



TUBERCULOSIS INFORMATION

- Tuberculosis and Pregnancy

Treatment of Latent TB Infection

Isoniazid administered either daily or twice-weekly are the preferred regimens for the treatment of LTBI in pregnant women. Such women taking isoniazid should also take pyridoxine (vitamin B₆) supplementation. Although rifampin may be safe, there are no efficacy data supporting its use in this population.

For women who are at high risk for the progression of LTBI to active disease, especially those who are HIV-positive or who have been recently infected, initiation of therapy should not be delayed on the basis of pregnancy alone, even during the first trimester. For these women, careful clinical monitoring and/or lab monitoring should be conducted.

Breast-feeding is not contraindicated when a mother is being treated for LTBI. Likewise, the amount of isoniazid provided by breast milk is inadequate for the treatment of an infant. Infants whose breast-feeding mothers are taking isoniazid should receive supplemental pyridoxine.

Treatment of TB Disease

Pregnant women with TB must be given adequate therapy as soon as TB is suspected. The preferred initial treatment regimen is isoniazid, rifampin, and ethambutol (ethambutol may be excluded if primary isoniazid resistance is unlikely). Streptomycin should not be used because it has been shown to have harmful effects on the fetus. In addition, pyrazinamide should not be used routinely because its effect on the fetus is unknown. Because the 6-month treatment regimen cannot be used, a minimum of 9 months of therapy should be given. Aminoglycosides (e.g. streptomycin, kanamycin, amikacin) and capreomycin are contraindicated for all pregnant women because of ototoxic effects on the fetus.

To prevent peripheral neuropathy, it is advisable to give pyridoxine (vitamin B₆) to pregnant women who are taking isoniazid.

The small concentrations of TB drugs in breast milk do not have a toxic effect on nursing newborns, and breastfeeding should not be discouraged for women undergoing anti-TB therapy. Similarly, drugs in breast milk should not be considered effective treatment for disease or infection in a nursing infant.

TB Treatment for HIV-Infected Pregnant Women. HIV-infected pregnant women who have a positive *M. tuberculosis* culture or who are suspected of having TB disease should be treated without delay. Choices of TB treatment regimens for HIV-infected pregnant women are those that include a rifamycin. Although the routine use of pyrazinamide during pregnancy is not recommended in the United States because of inadequate teratogenicity data, the benefits of a TB treatment regimen that includes pyrazinamide for HIV-infected pregnant women outweigh the potential pyrazinamide-related risks to the fetus.

For More Information

For more information about implementing CDC guidelines, call your state health department.

American Thoracic Society/CDC. Targeted Tuberculin Testing and Treatment of Latent TB Infection. *Am J Respir Crit Care Med* 2000; 161: S221

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the Division of TB Elimination's Web site at www.cdc.gov/nchstp/tb.

Publication # 99-5879. CDC. Prevention and treatment of tuberculosis among patients infected with human immunodeficiency virus: principles of therapy and revised recommendations. *MMWR* 1998;47(No. RR- 20).