look like a pimple or a boil and can be red, swollen and have pus or other liquids coming out of the sore. Staph infections are sometimes mistaken for a spider bite.

What should I do if I think I have a staph or MRSA infection?

Do not try to treat it yourself by picking or popping the site. Instead cover the site with a clean dry bandage and see your health care provider. Tests will determine if the infection is staph or MRSA.

To prevent staph or MRSA skin infections:

- Wash your hands often with soap and water and bathe regularly.
- Clean any cuts or scrapes and cover with a bandage until a scab forms.
- Don't touch other people's cuts or their bandages.
- Don't share personal items like razors, towels, or tweezers.

I am pregnant and have a staph or MRSA skin infection. Will it hurt the baby?

Staph or MRSA infections have not been well studied during pregnancy. However, these infections have not been linked to causing birth defects.

I am pregnant and I have a staph infection. Can I still get treatment?

Yes. Many antibiotics can be used during all trimesters of pregnancy. To find out more about your specific medicine during pregnancy, you can call MotherToBaby at 866-626-6847.

I am pregnant. What if the father of the baby, other family member, or friend has a confirmed staph or MRSA skin infection? Should I avoid contact with him or her?

Yes. Contact with a person who has staph or MRSA infection should be limited.

- Don't share towels, soap, razors, or other personal items.
- If you need to wash the person's laundry, rubber gloves should be used to handle his or her clothes and bedding. Launder in warmest temperature recommended by manufacturer's directions and dry the clothes thoroughly.
- Don't touch the person's sores, cuts or bandages.
- Wash your hands with soap and water after direct contact with anyone who has any skin infection.

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 and Pregnancy at <http://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/>.

I am breastfeeding. Can I take antibiotics for a staph or MRSA infection?

Yes. Most breastfed babies do not have problems when their mothers take antibiotics. However, some babies might develop rashes, hives, or diarrhea if they are allergic to the antibiotics. If this happens, call your child's health care provider. To find out more about your specific medicine during breastfeeding you can call MotherToBaby at 866-626-6847.

Can my breastfed baby get a staph or MRSA infection from me?

It is possible that a staph infection may spread from mother to baby, or from baby to mother, during breastfeeding from direct skin contact. Additionally, there are some reports of infants getting a staph or MRSA infection through expressed (pumped) breast milk that was contaminated. Therefore, it is important to thoroughly wash and sterilize pumping equipment and storage containers, as well as your hands when pumping breast milk.

Your baby could also get the infection if you have an infected wound and the baby comes into contact with your wound or any pus that may have come from the wound, even if you are not breastfeeding. It is important that you keep your wound covered with bandages so that the baby does not touch the wound or any discharge from it. The baby could also become infected if she comes in contact with clothing, bedding or other materials that were in contact with the infected area.

References Available By Request

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