

Fever and Pregnancy

MotherSafe – Royal Hospital for Women

March 2020

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

What is normal body temperature?

The average normal oral body temperature is defined as 36-37.4°C but it fluctuates according to the time of day by 0.5-1.0°C with the lowest temperature being in the early morning and the highest in the evening.¹

What causes a fever?

Most fevers are a response to common infections, including those caused by viruses and bacteria.

Why treat a fever?

Sustained fever of **greater than 38.9°C** for at least 24 hours has been shown to be associated with an increased risk of miscarriage and certain malformations including neural tube defects like spina bifida in early pregnancy² and stillbirth in later pregnancy.

Recommendations for treatment

The safest option for fever control in pregnancy is **paracetamol**. The recommended dose is 1g (= 2 x 500mg tablets) up to four times a day (total maximum daily dose of 4g/day). Taking paracetamol at the recommended doses has not been shown to increase the risk for pregnancy loss or birth defects.

Non drug treatment

If you have a fever, you should ensure you drink adequate fluids. Rest may also help you to fight the infection causing the fever and help you feel better. Contact your doctor if you have a prolonged fever. It is important to know what may have caused it.

Body temperature may also be raised by hot tubs, saunas, electric blankets and sustained exercise. Unless you have prolonged exposure at extremely high temperatures it is unlikely that any of these would raise your core temperature sufficiently to cause problems. A recent review of studies confirmed that it is safe to engage in high intensity exercise at 25° for up to 35 minutes and sit in hot tubs and saunas for up to 20 minutes at any time in pregnancy.³

References:

1. Nadler R, Gonzales R. Fever and hyperthermia. In: Papadakis MA, McPhee SJ, Rabow MW, eds. Current Medical Diagnosis and Treatment 2020 (internet). New York, NY: McGraw-Hill. Accessed October 2019
2. Chambers CD et al. Maternal fever and birth outcomes: A prospective study. *Teratology* 1998; 58: 251-57
3. Ravanelli N, Casasola W, English T, et al. Heat stress and fetal risk. Environmental limits for exercise and passive heat stress during pregnancy: a systematic review with best evidence synthesis. *British Journal of Sports Medicine* 2019;53: 799-805.

Other resources:

MotherTo Baby. OTIS. Hyperthermia. Tennessee: Organization of Teratology Information Specialists; July 2019. Available from <https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/> Accessed March 2020



NSW Medications in Pregnancy & Breastfeeding Service

For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday -Friday 9am-5pm (excluding public holidays)