

Study finds tuberculosis treatment during pregnancy is safe for mom and baby

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Seven out of 10 pregnant women were cured of their multidrug-resistant tuberculosis and delivered healthy babies after taking a medication that had previously been considered unsafe in pregnancy, a new Curtin and

Telethon Kids Institute study has found.

Published in *JAMA Network Open*, the study examined the experiences of 275 [pregnant women](#) with multidrug-resistant tuberculosis living in South Africa, Peru, Brazil, Iran and Uganda.

Lead researcher Dr. Kefyalew Alene, from the Curtin School of Population Health and Telethon Kids Institute, said the study had found a medication used to treat multidrug-resistant tuberculosis, Linezolid, was associated with favorable [pregnancy](#) outcomes and high treatment success.

"This is the first comprehensive review of treatment outcomes for multidrug-resistant tuberculosis in pregnant women, who remain one of the most [vulnerable groups](#) among the half a million people living with the disease globally," Dr. Alene said.

"I was surprised to find that as many as 73.2% of pregnant women with multidrug-resistant tuberculosis gave birth to [healthy babies](#) and that the treatment had worked for 72.5% of the women, meaning they were cured from the disease or had completed the treatment successfully."

Dr. Alene said the study answered a challenging global issue of when to treat pregnant patients living with multidrug-resistant tuberculosis.

"Second-line tuberculosis medicines used for the treatment of multidrug-resistant tuberculosis are thought to be toxic for the fetus and previous research has suggested waiting for the treatment to be provided until after the birth," Dr. Alene said.

"Tuberculosis can have a greater devastating impact on the mothers and the babies than the medicine's side effects. If multidrug-resistant tuberculosis is left untreated, it could result in the risk of maternal illness

and maternal and fetus death.

"This study shows we need to start the treatment as soon as possible during pregnancy. However, further research on the use of Linezolid in pregnancy is needed because [long-term use](#) can increase the risk of gastrointestinal disorders, ototoxicity, and psychiatric disorders."

The remaining proportion of adverse pregnancy outcomes including [preterm birth](#), pregnancy loss, low birthweight, and stillbirth was not caused by the drug, but the disease itself. Researchers concluded that if the drug was not taken, the outcome would be worse.

More information: Kefyalew Addis Alene et al, Treatment Outcomes Among Pregnant Patients With Multidrug-Resistant Tuberculosis, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.16527](https://doi.org/10.1001/jamanetworkopen.2022.16527)

Provided by Curtin University

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