

# CYTOMEGALOVIRUS (CMV) AND PREGNANCY

## CMV basics

Cytomegalovirus (CMV) is a virus that infects 50% to 85% of adults in the United States by 40 years of age. Once a person has been infected with CMV, the virus remains in the body for life, typically in an inactive (latent) form. Disease may occur again in persons with weakened immune systems.

Most healthy persons who acquire CMV have no symptoms. Occasionally people will develop mononucleosis-like symptoms such as fever, sore throat, fatigue, and swollen glands. For general fact sheets on CMV, see Section 6.

## CMV and pregnancy

About 1% to 4% of uninfected women develop first-time CMV infection during their pregnancy. Healthy pregnant women are not at special risk for disease from CMV infection. When infected with CMV, most women have no symptoms and very few have a disease resembling mononucleosis. However, about one-third of women who become infected with CMV for the first time during pregnancy pass the virus to their unborn babies and there is potential risk that the infant may have CMV-related problems. The risk increases if infection occurs in the first half of pregnancy.

Most babies with congenital CMV never have health problems. However, some may eventually develop hearing and vision loss; problems with bleeding, growth, liver, spleen, or lungs; and mental disability. Sometimes health problems do not occur until months or years after birth. Of those with symptoms at birth, 80% to 90% will have problems within the first few years of life. Of those infants with no symptoms at birth, 5% to 10% will later develop varying degrees of hearing and mental or coordination problems.

## Exposure to CMV during pregnancy

If pregnant women are exposed to CMV, they should consult their health care provider for information about diagnosis, possible lab tests, and follow-up.

## Testing for CMV

A blood test can be done for CMV. This test may show that the patient:

- is immune (has already had the infection and does not need to be concerned). It is uncommon for the virus to become active again in someone who has had a previous infection and for the virus to cause infection in the unborn child.
- is not immune (has not had the infection). Standard infection precautions and proper handwashing should be done when working with children.
- is currently infected. The infection should be discussed with the patient's health care provider

## CMV prevention

There is no preventive vaccine. Most people with CMV have no symptoms, but they can spread the virus in their urine, saliva, blood, tears, semen, and breast milk. Throughout pregnancy, women should practice good personal hygiene to reduce the risk of exposure to CMV (see CMV fact sheets).

Female childcare or school workers who expect to become pregnant should consider being tested for antibodies to CMV. If antibody testing shows that the woman has not had CMV, she should be aware of CMV, its potential risks, and prevention and control recommendations for avoiding occupationally acquired infection.

Pregnant women can do the below to protect themselves against CMV:

## CYTOMEGALOVIRUS (CMV) INFECTION AND PREGNANCY

- Wash hands thoroughly with soap and warm running water after changing diapers, assisting a child in the bathroom, having contact with a child's saliva or urine, before preparing food, and before eating. Thorough handwashing is the best way to prevent the spread of communicable diseases.
- Minimize contact with children's saliva by not kissing their lips or hands and by not having mouth contact with items that could be contaminated by saliva.

For more information, call Hennepin County HSPHD-Epidemiology at (612) 543-5230 or call your local health department.

