Zika Virus and Pregnancy

New information about Zika may become available before it can be included in this fact sheet. Please contact a MotherToBaby Service for additional information that may be available.

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 the Zika virus 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 Zika? How do people get it?

Zika is a virus that is usually spread by infected mosquitoes. Not all mosquitoes carry the Zika virus and not every person bitten by an infected mosquito will get Zika. People who have the highest risk of getting Zika virus are those who live in or travel to areas with active Zika transmission.

Other ways people become infected with Zika include sexual contact with an infected partner (vaginal, anal or oral sex, or sharing of sex toys), from an infected pregnant woman to her fetus, and through blood transfusions with infected blood. Blood donations in the U.S. are screened for Zika virus. There is no evidence that Zika is spread through saliva or by coughing or sneezing.

What are the symptoms of Zika virus?

Four out of 5 people who are infected with the Zika virus do not have symptoms. Those who do develop symptoms usually have a mild flu-like illness with fever, rash, headache, joint and/or muscle pain and conjunctivitis (“pink eye”). Symptoms can begin 3-7 days after being infected and can last for several days to a week.

Can Zika virus affect my pregnancy?

Yes. If a woman is infected with Zika during pregnancy, there is a chance the virus will pass to the developing baby. If this happens, it can increase the risk of microcephaly (small head and brain) and other severe brain defects. It may also cause eye defects, hearing loss, seizures, and problems with the joints and limb movement. This pattern of birth defects caused by Zika infection in pregnancy is called “congenital Zika syndrome.” Zika infection in pregnancy might also affect the baby’s growth or increase the chance of miscarriage or stillbirth. Sometimes, a baby can be born with no apparent effects from Zika infection, but can later have slowed head and brain growth as a result of the infection (called postnatal microcephaly).

Researchers are still working to find out how likely it is that a baby exposed to Zika in pregnancy will have congenital Zika syndrome, or if it makes a difference when in the pregnancy the mother becomes infected. Based on limited research, it is possible that infection early in pregnancy could be a greater risk to the baby than infection in later pregnancy. But Zika is still considered a risk at any time during pregnancy.

Are there other health problems that having Zika virus can cause?

Yes. People who have been infected with Zika virus have a small increased risk for developing Guillain-Barré syndrome (GBS). GBS is a rare condition affecting a person’s nervous system, leading to weakness or causing the person to not be able to move certain parts of their body (paralysis). Symptoms of GBS can last a few weeks to several months. Most people who develop GBS completely recover, but some can have permanent nerve damage.

How is Zika treated?

A person with Zika can treat the symptoms, such as fever, headache, joint pain, pink eye, and any other
symptoms that might develop. There is no cure, medication or vaccine for Zika. Even if an infected person treats their symptoms, they can still pass the virus to others through sex or to a developing baby in pregnancy.

**Can I get Zika from a mosquito bite in the United States?**

At this time, there are no areas in the United States where mosquitoes are known to be infected with Zika.

**Is there still Zika in Florida or Texas?**

In 2016, the Centers for Disease Control and Prevention (CDC) reported small, local outbreaks of Zika in Miami-Dade County, Florida and Brownsville, Texas. After an extended time with no new cases, the CDC removed the Zika cautionary zone from Miami-Dade County, FL on June 2, 2017, and from Brownsville, TX on August 29, 2017. There is no longer a recommendation to avoid travel to Miami-Dade or Brownsville, even for pregnant women. However, because we cannot predict when and where the next Zika outbreak may happen, and because mosquitoes can also carry other viruses, it is a good idea to take precautions to avoid bites any time you are in an area with mosquitoes.

**I am pregnant. How can I protect myself from the Zika virus?**

The CDC recommends that pregnant women and their sexual partners avoid travel to any area where there is a risk of Zika infection. To determine which countries have a current Zika risk, visit the CDC webpage [Zika Travel Information](http://www.cdc.gov/zika/travel) or contact MotherToBaby.

Avoid mosquito bites by wearing protective clothing (such as long sleeves and long pants, and/or clothing treated with the insecticide permethrin) and using [insect repellents registered by the Environmental Protection Agency (EPA)](http://www.epa.gov/). MotherToBaby has fact sheets available for [Insect Repellents and Pregnancy](http://www.mothertobaby.org/), and [DEET and Pregnancy](http://www.mothertobaby.org/). When possible, use air-conditioning or screens to keep mosquitoes outside, and empty any standing water from around your home as this is where mosquitos lay their eggs. For more information on how to protect yourself, visit the CDC webpage [Prevention](http://www.cdc.gov/zika/)

Since Zika can be spread through sexual contact, you can protect yourself by not having sex with a partner who might have the virus. If a pregnant woman’s partner travels to an area with Zika, they should not have sex, or should use barrier protection every time for vaginal, anal, or oral sex, for the rest of the pregnancy. Pregnant women and their sexual partners who live in Zika-affected areas should also use protection or not have sex for the rest of the pregnancy. See the CDC webpage [Sexual Transmission & Prevention](http://www.cdc.gov/zika/)

**I am thinking about getting pregnant. How long do I need to wait after being in an area with Zika or having sex with someone who might be infected?**

Women who might have been exposed to the Zika virus through travel or sex should wait at least 2 months before trying to get pregnant, even if they don’t have symptoms of Zika. Men who might have been exposed to the Zika virus through travel or sex should wait at least 3 months before trying to conceive a pregnancy, even if they do not have symptoms. During these wait times, men and women should use barrier methods (e.g. condoms) and effective birth control to prevent pregnancy, and to protect their sexual partners from the virus. Visit the CDC webpage [Women & Their Partners Trying to Become Pregnant](http://www.cdc.gov/zika/)

**I had Zika virus months ago. Is there a risk of birth defects for my future pregnancies?**

Waiting at least 2 months after being infected with Zika allows time for the virus to clear from a woman’s body before she gets pregnant. After that time, there is no increased risk of Zika-related birth defects in future pregnancies. Based on what we know about similar viruses, it is unlikely that someone could get Zika again after having it once.

**Is there a test that can tell if I have or have had the Zika virus?**

Yes. However, not everyone who may have been exposed to Zika virus needs to be tested. For more information, please see CDC’s webpage on [Testing & Diagnosis](http://www.cdc.gov/zika/). Men and women who were recently exposed to Zika (from travel or sex) and develop symptoms should talk to their health care provider about testing as soon as possible. Testing is not routinely recommended for pregnant women who may have been exposed to Zika (from travel or sex) unless they have symptoms. However, health officials in some areas, including Texas, still recommend routine Zika testing for pregnant women as a precaution even if they don’t have symptoms. Pregnant women should talk to their health care provider about any local testing recommendations for Zika. The CDC also recommends routine Zika testing for pregnant women who travel regularly between the U.S. and Mexico. For more information, see [Patient Counseling](http://www.cdc.gov/zika/)

At this time, there is no way to test semen. If a man receives a negative Zika blood test result, this does not mean he does not still have the virus in the semen. Men with pregnant sex partners should continue to use condoms for
the duration of the pregnancy, and men planning pregnancy should continue to follow the 3 month wait time, even if they receive a negative Zika blood test result.

**What if I am pregnant and test positive for Zika, or if my test results are not clear?**

The CDC provides guidance to health care providers for following the baby’s growth and development for the rest of the pregnancy (see [Prenatal Care](#)). This may include more frequent ultrasounds (called serial ultrasounds) every 3–4 weeks and tests to look for Zika infection in the baby. It is important to remember that just because a pregnant woman tests positive for Zika, it does not automatically mean her baby will have birth defects.

**If I tested positive for Zika, can the baby be checked for Zika virus infection at birth?**

Yes. All babies who may have been exposed to Zika virus during pregnancy should receive a physical examination at birth as part of routine prenatal care. Infants who are born with birth defects consistent with congenital Zika syndrome, and infants whose mother’s tested positive for Zika during pregnancy, should receive additional testing. Please see CDC’s [Evaluation & Testing](#) webpage for more information, and discuss testing options and recommendations for your baby’s care with your health care provider.

**Where can I find a health care provider that specializes in treating babies with congenital Zika syndrome?**

[Zika Care Connect (ZCC)](#) is a helpful resource to find health care providers who care for patients affected by Zika. These providers receive the latest medical information from the CDC that allows them to care for patients with Zika based on the most up-to-date information. The ZCC website allows you to search for specialists near you, and provides information about the insurance they accept.

**Can I breastfeed if I have the Zika virus?**

Zika virus has been found in the breast milk of women infected with Zika, but there have not been any reported cases of infants getting Zika through breastfeeding. Researchers are learning more about any long-term effects that Zika could have on children and infants, but most infants and children who get Zika from mosquito bites either don’t have symptoms or have only mild symptoms, similar to the infection in adults. Based on current information, experts believe that the benefits of breastfeeding outweigh any potential risks of Zika virus infection through breastfeeding. Be sure to talk to your health care provider about all your breastfeeding questions.

**Where can I get more information on the Zika virus?**


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August, 2018