

Talk ZIKA: Family Planning

Discussion Points to Share with Patients

Men and women with possible Zika virus exposure should wait to become pregnant due to the risk of serious birth defects and other pregnancy problems.

Assess Patient Pregnancy Intentions

- ✓ Have you been thinking about having a baby? Would you like to become pregnant in the next year?
- ✓ As your health care provider, I want to make sure you have a healthy pregnancy.
- ✓ With the Zika virus outbreak, planning pregnancy is more important than ever.

While the best way to prevent Zika is to prevent mosquito bites, Zika virus can also be transmitted through sexual contact.

Preconception Counseling: Explore the Patient's Reproductive Life Plan

- ✓ To reach your family planning goals, it is important to discuss when you want to start or grow your family. This includes helping you avoid pregnancy when you do not want to be pregnant and helping you have a healthy pregnancy when you are ready.
- ✓ Since there is still a lot we don't know about Zika, it's important for you and your partner to protect yourself before (and during) your pregnancy.

Zika Virus Infection and the Risks to a Healthy Pregnancy:

- For pregnant women, the concern is that Zika can affect the pregnancy at any time, even before a woman knows she is pregnant.
- Zika virus can cause birth defects including microcephaly and other problems with brain development, and has been linked to other problems in pregnancies such as miscarriage, stillbirth and other birth defects.
- There is no specific medicine or vaccine for Zika virus.
- Currently, there is no evidence to suggest that past Zika virus infection poses an increased risk of birth defects for future pregnancies.

Risk of Zika Virus Exposure and Prevention of Sexual Transmission:

- Have you or your sexual partner recently been to an area with risk of Zika, or do you have plans to travel in the near future?
- If you or your partner have recently been to an area with Zika, you could transmit Zika through sexual contact. Either do not have sex, or practice safer sex to prevent transmission.
 - Women: for at least **2 months** after travel or symptom onset.
 - Men: for at least **3 months** after travel or symptom onset.
- Safer sex involves use of barriers like condoms (male or female) and dental dams every time you have vaginal, anal or oral sex.
- Safer sex barriers help reduce the chance of sexual transmission of the Zika virus, but should not be the only form of contraception for pregnancy prevention.

- In addition, use a long-acting reversible contraceptive to prevent pregnancy.
- If you have any trips planned, check the [CDC's traveler's health website](https://wwwnc.cdc.gov/travel/page/world-map-areas-with-zika) to see which countries have a risk of Zika virus transmission (<https://wwwnc.cdc.gov/travel/page/world-map-areas-with-zika>).

We advise postponing a trip to any area with risk of Zika if you are pregnant or planning pregnancy. If you must travel: use safer sex barriers, an effective contraceptive method, and an EPA-registered insect repellent during travel and 3 weeks after you return; these repellents are safe to use by pregnant and breastfeeding women.

Fertility Treatment:

- Zika virus transmission through fertility treatments, like in vitro fertilization (IVF), has not been reported, but it is possible that Zika could be transmitted through gametes (sperm or egg) or embryos.
- If you have had Zika virus infection or possible Zika virus exposure and are undergoing fertility treatment with your own gametes and embryos, you should follow the same timing recommendations: wait 2 months for women and 3 months for men (after symptoms or last exposure).

Recommend Use of Effective Contraceptive Methods:

- ✓ Given the risks of Zika, it is important to consider if now is the right time for you to get pregnant.
- ✓ If now isn't the right time to get pregnant, then let's discuss the most effective birth control methods that may work for you and your life.

The most effective type of reversible birth control is long-acting, reversible contraception (LARC), specifically intrauterine devices (IUDs) and implants. These methods require no effort to use after insertion and can prevent unintended pregnancy for up to 3 to 10 years. However, they can also be removed at any time if a woman decides she wants to become pregnant.

- LARC and permanent methods (e.g., vasectomy and tubal sterilization) are known as highly effective methods:
- <1 in 100 women experience a pregnancy during the first year of typical use with these methods.

Contraceptive shots, pills, patches and rings require more effort to use correctly and consistently, and are known as moderately effective methods:

- 6 to 9 in 100 women experience a pregnancy during the first year of typical use with these methods.

Healthcare providers are considered by their patients to be credible sources of information, and therefore, are important sources of individualized family planning counseling for women and their sexual partners.

Zika Testing for Those Planning Pregnancy:

Currently available tests may not accurately identify the presence of Zika or a person's risk of passing it on through sex and, therefore, **cannot be used to decide whether it is safe to get pregnant** (instead, recommend the aforementioned waiting periods after Zika exposure). Here are some reasons why:

- A blood or urine test that tests for Zika viral RNA could be negative for Zika, but the Zika virus could still be present in other fluids, such as semen. (There isn't a Zika test for semen yet.)
- A negative antibody test could be false if antibody levels are not yet high enough to be detected, or later after infection when the antibody levels have fallen to undetectable levels.
- If an antibody test is positive, it could mean you have a recent infection with Zika, a past infection with Zika, or recent infection with a similar type of virus (like dengue), or a false positive test result. As the risk of Zika virus transmission goes down in an area, the risk of false positive Zika test results becomes more likely.
- Bottom line....no test is 100% accurate, and a negative test could be falsely reassuring.

Note to Provider: Decisions about pregnancy planning are deeply personal and very complex. Receiving information about Zika from a healthcare provider may be helpful in considering whether or not to become pregnant or to continue a pregnancy.

Unintended Pregnancy and Zika Virus Infection: What do I do now?

- ✓ Pregnant women exposed to or infected with Zika virus may be very anxious and have multiple questions. Unfortunately, there is much we do not know about Zika virus infection during pregnancy.
- ✓ We are still learning how accurate Zika virus testing is, which makes it difficult to know for sure when infection is **not** present in pregnant women. We are also still learning about the timing, risk and spectrum of poor health outcomes in babies.
- ✓ **What we do know:**
 - If a woman gets Zika while pregnant, the virus may be passed to her developing baby, whether or not the woman has Zika symptoms.
 - Zika virus infection in pregnancy can cause microcephaly and other problems with brain development in the fetus, including problems with vision, hearing, and seizures.
 - U.S. data shows about 1 in 10 pregnant women with a confirmed Zika virus infection had a fetus or baby with birth defects.
 - There is growing evidence that confirmed Zika infection in the first trimester is associated with a higher risk of birth defects.
 - Even in places with active Zika transmission, women are delivering infants that appear to be healthy, though a comprehensive understanding of the long-term health effects and delayed onset findings are evolving.

- Some infants with congenital Zika virus infection who appear normal at birth may later experience slowed head growth and develop postnatal microcephaly and, for others, the delayed impact might be more subtle.
- Findings after birth may include feeding challenges, sleeping issues, seizures, problems with movement, vision and hearing, and other developmental delays.
- ✓ **What we are still learning:**
 - The Zika virus can stay in semen and vaginal fluids for an unknown period of time and still be sexually transmitted.
 - The likelihood that Zika will be passed from an infected pregnant woman to her fetus is unclear.
 - The full spectrum and likelihood of adverse health effects on the fetus based on timing of infection remains to be fully delineated.
 - How much we can rely on prenatal ultrasound to tell us if the fetus has signs of Zika infection is yet to be determined.
 - The use of Zika testing on amniotic fluid has delivered mixed results and it is not clear how these results predict the presence of birth defects.
 - A full understanding of the health effects that may occur as an infant with congenital Zika infection develops and ages remain to be fully determined.
- ✓ **Women interested in terminating a pregnancy should receive appropriate referrals, resources and support.**

REFERENCES

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