MRSA Infection in Pregnancy
Methicillin Resistant Staphylococcus Aureus

Staphylococcus aureus is a bacteria that is usually called "staph." It is often found on the skin, nose, vagina and rectum of healthy people. Many people can carry staph bacteria without having an illness. Staph bacteria can cause common skin infections that are usually minor (pimples or boils). Sometimes, these infections can become serious. If serious, pneumonia, surgical wound infections, blood infections, or abscesses can develop. In the past, these more serious staph infections were treated with a penicillin-like antibiotic called methicillin. Eventually, the bacteria became resistant to the antibiotic, and is now called Methicillin Resistant Staphylococcus Aureus infection (MRSA). MRSA first started in hospitals because of overuse of the antibiotic. This caused the bacteria to adapt and become resistant to methicillin. MRSA is spread though direct contact not through the air.

HA-MRSA (Hospital-Associated MRSA) infections occur in hospitals, healthcare facilities and nursing homes and is usually more severe. Community associated MRSA (CA-MRSA) usually causes skin infections but can develop into a more serious illness.

PREGNANT WOMEN WITH MRSA

- Pregnant women can be a carrier of MRSA bacteria and not have an infection.
- If the mother is a carrier of MRSA but has no illness (*infection*), there is no risk to the baby.
- If a pregnant patient has a MRSA infection, there is a small chance of passing the infection to the baby during a vaginal delivery.
- There is no current proof of increased risk of miscarriage or birth defects in pregnant women with MRSA carrier state or active infection.
- A MRSA carrier who just had a baby can develop a MRSA infection after going home from the hospital. It is important to be aware of MRSA infection symptoms.
- If you are found to be infected with MRSA, treatment should be started right away.
- Antibiotic treatment of a pregnant woman with MRSA infection is safe for the mother and the fetus.
- Women with MRSA infection in a place other than the breast can keep breastfeeding when taking antibiotics.
- If the infection is in the breast, one **should not** breastfeed the baby until the infection has been treated and is no longer present.
- When a pregnant patient is screened for Group B Streptococcal (GBS) infection, MRSA may also be found even though there is no infection symptoms. In other words, both germs may be present at the same time. If this is found, your caregiver will talk to you about the best course of action.

CAUSE

Staphylococcus aureus bacteria that is resistant to methicillin. It can also be resistant to other antibiotics.

SYMPTOMS

- Pimple with pus in it.
- A boil on the skin.
- Pus draining from the skin.
- Abscess under the skin or somewhere in your body.
- Shortness of breath if you have pneumonia.
- Fever with or without chills.

DIAGNOSIS

- Physical exam of the infection.

- If infection is present, a culture will be obtained from that area.
- It is not necessary to routinely screen all pregnant women for MRSA. If there has been contact with someone who is known to have a MRSA infection, your caregiver may get cultures from several areas where MRSA may be carried.

TREATMENT FOR THE INFECTED PREGNANT WOMAN

- The pimple, boil or abscess may be drained or cut (*incision*).
- Antibiotics are given that are not resistant to staphylococcus aureus.

TREATMENT FOR THE MRSA INFECTED BABY

- Isolation in the intensive care nursery.
- Antibiotics as stated above that are not resistant to staphylococcus aureus.
- Avoid a high fever.
- Keep the baby well hydrated with enough fluids.

HOME CARE INSTRUCTIONS

- Take your medications as prescribed and follow your caregiver's advice.
- Finish all your antibiotic medication even after leaving the hospital.
- Wash your hands often with soap and warm water. Do this especially after using the restroom, changing diapers, handling money and right after leaving public places.
- Avoid people known to have an MRSA infection.
- **Do not** come in contact with people with sores and bandages that protect sores.
- Clean cuts and scrapes thoroughly. Cover them with a bandage.
- **Do not** share towels, soaps, razors and other personal items with other people.
- If you have an MRSA infection, protect your baby from coming in contact with it.
- Wash your laundry separately from the rest of the family's if you have an MRSA infection.
- **Do not** breastfeed if you have an MRSA infection on your body AND you are not being treated with an antibiotic.
- **Do not** breastfeed if you have a MRSA infection of the breast even if you are on an antibiotic.
- If you are pregnant or planning to become pregnant and you are a MRSA carrier, treatment may be recommended. With the advice of your caregiver, a prescription topical antibiotic can be applied around the nose (a common place for MRSA in the carrier state).

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