

MRSA and pregnancy

This leaflet provides information on MRSA and how it is treated during pregnancy and/or childbirth. If you have any further questions, please contact your GP or community midwife.

What is MRSA?

Staphylococcus aureus is a type of bacterium (germ) normally found in the nose, throat or the skin of about a third of people. MRSA stands for Meticillin Resistant Staphylococcus aureus. This means that Meticillin (a type of antibiotic) does not kill these bacteria, making infections with MRSA harder to treat. However, the majority of people who become ill with a MRSA infection are successfully treated with other antibiotics.

Most people with MRSA carry it without it causing any harm to them or their family, this is called colonisation. It only causes problems if the bacterium gets into the body via an open wound cut, so the risk of infection is increased in people that are unwell, elderly, or those have had surgery or have had a medical device inserted into their body such as a cannula for a drip or urinary catheter. The bacterium is usually passed by touching someone, sharing towels or bed sheets with someone that has MRSA on their skin, or touching surfaces or objects with MRSA on them.

MRSA and pregnancy

Although pregnant women are more susceptible to bacterial infections, when a pregnant woman becomes a carrier of MRSA bacteria without an infection, there is no risk to her unborn baby at all. If you have MRSA, there is a very small chance that it could be passed to your unborn baby. We only screen people that are at a higher risk of having MRSA, these include:

- People that work within a healthcare setting with any direct patient contact.
- If you have had an overnight or longer admission to hospital either in UK or abroad within the last year.
- If you have diabetes and have long-standing ulcers (more than 6 weeks).

The screening is done by taking a swab of your nose and throat at 34 weeks of pregnancy, if you are admitted to hospital before 34 weeks of pregnancy the swabs will be taken at his point. If you have previously been known to be MRSA positive there is no need for you to be

retested. It is important to know if you are MRSA positive as it means that if it is required, you will be given the most effective antibiotic. This is especially important if you later give birth by Caesarean section.

Once you have been diagnosed as being MRSA positive we cannot promise that the bacteria will completely go away. In preparation for your birth, where you are at risk of having a tear or cut to your skin, we want to make sure that we reduce the amount of MRSA on your skin. At around 34-35 weeks of pregnancy we will ask you to shower daily with a medicated shower gel called Octenisan, and wash your hair with this on day 1, 3 and 5. You should carry out this routine for 10 days. For the same 10 days you must apply Naseptin cream to both nostrils four times per day. It is extremely important that if you have a peanut allergy you inform your midwife / doctor of this before you start applying the Naseptin. You are also advised to wash your bed linen and towels at the beginning of the treatment and at regular intervals throughout your course of treatment.

If you are admitted to hospital in the antenatal period, or when you arrive in labour if you are planning to give birth in hospital, you should bring the bottle of Octenisan into hospital with you and use it daily when you shower. You do not need to reuse the Naseptin cream.

MRSA and childbirth

If a woman has MRSA and gives birth vaginally, it is possible for the baby to become colonised (bacteria living on skin without causing problem) during or following the birth. However, it generally does not pose an increased risk to either mother or baby.

The chances of your baby being affected by MRSA are very small. If MRSA is passed to a newborn baby, treatment will be given.

During your stay in hospital we ask that if you bath your baby you use the Octenisan medicated soap solution. Octenisan should be applied directly onto a wet sponge or cloth, which you then use to wash your baby's skin, rather than adding baby bath solution to the bath water. This helps to prevent colonisation of your baby with MRSA. If your baby is born at home you do not need to do this.

Always wash your hands, or use the alcohol rub before you handle your baby and insist others do too. It is also important to keep the area around your baby's cord stump clean to reduce the risk of infection.

What about at home?

Once you have been discharged from hospital keep up the routine of washing your hands particularly before you eat, after visiting the toilet and before touching your baby. Use antimicrobial wipes to clean your hands or wash down change areas when you are out.

Further information can be obtained from:

- Your medical team or General Practitioner (GP)
- The NHS Website - www.nhs.uk/conditions/mrsa
- Public Health England - www.dh.gov.uk
- Infection Prevention and Control Team 0118 322 6914

This document can be made available in other languages and formats upon request.

Author: Linda Rough Matron for Hospital Maternity Services & Infection Prevention and Control team (June 2014). (*Supercedes all previous versions*)

Reviewed: March 2016, March 2018 (AN Services Manager& IPC Team)

Approved: Maternity Information Committee & Patient Information Manager, September 2018

Review due: September 2020