



STDs AND PREGNANCY

Pregnant women can become infected with the same sexually transmitted diseases (STDs) as women who are not pregnant. Pregnancy does not provide women or their babies any protection against STDs. In fact, the consequences of an STD can be significantly more serious, even life threatening, for a woman and her baby if the woman becomes infected with an STD while she is pregnant. As the list of diseases known to be sexually transmitted continues to grow, it is increasingly important that women be aware of the harmful effects of these diseases and know how to protect themselves and their children against infection.

How can STDs affect a woman during pregnancy?

STDs can have many of the same consequences for pregnant women as for women who are not pregnant. STDs can cause cervical and other cancers, chronic hepatitis, cirrhosis, and other complications. Many STDs are silent, or present without symptoms, in women. Other consequences are early onset of labor, premature rupture of the membranes surrounding the baby in the uterus, and uterine infection after delivery.

How can a pregnant woman's baby become infected?

STDs can be transmitted from a pregnant woman to her fetus, newborn, or infant before, during or after birth. Some STDs (like syphilis) cross the placenta and infect the fetus during its development. Other STDs (like Gonorrhea, Chlamydia, Hepatitis B, and genital herpes) are transmitted from the mother to the infant as the infant passes through the birth canal. HIV infection can cross the placenta during pregnancy, infect the newborn during the birth process, and, unlike other STDs, infect an infant as a result of breast-feeding.

How can STDs affect the fetus or newborn?

Harmful effects on the baby may include stillbirth, low birth weight, conjunctivitis (eye infection), pneumonia, neonatal sepsis (infection in the blood stream), neurological damage (such as brain damage or motor disorder), congenital abnormalities (including blindness, deafness, or other organ damage), acute hepatitis, meningitis, chronic liver disease, and cirrhosis. Some of these consequences may be apparent at birth; others may not be detected until months or even years later.



Frequently Asked Questions

Should pregnant women be tested for STDs?

STDs affect women of every socioeconomic and educational level, age, race, ethnicity and religion. The Centers for Disease Control and Prevention's (CDC) STD Treatment Guidelines (2006) recommend that pregnant women be screened for the following STDs at their first prenatal visit: Chlamydia, Gonorrhea, Hepatitis B and C, HIV, Syphilis and Bacterial Vaginosis.

Can STDs be treated during pregnancy?

Bacterial STDs (like Chlamydia, Gonorrhea, and Syphilis) can be treated and cured with antibiotics during pregnancy. There is no cure for viral STDs such as genital herpes and HIV, but antiviral medication for herpes and HIV may reduce symptoms in the pregnant woman. In addition, the risk of passing HIV infection from mother to baby is dramatically reduced by treatment. For women who have active genital herpes lesions at the time of delivery, a cesarean section may be performed to protect the newborn against infection.

How can pregnant women protect themselves against infection?

Although a woman may be monogamous during her pregnancy, she can remain at risk of STDs if her partner is not monogamous. For this reason, she may want to consider consistent and correct use of latex or polyurethane condoms for every act of intercourse. Protection is critical throughout a woman's pregnancy, including the last trimester when active infection can present a great threat to the health of a woman and her baby.

For more information:

Call the Centers for Disease Control and Prevention at 1-800-232-4636, TTY: 1-888-232-6348 in English and Spanish.