

Childhood Diseases and potential risks during pregnancy:
(All information available on the March of Dimes Web Site.)
<http://www.modimes.org/>

Fifth disease (erythema infectiosum) is a common, mild, childhood illness caused by parvovirus B19. It causes a “slapped-cheek” rash on the face and, less commonly, fever, headache, sore throat and joint pain in children. Infected adults often have joint pain and swelling, and sometimes mild flu-like symptoms, but usually no rash.

Women with young children and those who work with them (for example, child care providers and teachers) are at greatest risk of exposure and infection.

About 60 percent of adults have had the infection as children and, therefore, are immune as adults. Most unborn babies are unaffected if their mother gets infected.

Some unborn babies, however, do become infected. The virus can disrupt the ability to produce red blood cells, leading to a dangerous form of anemia, heart failure and, in about 2-9 percent of fetal infections, death of the unborn child.

What you can do:

If you are pregnant and unsure of your immune status, you can help protect yourself from infection by:

- * Washing your hands thoroughly and often, especially after touching tissues used by children who might be infected
- * Not sharing drinking glasses and utensils with any one who has or was exposed to the illness

If you think you have been exposed to fifth disease, call your health care provider right away.

Chickenpox (varicella) is a viral illness that mainly affects children. Its symptoms include an itchy rash and fever. Between 85 and 95 percent of pregnant women are immune to chickenpox, meaning that they cannot catch it. About 1 woman in 2,000 will develop chickenpox during pregnancy, however.

If a woman does catch chickenpox during pregnancy, there can be serious consequences to the baby, depending on when in pregnancy the infection occurs. If infection occurs in the first 20 weeks of pregnancy, there is a very small risk (less than 1 percent) that the baby will be born with congenital varicella syndrome, a group of serious birth defects.

If infection occurs around the time of delivery, the baby may be born with chickenpox infection. If this infection is treated, most babies have only a mild illness. Without treatment, up to 30 percent of infants die.

What you can do:

There is a blood test that can determine whether you are immune to chickenpox. If you are not sure if you have had the disease, you can get this blood test before pregnancy or early in pregnancy. Women who are not immune, and not yet pregnant, can get vaccinated. Experts recommend that a newly vaccinated woman wait at least one month before trying to get pregnant.

Pregnant women who are not immune should avoid anyone with chickenpox and anyone who has had contact with someone with the disease. An infected person is contagious (can give the virus to someone else) before he or she develops the disease.

If a pregnant woman has been in close contact with an infected person, she can receive an injection of VZIG, which can prevent chickenpox or lessen its severity. This treatment is safe for mother and baby.

Contact your health care provider right away if you are pregnant and have been exposed to chickenpox.

Cytomegalovirus (CMV) is a common viral infection most often seen in young children. It usually is harmless and does not cause symptoms. When a pregnant woman becomes infected, however, she can pass the virus to her baby. This can lead to serious illness, lasting disabilities or death.

CMV is the most common congenital (present at birth) infection in the United States. About 40,000 babies are born infected each year. Luckily, most of these babies will not be harmed by the virus. About 8,000 babies, however, will develop lifelong disabilities as a result of their CMV infection.

What you can do:

You can help prevent CMV infection by doing the following:

Wash your hands often, especially if you are around young children (1 to 3 years).

Carefully throw away diapers, tissues and other contaminated items.

Avoid sharing drinking glasses and utensils with young children as well.

Health care workers, child care providers and others who are around large numbers of young children on a regular basis may want to be tested to see if they have had CMV before they get pregnant.

If a woman has already been infected, she has little to worry about during pregnancy. Routine screening for women at low risk of infection is not recommended.

Group B streptococcus (GBS) infection is a common bacterial infection that is generally not serious in adults but can be life-threatening to newborns. GBS affects about 1 in every

2,000 babies born in the United States. Anyone can carry GBS, and between 10 and 30 percent of pregnant women carry it.

If a pregnant woman carries the GBS bacterium in her vagina or rectum at the time of labor, there is a 1 in 100 (1 percent) chance that her baby will become infected. Babies infected with GBS can get pneumonia, sepsis (blood infection) or meningitis (infection of the membranes surrounding the brain). Infected babies can be treated with antibiotics. Most have no long-lasting damage, but about 5 percent die and about 10-30 percent of babies who develop meningitis suffer lasting neurologic damage.

What you can do:

You can be tested or screened for GBS infection during the last few weeks of pregnancy. If you carry GBS, or your provider determines you are at risk for GBS infection, you will be treated with intravenous antibiotics during labor and delivery.

Women who have had a urinary tract infection due to GBS or who have had a previous baby with a GBS infection are routinely given antibiotics during labor and delivery.

If you have any questions about GBS, ask your health care provider near the end of your pregnancy.

The Centers for Disease Control and Prevention (CDC) have a special Web site devoted to Group B strep.

Toxoplasmosis is a common infection that, when contracted by a pregnant woman, can pose serious risks to her unborn baby. An estimated 400-1,000 babies in the United States are born with toxoplasmosis each year.

Babies born with toxoplasmosis often develop eye infections that can cause blindness. Some develop hearing loss and/or learning disabilities. Some babies are so severely infected at birth that they die or have serious long-term physical and mental disabilities. toxoplasmosis in pregnancy can also cause miscarriage and stillbirth.

What you can do:

There are simple steps you can take to avoid toxoplasmosis infection:

Don't empty a cat's litter box. Have someone else do this for you.

Don't feed your cat raw or undercooked meat.

Keep your cat indoors, if possible.

Don't eat raw or undercooked meat, especially pork or lamb.

Wash your hands immediately after touching raw meat.

Wash all uncooked fruits and vegetables thoroughly before eating them.

Wear gloves while gardening.

Avoid children's sandboxes. Cats may use them as litter boxes.

Rubella (German measles) is a mild childhood illness that can cause serious birth defects in an unborn baby. About 25 percent of babies whose mothers get rubella in the first trimester of pregnancy are born with one or more birth defects (congenital rubella syndrome) including eye defects, hearing loss, heart defects, mental retardation and, less frequently, movement disorders.

With the widespread use of the rubella vaccine, major outbreaks of rubella no longer occur in the United States. Still, small outbreaks do occur. As many as 20 percent of childbearing women are susceptible to rubella infection.

What you can do:

There is a simple blood test that can determine if you are immune to rubella. The March of Dimes recommends that all women be tested for immunity to rubella before becoming pregnant. If you are not immune, consider being vaccinated at least 28 days before trying to get pregnant.

Pregnant women are routinely tested for rubella immunity at an early prenatal visit. If a pregnant woman finds out she is not immune, she should not be vaccinated during pregnancy. All she can do is try to avoid exposure to anyone with the illness. She can also get vaccinated soon after delivery so she is immune during any future pregnancies.

Flu and Pregnancy

Influenza (commonly called “the flu”) is a contagious respiratory illness caused by viruses. It can result in severe illness and life-threatening complications. An estimated 10 to 20 percent of U.S. residents get the flu each year.

Symptoms of flu include fever (usually high), headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Some people, especially children, also have nausea, vomiting and diarrhea.

Influenza viruses are spread when a person who has the flu coughs, sneezes, or speaks. The viruses spread into the air, and other people inhale them. Flu can also be spread when a person touches a surface that has viruses on it (such as a door handle) and then touches his or her nose or mouth.

Pregnancy and the Flu

Pregnancy can increase the risk for complications from the flu, such as pneumonia. Pregnant women are more likely to be hospitalized from complications of the flu than non-pregnant women of the same age. Pregnancy can change the immune system in the mother, as well as affect her heart and lungs. These changes may place pregnant women at increased risk for complications from the flu.

Many experts consider flu shots safe during any stage of pregnancy. If you are in the first three months of pregnancy, ask your doctor about getting a flu shot. Women who are

beyond the first three months of pregnancy during the flu season should definitely get a flu shot. The nasal flu mist vaccine (LAIV) is not approved for use in pregnant women.

It's a good idea for other family members to also be vaccinated against the flu, since this helps to prevent the disease from spreading within the household.

Preventing the Flu

The following steps may help prevent the spread of respiratory illnesses like flu:

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

Clean your hands. Washing your hands often will help protect you from germs.

Avoid touching your eyes, nose or mouth. Germs are often spread when a person touches something that has germs on it and then touches his or her eyes, nose, or mouth.

Stay home when you are sick. If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

Cover your mouth and nose with a tissue when coughing or sneezing. This may prevent those around you from getting sick.

If You Get the Flu

Call your health care provider if you think you have the flu. Get plenty of rest, and drink a lot of nonalcoholic liquids. Do not use any over-the-counter cold and flu medications, herbal products and dietary supplements without first talking to your health care provider. Just because something is available over the counter doesn't mean it's safe to take during pregnancy.

The March of Dimes article on influenza and children and the U.S. Centers for Disease Control and Prevention have more information about flu.

© 2004 March of Dimes Birth Defects Foundation. All rights reserved. The March of Dimes is a not-for-profit organization recognized as tax-exempt under Internal Revenue Code section 501(c)(3). Our mission is to improve the health of babies by preventing birth defects and infant mortality.