**Women in the context of microcephaly and Zika virus disease**

The risk of babies born with microcephaly has raised understandable concerns among women including those who are pregnant or planning to become pregnant. There are many unknowns regarding the possible causes of microcephaly. Until we have more answers, there are ways that women can protect themselves from Zika infection.

Online Q&A
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**Should pregnant women be concerned about Zika virus disease?**

Although symptoms associated with Zika are generally mild, a possible association has been observed between the unusual rise of Zika cases and microcephaly cases in Brazil since 2015.

**What is microcephaly?**

Microcephaly is a condition where a baby is born with a small head or the head stops growing after birth. Microcephaly is usually a rare condition, with one baby in several thousand being born with the birth defect. If this combines with poor brain growth, babies with microcephaly can have developmental disabilities.

The most reliable way to assess whether a baby has microcephaly is to measure head circumference 24 hours after birth, compare this with WHO growth standards, and continue to measure the rate of head growth in early infancy. Brazil has reported an unusual, sudden increase in babies born with microcephaly since May 2015.

**Information for healthcare providers:**

* [Preliminary guidance for the surveillance of microcephaly in newborns in settings with risk of Zika virus circulation](http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=270&gid=33016&lang=en)

**Information for the general public:**

* [Fact sheet: Microcephaly](http://www.who.int/entity/emergencies/zika-virus/microcephaly/en/index.html)

**How can women protect themselves from infection with Zika?**

Women who are pregnant or planning to become pregnant should take extra care to protect themselves from the bites of the mosquito that transmits Zika, by:

* using insect repellent: repellents may be applied to exposed skin or to clothing, and should contain DEET. Repellents must be used in strict accordance with the label instructions. They are safe for use by pregnant women;
* wearing clothes (preferably light-coloured) that cover as much of the body as possible;
* using physical barriers such as screens, closed doors and windows;
* sleeping under mosquito nets, especially during the day, when Aedes mosquitoes are most active;
* identifying and eliminating potential mosquito breeding sites, by emptying, cleaning or covering containers that can hold even small amounts of water, such as buckets, flower pots and tyres.

**Reports have stated that Zika can be transmitted through sex, is this correct, and if so how can it be avoided?**

Zika has been found in human semen, and one research study has described a case where Zika has been transmitted from one person to another through sexual contact. However, more evidence is needed to confirm whether sex commonly transmits the Zika virus.

Until more is known, all men and women living in or returning from an area where Zika is present - especially pregnant women and their partners - should be counselled on the potential risks of sexual transmission and ensure safer sexual practices. Safer sexual practices include the correct and consistent use of condoms, one of the most effective methods of protection against all sexually transmitted infections.

**Information for the general public:**

* [Fact sheet: Family planning/Contraception](http://www.who.int/entity/mediacentre/factsheets/fs351/en/index.html)

**Information for policy makers:**

* [UNFPA, WHO and UNAIDS Statement on condoms & prevention of HIV, other STIs and unintended pregnancy.](http://www.unaids.org/en/resources/presscentre/featurestories/2015/july/20150702_condoms_prevention)

**Should pregnant women travel to areas where Zika virus is present?**

WHO is not recommending travel restrictions related to Zika virus disease.

Women who are pregnant or planning to become pregnant must determine the level of risk they wish to take with regard to Zika and plan accordingly. In particular, they should:

* stay informed about Zika virus and other mosquito-transmitted diseases;
* protect themselves from mosquito bites (see above);
* consult their doctor or local health authorities if travelling to an area where Zika virus is present;
* mention their planned travel during their prenatal check-ups;
* consult with their healthcare provider for close monitoring of their pregnancy upon return from travel.

**What should pregnant women do if they have Zika?**

Pregnant women infected with the Zika virus should seek counselling and antenatal care from a medical practitioner. WHO recommendations on this topic are currently under development.

**Information for healthcare providers**

* [Provisional remarks on Zika virus infection in pregnant women](http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=&gid=33040&lang=en)

**Can women transmit Zika virus to their fetuses during pregnancy or childbirth?**

Zika virus infection close to term could potentially be transmitted during childbirth, although this has not been proven to date. Pregnant women in general, including those who develop symptoms of Zika virus infection, should see their healthcare provider for close monitoring of their pregnancy.

**Can mothers with Zika infection breastfeed their baby?**

Zika virus has been detected in breast milk but there is currently no evidence that the virus is transmitted to babies through breastfeeding. Current WHO breastfeeding recommendations remain valid, in particular exclusive breastfeeding for the first 6 months of life.

**Information for the general public:**

* [Fact sheet: Breastfeeding](http://www.who.int/entity/mediacentre/factsheets/fs342/en/index.html)

**What should women do if they wish to postpone pregnancy because they worry about microcephaly?**

* Whether and when to become pregnant should be a personal decision, on the basis of full information and access to affordable, quality health services.
* Women should have access to a comprehensive range of contraceptive options. The range of contraceptives available should include long-acting, short-acting and permanent methods to meet women’s individual preferences and needs. They include diaphragm, cervical cap, male condom, female condom, spermicidal foam, sponges and film.
* There are no known safety concerns regarding the use of any hormonal or barrier contraceptive methods for women or adolescent girls at risk of Zika virus, women diagnosed with Zika virus infection, or women and adolescents being treated for Zika virus infection.

**Information for policy makers:**

* [Ensuring human rights in the provision of contraceptive information and services – Guidance and recommendations](http://www.who.int/entity/reproductivehealth/publications/family_planning/human-rights-contraception/en/index.html)
* [Advice for healthcare providers on medical eligibility for contraception](http://www.who.int/entity/reproductivehealth/publications/family_planning/MEC-5/en/index.html)

**Information for the general public:**

* [Fact sheet: Family planning/Contraception](http://www.who.int/entity/mediacentre/factsheets/fs351/en/index.html)

**What should pregnant women do if they wish to terminate their pregnancy due to a fear of microcephaly?**

* Most women in Zika-affected areas will give birth to normal infants.
* Early ultrasound does not reliably predict microcephaly except in extreme cases.
* Women who wish to terminate a pregnancy due to a fear of microcephaly should have access to safe abortion services to the full extent of the law. They should consult a healthcare provider for accurate information on obtaining safe abortion services.
* In countries with restricted access to and/or limited availability of safe abortion, women should be provided accurate information and counselling about their options including information about reducing harms from unsafe abortion and accessing treatment for subsequent complications.

**Advice for health policy-makers on safe abortion:**

* [Safe abortion: technical and policy guidance for health systems](http://www.who.int/entity/reproductivehealth/publications/unsafe_abortion/sa_legal_policy_considerations/en/index.html)
* [Health worker roles in providing safe abortion care and post-abortion contraception](http://www.who.int/entity/reproductivehealth/publications/unsafe_abortion/abortion-task-shifting/en/index.html)

**Advice for healthcare providers:**

* [Clinical practice handbook for safe abortion](http://www.who.int/entity/reproductivehealth/publications/unsafe_abortion/clinical-practice-safe-abortion/en/index.html)

**Advice for general public:**

* [Fact sheet: Preventing unsafe abortion](http://www.who.int/entity/mediacentre/factsheets/fs388/en/index.html)

**What should women do if they have been exposed to unprotected sex but do not wish to become pregnant because of a fear of infection with Zika?**

All women and girls should have ready access to emergency contraception, including accurate information and counselling as well as affordable methods.

**Advice for general public:**

* [Fact sheet: Emergency contraception](http://www.who.int/entity/mediacentre/factsheets/fs244/en/index.html)