



How to Prevent Sexually Transmitted Infections (STIs)

- [What are sexually transmitted infections \(STIs\)?](#)
- [How are STIs transmitted?](#)
- [What causes STIs?](#)
- [What are the risk factors for STIs?](#)
- [What are some of the most common STIs?](#)
- [How can I reduce the risk of getting an STI?](#)
- [How can STIs affect pregnancy?](#)
- [Glossary](#)

What are sexually transmitted infections (STIs)?

Sexually transmitted infections (STIs) are infections that are spread by sexual contact. STIs can cause severe damage to your body—even death. Except for colds and flu, STIs are the most common contagious (easily spread) infections in the United States, with millions of new cases each year. Although some STIs can be treated and cured, others cannot.

How are STIs transmitted?

A person with an STI can pass it to others by contact with skin, genitals, mouth, rectum, or body fluids. Anyone who has sexual contact—vaginal, anal, or oral sex—with another person may get an STI. STIs may not cause symptoms. Even if there are no symptoms, your health can be affected.

What causes STIs?

STIs are caused by bacterial or viral infections. STIs caused by bacteria are treated with **antibiotics**. Those caused by viruses cannot be cured, but symptoms can be treated.

What are the risk factors for STIs?

The following factors increase the risk of getting STIs:

- More than one sexual partner
- A partner who has or has had more than one sexual partner
- Sex with someone who has an STI
- History of STIs
- Use of intravenous drugs (injected into a vein) or partner use of intravenous drugs

What are some of the most common STIs?

- Chlamydia (see [FAQ071 Chlamydia, Gonorrhea, and Syphilis](#))
- Gonorrhea (see [FAQ071 Chlamydia, Gonorrhea, and Syphilis](#))
- Genital herpes (see [FAQ054 Genital Herpes](#))
- Human immunodeficiency virus (HIV) infection (see [PFS005 Testing for Human Immunodeficiency Virus](#))
- Human papillomavirus (HPV) infection (see [FAQ191 Human Papillomavirus \[HPV\] Vaccination](#))

- Syphilis (see [FAQ071 Chlamydia, Gonorrhea, and Syphilis](#))
- Trichomoniasis (see [FAQ028 Vaginitis](#))
- Hepatitis B (see [FAQ125 Protecting Yourself Against Hepatitis B and Hepatitis C](#))

How can I reduce the risk of getting an STI?

There are many ways you can reduce your risk of getting an STI:

- Know your sexual partners and limit their number—Your partner's sexual history is as important as your own. The more partners you or your partners have, the higher your risk of getting an STI.
- Use a latex condom—Using a latex condom every time you have vaginal, oral, or anal sex decreases the chances of infection. Condoms lubricated with spermicides do not offer extra protection. Frequent use of some spermicides can increase the risk of HIV.
- Avoid risky sex practices—Sexual acts that tear or break the skin carry a higher risk of STIs. Even small cuts that do not bleed let germs pass back and forth. Anal sex poses a high risk because tissues in the rectum tear easily. Body fluids also can carry STIs. Having any unprotected sexual contact with an infected person poses a high risk of getting an STI.
- Get immunized—Vaccinations are available that will help prevent hepatitis B and some types of HPV (see [FAQ191 Human Papillomavirus \[HPV\] Vaccination](#) and [FAQ125 Protecting Yourself Against Hepatitis B and Hepatitis C](#)).

How can STIs affect pregnancy?

Having an STI during pregnancy can harm the fetus. Gonorrhea and chlamydia both can cause health problems in the infant ranging from eye infections to pneumonia. Syphilis may cause miscarriage or stillbirth. HIV infection can pass to a baby during a vaginal birth.

If you are pregnant and you or your partner have had—or may have—an STI, inform your health care professional. Your fetus may be at risk. Tests for some STIs are offered routinely during prenatal care. It is best to treat the STI early to decrease the chances that your fetus will get the infection. You and your partner both may have to be treated.

Glossary

Antibiotics: Drugs that treat certain types of infections.

If you have further questions, contact your obstetrician–gynecologist.

FAQ009: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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