Toxoplasmosis is a common infection that's passed on by cats. It doesn’t usually make people ill. But it can harm your baby if you catch it when you’re pregnant.

We’ve looked at the best and most up-to-date research to produce this information. You can use it to talk to your doctor and decide which treatments are right for you.

**What is toxoplasmosis?**

Toxoplasmosis is caused by a parasite. Parasites live inside the bodies of other living things. The toxoplasmosis parasite lives in cats. It comes out in their stools, into litter boxes and soil. You can get infected if you touch it.

Toxoplasmosis doesn’t usually cause problems. But if you are pregnant, it can cause serious health problems for your unborn baby. A baby's immune system hasn’t developed enough to fight the infection. If you catch it during pregnancy, or in the three months before you conceive, the infection can pass to your baby.

Not all babies get infected. The risk of your baby getting it is lowest if you get infected in early pregnancy and highest if you get infected in late pregnancy. But babies who do get infected in early pregnancy are more likely to have serious health problems. Also, if you become infected in early pregnancy you may miscarry (lose your baby).

**How do I know if I have toxoplasmosis?**

Most healthy people, including pregnant women, don’t have any symptoms from toxoplasmosis. Some people have a mild flu-like illness for a few weeks.

If you’re pregnant and think you may have become infected, you can have a blood test. If your test shows you have toxoplasmosis, the next step is to find out whether the infection has passed to your baby.

Your doctor may suggest a test called amniocentesis. Doctors take a sample of the amniotic fluid (the fluid that surrounds your baby in the womb) by putting a needle into your abdomen. Or they take a sample of the baby's blood from the umbilical cord (cordocentesis). They check the fluid for signs of infection.

These tests are not completely reliable. And amniocentesis is not entirely safe for your baby. There is about a 1 in 100 risk of miscarriage. You'll need to discuss this with your doctor. If you don’t have the test, your baby can be screened for toxoplasmosis after birth.

Amniocentesis doesn’t show how badly your baby is affected. If the test is positive, your doctor will use an ultrasound to look for signs of damage. Usually unborn babies who have toxoplasmosis look normal on scans. But sometimes they show signs of infection.
Finding out that you or your baby has toxoplasmosis is very distressing. You can ask for counselling to help you decide what to do.

**What treatments work?**

If you do get toxoplasmosis in pregnancy, some medicines may help prevent harm to your baby. You need a prescription for all these medicines.

**Medicines**

If your blood tests show you've recently had toxoplasmosis, your doctor may offer you an antibiotic called **spiramycin**. This treatment is designed to reduce the chance of you passing the infection to your unborn baby.

Spiramycin attacks parasites such as the one that causes toxoplasmosis. It is generally considered safe to take in pregnancy. There is no evidence that it causes birth defects.

If tests show that your baby has toxoplasmosis, you'll probably be offered treatment with **a combination of two medicines**. The aim is to prevent or reduce problems for your baby. You'll probably see a specialist doctor.

The two medicines are **pyrimethamine and sulfadiazine**. You may be prescribed these two drugs for the rest of your pregnancy. Once your baby is born, he or she may continue to be treated with pyrimethamine and sulfadiazine for the first year of life.

Unfortunately, there has not been enough good research to show for certain whether giving spiramycin, pyrimethamine or sulfadiazine to pregnant women with toxoplasmosis is better than giving them no treatment. But many doctors agree that having treatment can be helpful. You'll need to discuss the pros and cons with your doctor.

Pyrimethamine interferes with your body's absorption of folic acid, a vitamin that is essential for a healthy pregnancy. So you will need to take a folic acid supplement with this treatment.

There's no evidence that pyrimethamine causes birth defects.

Sulfadiazine sometimes causes health problems for mothers and babies. It can cause problems in your bone marrow and your unborn baby's bone marrow. The risk is reduced if you take a folic acid supplement. There's some research showing that it can lead to a type of brain damage called kernicterus in newborn babies.

**Things you can do for yourself**

If you're pregnant, it's very important to avoid getting toxoplasmosis. Here are some precautions.

If you have a cat, avoid changing its litter if possible. Have another family member do it. If you have to do it yourself, use gloves and then wash your hands thoroughly. The litter box should be changed daily. It takes several days to become infectious. Ideally keep your cat inside, or have someone else look after it while you're pregnant. Don't feed it undercooked meat. Don't handle stray cats.
Toxoplasmosis in pregnancy

You can also get toxoplasmosis from contaminated food or soil. Avoid eating raw or undercooked meat or poultry. Cook meat to safe temperatures, using a thermometer to make sure. Peel or wash fruits and vegetables before eating, and wash your hands and all utensils, chopping boards, plates and surfaces that have been in contact with raw meat, poultry and seafood, or unwashed fruits and vegetables. Wear gloves when you’re gardening or handling soil or sand. Afterwards, wash your hands thoroughly.

What will happen to my baby?

If you had toxoplasmosis just before or during your pregnancy, your baby will be checked carefully after birth. Your doctor will do blood tests to see if your baby is infected.

Up to 9 in 10 infected babies seem normal at birth. But about 8 in 10 of these babies will have health problems months or even years later. These include eye infections, hearing problems and learning difficulties.

About 1 in 10 babies with toxoplasmosis have severe infection that is obvious at the time of birth. They often have eye infection, an enlarged liver and spleen, jaundice (yellowing of the skin and eyes) and pneumonia.

Babies who are badly affected are at risk of blindness and deafness. They may have seizures (fits). Some have brain damage. Distressingly, some babies are stillborn or die a few days after birth.

A serious eye infection called retinochoroiditis is the most common long-term health problem caused by toxoplasmosis. It can permanently damage your baby’s eyesight.

If your baby has eye problems, he or she will need to be treated by an eye specialist. New eye infections and sight problems can happen through childhood and even later.

Babies with toxoplasmosis are usually treated with antibiotics for a year after birth. Some research has shown that babies who are treated with drugs in their first year are less likely to have permanent damage than those treated for shorter periods, or not at all.

You can still breastfeed if you have toxoplasmosis. Doctors think it’s unlikely that the infection would spread to the baby from breastfeeding. The parasite which causes the infection has never been found in human breast milk.

Where to get more help

The baby charity Tommy’s runs a toxoplasmosis support network, so you can contact others who have been through similar experiences. You can contact Tommy’s on 020 7398 3483, or see the website http://www.tommys.org.
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