TUBERCULOSIS IN PREGNANCY AND LACTATION

FOR THE MOTHER
Active tuberculosis with cough, weight loss, fever, and perhaps night sweats, must be treated immediately. This type of tuberculosis can often be seen on a chest x-ray. Taking tuberculosis medicines as prescribed for the entire time they are ordered will cure tuberculosis, and prevent spreading tuberculosis to children in the home or to a newborn. Children and infants are at a high risk, and tuberculosis infection for them can cause brain damage or death. During pregnancy, a slightly different regimen of drugs is used which is not likely to affect the baby. Side effects from the medicines are monitored carefully during the entire treatment.

LACTATION
Breastfeeding is not affected by the medications for tuberculosis, specifically, Isoniazid (INH). The trace amount of INH in breast milk will not harm the infant, but it is not enough to prevent tuberculosis. Therefore, if the baby is infected, it should receive treatment also. It is best to continue breastfeeding whether on INH or other anti-tuberculosis medicines.

TUBERCULOSIS INFECTION
A positive skin test means that the immune system recognizes a previous infection with tuberculosis. An infection with tuberculosis can be treated successfully with only one drug before it progresses to a point that three or four drugs are needed to combat the disease. Even with DOT (directly observed therapy) for nine months, the skin test will remain positive, but disease will not develop.

PREGNANCY
Neither the baby nor mother is affected by skin testing during pregnancy. Testing during pregnancy is recommended when TB is suspected or in cases where there is active tuberculosis in family members or close friends.

The TB suspect or converter demonstrating a positive skin test should always be treated. However, treatment with isoniazid (INH) for TB infection is often postponed until a few months after delivery due to the possible effect of medication on the mother’s liver while pregnant and in the immediate post-partum period.

Women infected with HIV (AIDS) virus are at special risk for TB as well as other infections. Infants born to mothers with HIV may be predisposed to tuberculosis, because of a weak immune system. However, it is extremely rare for TB to be transferred to an infant in the womb.

REF: TUBERCULOSIS (1996) BY WILLIAM N. ROM, STUART GARAY.
CORE CURRICULUM ON TUBERCULOSIS. CENTER FOR DISEASE CONTROL AND PREVENTION (CDC).

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