Apply Mosquito Repellent During Pregnancy

**KEY FACTS**

- DEET is more than 95 percent effective in preventing mosquito bites for five to 11 hours. It is considered safe for use in pregnancy at concentrations of 30 percent or less.
- Three additional repellents—Picaridin, IR3535, and oil of lemon eucalyptus—are considered to have comparable efficacy and safety.
- When used properly, the repellents can reduce the risk of a pregnant woman contracting the Zika virus from a mosquito and passing the virus to her unborn baby.

**HOW TO APPLY REPELLENT CORRECTLY**

- Use only repellents containing DEET, Picaridin, IR3535, or oil of lemon eucalyptus. Homemade repellents should not be used.
- Repellents can be a lotion, cream, gel, or spray.
- Repellents come with instructions on how to use them and how often to apply them. Instructions must be followed to achieve the maximum protection.
- Apply several times a day, as indicated, and more often if sweating, bathing, swimming, or changing clothes.
- Apply repellent directly on skin that is not covered by clothing.
- Do not apply repellent directly to the face but place in one’s hand and then apply to the face.
- Avoid applying repellent to delicate and sensitive areas such as the eyes, mouth, inside the nose, wounds, cuts, or irritated skin.

**WHO**

Pregnant women, their partners, and women planning a pregnancy soon.

**WHAT**

Apply mosquito repellent (containing DEET, Picaridin, IR3535, or oil of lemon eucalyptus) throughout pregnancy, using the product as directed.

**WHY**

Repellent use is a direct, effective, and safe way to protect a pregnant mother from the bites of a Zika-carrying mosquito, thereby lowering the risk of infecting her unborn baby.
TIPS FOR PROMOTING REPELLENT USE

• Each repellent has its own specific instructions. Explain correct use and help users read the printed instructions if necessary.
• Emphasize that the repellent must be used consistently to be effective.
• Ask whether the user has any questions or concerns about use.
• Inform women and their families that using repellent during pregnancy will not harm the unborn baby.
• Focus counseling on the risk of Zika infection to the unborn baby as an effective way to motivate pregnant women to use a repellent.
• Advise women intending to become pregnant soon to use repellent.
• Advise families with limited repellent to give priority to the pregnant woman because Zika poses the greatest risk to the unborn baby.

SUPPORTING EVIDENCE