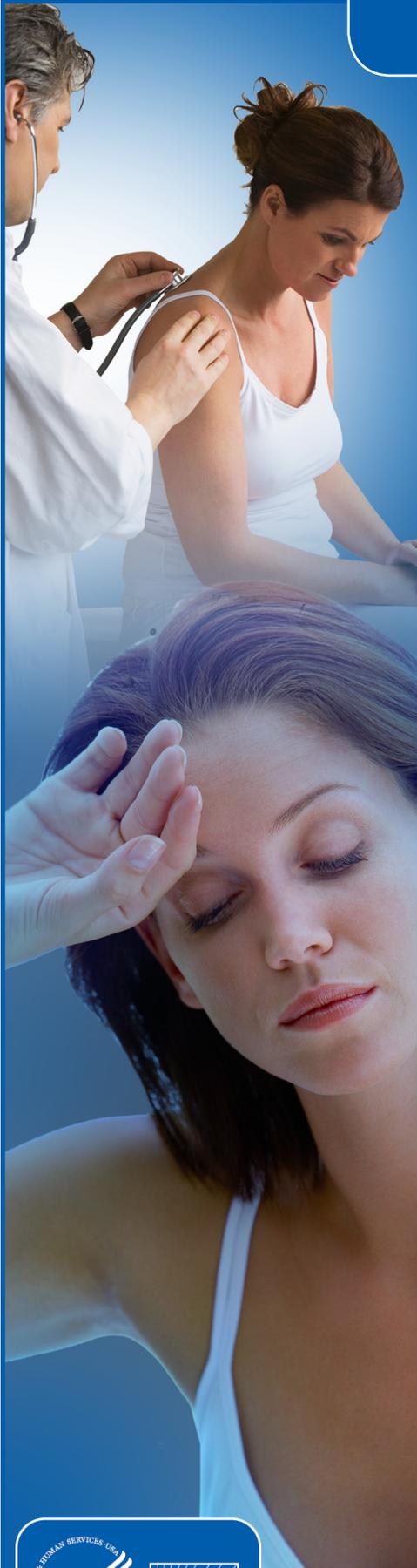


Preconception Clinical Care for Women Infectious Diseases



All women of reproductive age are candidates for preconception care; however, preconception care must be tailored to meet the needs of the individual. Given that preconception care ideally should occur throughout the reproductive years, some recommendations will be more relevant to women at specific stages in their lives and with varying levels of risk.

Chlamydia

All sexually active women 25 years of age or younger and all women at increased risk for infection with Chlamydia (including women with a history of STIs, new or multiple sexual partners, inconsistent condom use, sex work, and drug use) should be screened during routine encounters before pregnancy.

Cytomegalovirus

Women who have young children or who work with infants and young children should be counseled about reducing the risk of cytomegalovirus through universal precautions (e.g., the use of latex gloves and rigorous hand-washing after handling diapers or after exposure to respiratory secretions).

Gonorrhea

Women at high risk for gonorrhea should be screened during a preconception visit, and women who are infected should be treated. Screening also should occur early during pregnancy and be repeated among women who are at high risk.

Hepatitis C

There are no data showing that preconception screening for hepatitis C among low-risk women will improve perinatal outcomes. Screening for high-risk women is recommended. Women who are positive for hepatitis C and desire pregnancy should be counseled regarding the uncertain infectivity, the link between viral load and neonatal transmission, the importance of avoiding hepatotoxic drugs, and the risk of chronic liver disease. Women who are being treated for hepatitis C should have their reproductive plans reviewed and use adequate contraception while on therapy.



Herpes Simplex Virus

During a preconception visit, women with a history of genital herpes should be counseled about the risk of vertical transmission to the fetus and newborn child; women with no history should be counseled about asymptomatic disease and acquisition of infection. Although universal serologic screening is not recommended for the general population, type-specific serologic testing of asymptomatic partners of people with genital herpes is recommended.

Human Immunodeficiency Virus (HIV)

HIV screening allows for timely treatment and provides women (or couples) with additional information that can influence the timing of pregnancy and treatment.

All men and women should be encouraged to know their HIV status before pregnancy and should be counseled about safe sexual practices. Women who test positive must be informed of the risks of vertical transmission to their infants and the associated morbidity and mortality probabilities. These women should be offered contraception. Women who choose pregnancy should be counseled about the availability of treatment to prevent vertical transmission and that treatment should begin before pregnancy.

Listeriosis

Because pregnant women who are exposed to *Listeria* at any stage of pregnancy risk fetal loss, premature labor, and severe disease in newborns, preconception care should include teaching women what foods to avoid and how to safely prepare and store food. Raw (unpasteurized) milk, soft cheeses made from unpasteurized milk, pâté, meat spreads, and refrigerated smoked seafood (unless canned/shelf stable) should be avoided. Ready-to-eat foods, including hotdogs and deli meats, should be reheated until steaming hot.

Malaria

Women who are planning a pregnancy should be advised to avoid travel to malaria-endemic areas. If travel cannot be deferred, the traveler should be advised to defer pregnancy and use effective contraception until travel is completed and to follow preventive approaches. Antimalarial chemoprophylaxis should be provided to women who plan a pregnancy who travel to malaria-endemic areas.

Sexually Transmitted Infection

Sexually transmitted infection (STI) screening and treatment might reduce the risk of ectopic pregnancy, infertility, and chronic pelvic pain associated with *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, and also reduce the possible risk to a fetus of fetal death or physical and developmental disabilities, including mental retardation and blindness. Health care providers regularly and routinely should assess STI risks, provide counseling and other strategies (including immunizations) to prevent acquisition of STIs, and provide indicated STI testing and treatment for all women of childbearing age.

Syphilis

Women at high risk for syphilis should be screened during a preconception visit, and women who are infected should be treated. Because the U.S. Preventive Services Task Force and CDC recommend screening all women during pregnancy for syphilis, screening for syphilis immediately before conception is recommended.

Toxoplasmosis

There is no clear evidence that preconception counseling and testing will reduce *Toxoplasma gondii* infection or improve treatment of women who are infected. However, if preconception testing is done, women who test positive can be reassured that they are not at risk of contracting toxoplasmosis during pregnancy; women who are negative can be counseled about ways to prevent infection during pregnancy. For women who convert during pregnancy, treatment should be offered.

Tuberculosis

All women at high risk of tuberculosis should be screened and treated appropriately before pregnancy.

More Information

This fact sheet is part of a series on the clinical content of preconception care for women. Other fact sheets in the series include:

- Health Promotion
- Personal History
- Nutrition
- Immunizations
- Medical Conditions
- Exposures
- Psychosocial Risks
- Special Populations

To see the complete list of the preconception clinical content and description of how the content was selected and rated, please visit: www.cdc.gov/preconception/careforwomen