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No evidence currently exists to suggest that people who are pregnant are more susceptible to infection from Ebola virus (EBOV) than the general population. Earlier reports suggested that pregnant people are more likely to be at increased risk of severe illness and death when infected with EBOV during pregnancy.<sup>1</sup> More recent reviews, however, have suggested that pregnancy is not associated with increased mortality or disease severity in people with EVD.<sup>2,3</sup> People who are pregnant with EVD are at an increased risk of adverse pregnancy outcomes, including fetal loss and pregnancy-associated hemorrhage.<sup>1,2,3,4</sup> In previous outbreaks in Africa, almost all infants born to people with EVD have not survived, but whether EBOV was the cause of death has not always been known.<sup>2,3,4</sup> EBOV can cross the placenta, and pregnant people infected with the virus will likely transmit it to the fetus. Placental tissues from patients with EVD have demonstrated EBOV antigen throughout numerous different types of placental cells on pathological exams.<sup>5</sup> EBOV RNA has also been detected in amniotic fluid, placental tissue, fetal meconium, vaginal secretions, umbilical cord, and buccal swab samples from neonates.<sup>2,6,7,8,9</sup> Importantly, it should be noted that EBOV RNA can remain detectable in amniotic fluid, breast milk, and fetal tissue after maternal recovery from EVD.<sup>2</sup> EBOV RNA has been found in pregnancy-related body fluids and tissues up to 32 days after maternal clearance of viremia.<sup>2,6,7,8,9</sup> Therefore, proper infection control precautions should be taken when managing convalescent pregnant people.<sup>7</sup> Learn about Ebola disease, caused by an infection with one of a group of viruses, known as ebolaviruses, that are found primarily in sub-Saharan Africa.



Source

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<https://www.cdc.gov/ebola/hcp/clinical-guidance/clinical-guidance-for-ebola-in-people-who-are-pregnant.html>