



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

## Counseling Patients With Zika Infection Position Statement

Obstetrician–gynecologists and other obstetric care providers should be prepared to counsel pregnant women exposed to or infected with Zika about the virus and their options related to the pregnancy. Like all pregnant women, Zika-infected pregnant women should have full access to the most complete range of reproductive options, including termination.

Counseling related to Zika virus should be individualized. Topics to be addressed include the following:

- There is much that is still unknown about the effects of Zika virus on a fetus. Scientists are studying the virus and its effects in pregnancy, and the medical community's understanding is evolving but there is a lot of uncertainty.
- All pregnant women infected or presumptively infected with Zika virus should be offered comprehensive options counseling, including a thorough discussion of pregnancy continuation, termination of pregnancy, and adoption. As with all patient counselling, health care providers should not seek to impose their personal beliefs upon their patients nor allow personal beliefs to compromise patient health, access to care, or informed consent.<sup>1</sup>
- There is a demonstrated causation between Zika virus infection during pregnancy and adverse pregnancy outcomes. However, there are still many uncertainties regarding the degree of transmission from a woman to a fetus and the degree with which an infected fetus manifests complications such as microcephaly, demise, or congenital Zika syndrome.

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<sup>1</sup>American College of Obstetricians and Gynecologists. Abortion Policy. Statement of Policy. Washington, DC: American College of Obstetricians and Gynecologists; 2014.

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- Testing for Zika can result in false-positives and false-negatives, making it difficult to exclude infection. Limitations of laboratory tests used to diagnose Zika virus infection also should be discussed with pregnant women.
- Ultrasound examinations, especially if obtained close to the time of infection, may not preclude later manifestations, and cases with delayed findings have been reported. If maternal testing does not suggest infection and exposure is not ongoing, serial ultrasound examinations are unlikely to be needed.
- When an ultrasound examination is performed, per usual, patients should be counseled about the limitations of ultrasonography. More information about ultrasonography is available in ACOG's "[Ultrasound in Pregnancy](#)" Practice Bulletin.<sup>2</sup>
- Congenital Zika syndrome—a recently recognized pattern of congenital anomalies associated with Zika virus infection during pregnancy that includes microcephaly, intracranial calcifications or other brain anomalies, or eye anomalies, among others—may present well after birth. Therefore, normal ultrasound findings during the antenatal period do not preclude neonatal sequelae of Zika infection developing or manifesting after birth.

Populations and geographic areas at higher risk of Zika infection may have reduced access to abortion care. Access to second-trimester abortion may be especially limited and may require travel, including travel to another state. Obstetrician–gynecologists and other obstetric care providers who do not provide abortion care should be prepared to refer patients<sup>3</sup> (see Resources). In addition, obstetrician–gynecologists and other obstetric care providers should be aware of abortion funds that provide financial support to women seeking abortion (see Resources).

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<sup>2</sup>Ultrasound in pregnancy. Practice Bulletin No. 175. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2016;128:e241-56.

<sup>3</sup>The limits of conscientious refusal in reproductive medicine. ACOG Committee Opinion No. 385. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2007;110:1203-8.

### Resources

National Abortion Federation Hotline: 1-877-257-0012 or <https://prochoice.org/think-youre-pregnant/naf-hotline/>

Planned Parenthood Federation of America: 1-800-230-PLAN or <https://www.plannedparenthood.org/health-center>

National Network of Abortion Funds: <https://abortionfunds.org/need-abortion>

ACOG Resource Center (members only): [resources@acog.org](mailto:resources@acog.org)