Tuberculosis and Pregnancy

Introduction

Untreated tuberculosis (TB) represents a greater hazard to a pregnant woman and her fetus than does its treatment. Treatment of pregnant women should be initiated whenever the probability of TB is moderate to high. Infants born to women with untreated TB may be of lower birth weight than those born to women without TB and, rarely, the infant may be born with TB. Although the drugs used in the initial treatment regimen cross the placenta, they do not appear to have harmful effects on the fetus.

Testing

Tuberculin skin testing is considered both valid and safe throughout pregnancy. The special TB blood test is safe to use during pregnancy, but has not been evaluated for diagnosing *M. tuberculosis* infection in pregnant women. Other tests are needed to show if a person has TB disease.

Treatment

Latent TB Infection (LTBI) – Isoniazid (INH) administered either daily or twice weekly for 9 months is the preferred regimen for the treatment of LTBI in pregnant women. Women taking INH should also take pyridoxine (vitamin B_6) supplementation.

TB Disease - Pregnant women should start treatment as soon as TB is suspected. The preferred initial treatment regimen is INH, rifampin (RIF), and ethambutol daily for 2 months, followed by INH & RIF daily, or twice weekly for 7 months, for 9 months of total treatment. Streptomycin should not be used because it has been shown to have harmful effects on the fetus. In most cases, pyrazinamide (PZA) is not recommended to be used because its effect on the fetus is unknown.

HIV Infection - HIV-infected pregnant women who are suspected of having TB disease should be treated without delay. TB treatment regimens for HIV-infected pregnant women should include a rifamycin. Although the routine use of PZA during pregnancy is not recommended in the United States, the benefits of a TB treatment regimen that includes PZA for HIV-infected pregnant women outweigh the undetermined potential risks to the fetus.

Contraindications

The following antituberculosis drugs are contraindicated in pregnant women:

- Streptomycin
- Kanamycin
- Amikacin
- Capreomycin
- Fluoroquinolones

Women who are being treated for drug-resistant TB should receive counseling concerning the risk to the fetus because of the known and unknown risks of second-line antituberculosis drugs.

Breastfeeding

Breastfeeding should not be discouraged for women being treated with the first-line antituberculosis drugs because the concentrations of these drugs in breast milk are too small to produce toxicity in the nursing newborn. For the same reason, drugs in breast milk are not an effective treatment for TB disease or LTBI in a nursing infant. Breastfeeding women taking INH should also take pyridoxine (vitamin B_6) supplementation.

For More Information

CDC. Treatment of tuberculosis. *MMWR* 2003; 52 (No. RR-11).
www.cdc.gov/mmwr/PDF/rr/rr5211.pdf
Errata - www.cdc.gov/mmwr/preview/mmwrhtml/mm5351a5.htm

American Thoracic Society/CDC. ATS/CDC. Targeted tuberculin testing and treatment of latent TB infection.
www.cdc.gov/MMWR/PDF/rr/rr4906.pdf

CDC. Guidelines for using the QuantiFERON®-TB Gold test for detecting *Mycobacterium tuberculosis* infection, United States. *MMWR* 2005; 54 (No. RR-15).
www.cdc.gov/mmwr/pdf/rr/rr5415.pdf