

Recommendations for Pregnant Patients

1. CDC recommends that travel to a high-risk Zika area be avoided.
2. If you have to travel to such an area, then latex condoms should be utilized while there. In addition, if the male partner has traveled to such an area, then condoms should be used throughout the remainder of the pregnancy. This recommendation holds even if the male partner has no symptoms or history of mosquito bites.
3. All pregnant patients who live in, have traveled to an at risk area, or have a male partner who has traveled to such an area should immediately notify their obstetrician so appropriate testing (blood and urine testing in addition to fetal ultrasounds) can be considered. When indicated, Maternal Fetal Medicine consultation is recommended.

What if I am presently in fertility treatment or do not want to delay?

In a situation where only the male partner is traveling, it would be recommended to cryopreserve (freeze) a sample of his sperm. This sperm can be used during the restrictive period so that fertility care is not postponed. None the less, it is important to use condoms during the restrictive period. Patients who do not follow these guidelines are more at risk of developing Zika or transmitting it sexually to their partner, or if pregnant to their developing embryo/fetus. In the latter case, significant birth defects including but not limited to effects on neurological development and microcephaly may occur. These defects are chronic lifelong issues.

How do I plan a healthy pregnancy?

The Center for Disease Control (CDC), and the American College of Obstetrics and Gynecology (ACOG) has established medical recommendations and guidelines to minimize the risk to patients, particularly those thinking about conception or who are pregnant:

1. If sexually active, while traveling to an areas where active transmission of Zika has been identified, condoms should be used for contraception. Avoid getting pregnant until the CDC recommended restricted period has passed. This is eight (8) weeks for women and six (6) months for men.
2. Couples who reside in an area of active viral transmission should take measures to minimize the risk of infection from mosquito bites and sexual contact.
3. Pregnant patients should avoid elective travel to an area identified with active viral transmission.
4. Male partners of pregnant patients should use condoms throughout the pregnancy when having sexual relations (vaginal, oral or anal).
5. Pregnant patients should contact their obstetrician for appropriate testing for Zika (including blood and urine testing as well as fetal ultrasounds).
6. Pregnant patients who have symptoms of Zika, test positive for Zika or have a male sexual contact with such should be referred to a Maternal Fetal Medicine specialist for further consultation.



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ZIKA
VIRUS
AND FAMILY PLANNING



Background

ZIKA virus was first discovered in 1947 in the jungles of Uganda, Africa. Since 1952, human cases have been detected in tropical Africa, Southeast Asia, and the Pacific Islands. In May of 2015, the first confirmed case of Zika infection was identified in Brazil. More recently, active transmission has been reported across Central America, Mexico, Puerto Rico, the Caribbean, the Bahamas, and in the United States, particularly Florida. The areas of concern are constantly changing and are updated by the Center for Disease Control (CDC) on their web site www.cdc.gov/zika.

How is Zika transmitted?

The most common mechanism of Zika virus transmission is through the bite of a mosquito. It can also be passed by a perinatal route from mother to fetus, or by contact through sexual relations. It is thought to be transmitted sexually via semen by vaginal, anal or oral route. It can also be transmitted through a blood transfusion. It can be transmitted sexually both before symptoms start and after symptoms resolve. There is also concern that the virus may also be spread in patients infected with Zika, but without clinical symptoms. This is especially problematic in that 80% of patients' infected with Zika are asymptomatic. How long the Zika virus persists in semen or vaginal secretions after the initial infection is unknown, making conception planning difficult.

What are symptoms of Zika?

The incubation period of the Zika virus is felt to be 3-14 days after exposure. The viremia is felt to last one to two weeks. Typical symptoms include two or more of the following: fever, rash, arthralgia, myalgia, conjunctivitis, and headache. Guillain-Barre syndrome (when a patient's immune system attacks the peripheral nervous system) although infrequent, has been associated with Zika infection.

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Does Zika cause birth defects?

In pregnant patients, miscarriage, fetal microcephaly, and fetal brain and eye abnormalities have been described after congenital exposure.

The exact risk of an abnormality following exposure or infection is not known. There is presently no evidence that Zika will cause congenital infection in pregnancies initiated after the resolution of the maternal Zika viremia.

Are all infected patients symptomatic?

No. Eighty percent (80%) of people infected with Zika demonstrate no symptoms. Therefore, any individual who has traveled to a Zika alert area should be considered possibly exposed, and capable of transmitting the disease. As such women are recommended to avoid conception for a period of eight (8) weeks, and men for a period of six (6) months after possible, suspected or proven exposure. Condoms should be used during this restrictive period to avoid transmission of the virus and prevent unintended pregnancy.

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Is testing for Zika available?

The CDC recommends Zika testing for people who may have been exposed to Zika through sex and who have Zika symptoms. A pregnant woman with possible exposure to Zika virus from travel or from unprotected sex with a partner who traveled to such an area should also be tested. All pregnant women who live in an area with active Zika transmission should be tested for Zika.

It is not recommended to test blood, semen, vaginal fluids or urine to determine how likely a person is to pass Zika virus through sex. Available tests may not accurately identify the presence of Zika or a person's risk of passing it on.

Is there a vaccine available for Zika?

Potential vaccines are still in the development or research stage, and not presently available.

WILL GUIDELINES CHANGE IN THE FUTURE

Research and information on Zika is constantly being updated and changing. These recommendations are valid as of January, 2017 and will probably be modified as time goes on. Please check with the CDC web site as well as your treating obstetrician, gynecologist or reproductive endocrinologist and infertility specialist to insure that you have the most up to date guidelines.

**THE GOAL if already pregnant is
TO PROTECT THE DEVELOPING FETUS.**

