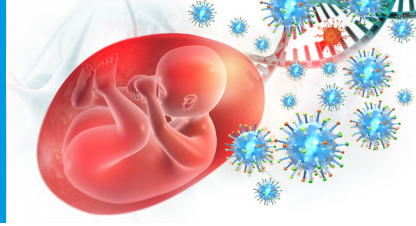
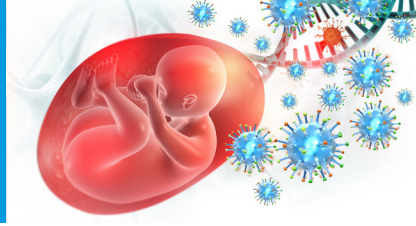
CYTOMEGALOVIRUS — DURING PREGNANCY



DURING PREGNANCY

	CMV (Pregnancy)
Incidence	• Once CMV enters the body, it stays permanently. • CMV infects 50%-80% of US adults by age 40 but is rarely diagnosed. • If a person is infected for the first time during pregnancy, there is a 33% chance of passing the virus to the fetus. • 1-4% of pregnancies will be infected for the first time during pregnancy. • Vertical transmission primarily occurs in a pregnant woman with preexisting immunity; these infants are at risk for sequelae.
Stillbirth & Pregnancy Loss	Stillbirth & pregnancy loss due to CMV infection is not well known. Studies indicate a range of 0-34% of CMV+ pregnancies result in fetal loss.
Risks Factors	People who are CMV+ may occasionally shed the virus in body fluids without any detectable signs or symptoms. Viral infection may occur from close contact with body fluids such as: • urine • saliva • breast milk • vaginal fluids • blood • semen • tears • sexual intercourse Also contact during labor or with the placenta. The rate of transmission is directly related to the gestational age at the time of maternal infection: • lowest in the first trimester (37%) • second trimester (40%) • highest in the third trimester (66%)
Signs and Symptoms	Most healthy people do not exhibit any symptoms. Individuals with compromised immune systems may exhibit different symptoms and signs compared to healthy individuals. **CMV signs and symptoms include:** • chills and/or sweats • decreased appetite • fatigue • fever • headache • muscle aches • sore throat • swollen glands CMV can cause hepatitis and mononucleosis-like symptoms. CMV can cause severe health issues in those with compromised immune systems with organ involvement including esophagus, eyes, intestines, liver, lungs, and stomach.
Screening/ Diagnostic Labs	Routine screening of pregnant women is not currently recommended in the U.S. For those at high risk, screening may be done prior to conception, in early pregnancy, or if there are symptoms during pregnancy. Interpretation of CMV IgM and IgG antibody test results • IgM and IgG negative = not previously CMV infected, at risk for primary infection. • IgG and IgM positive and low IgG avidity = recent CMV infection. • IgG positive and IgM negative = past CMV infection that is not recent, at risk for non-primary infection (e.g., re-activation or re-infection with a different strain of CMV).

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Treatments	Currently, there is no FDA approved treatment for CMV during pregnancy. • Cytomegalovirus Immune Globulin Intravenous (CMV-IGIV) has been studied during pregnancy. However, the most recent studies have not shown a benefit. • Valacyclovir during for prevention or treatment during pregnancy is not currently recommended.
Preventions & Education	All pregnant women are at risk for a CMV infection, even those with preexisting immunity. **Risk reduction tips:** • Reduce contact with the urine and saliva of others, especially young children (i.e., during diaper changes and feedings). • Do not share food, utensils, drinks, or straws. • Do not share a toothbrush. • Do not hold a pacifier by mouth. **Hand washing hygiene, especially after:** • wiping a young child's nose or drool. • changing diapers. • feeding a young child. • handling children's toys.

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