



CLINICAL PRACTICE GUIDELINE

Congenital Cytomegalovirus

This document should be read in conjunction with the [Disclaimer](#)

For more information about cytomegalovirus (CMV) such as background, prevention, discussing risk and testing refer to Pregnancy Care Guidelines: [Cytomegalovirus](#).

National pregnancy care guideline recommendations¹:

1. **Discuss early in pregnancy:** Advise all pregnant women about hygiene measures to help reduce the risk of cytomegalovirus infection, including avoiding contact with a child's saliva or urine and hand washing after such exposure.¹ See extract below from the National Pregnancy Care Guidelines¹:
2. **Testing:** Offer testing for cytomegalovirus to women who come into frequent contact with large numbers of very young children (e.g. child care workers), using serology (cytomegalovirus-specific IgG only).¹
3. **Testing:** Offer testing for cytomegalovirus to pregnant women if they have symptoms suggestive of cytomegalovirus that are not attributable to another specific infection or when imaging findings suggest fetal infection.¹

Hygiene precautions¹

Hygiene precautions and behavioural interventions to prevent cytomegalovirus infection in pregnant women

- Do not share food, drinks, or utensils used by young children
- Do not put a child's dummy/soother/pacifier in your mouth
- Avoid contact with saliva when kissing a child
- Thoroughly wash hands with soap and water for 15–20 seconds, especially after changing nappies/diapers, feeding a young child, or wiping a young child's nose or saliva
- Other precautions that can be considered, but are likely to less frequently prevent infection, include cleaning toys, countertops, and other surfaces that come into contact with children's urine or saliva, and not sharing a toothbrush with a young child

Source: Department of Health. Clinical Practice Guidelines: Pregnancy Care: Section 44: [Cytomegalovirus](#)

Maternal diagnosis

- Test interpretation as per the algorithm in the [ASID Perinatal Guidelines 2014](#).

Fetal diagnosis and management

- Maternal infection does not equal fetal infection, though mother to child transmission of primary infection is higher (30-35%) than reactivated infection or reinfection (1-2%). Birth prevalence of congenital CMV is estimated as 0.64% of whom 10% are symptomatic at birth.¹
- Women who have confirmed seroconversion to CMV during pregnancy should be referred for Maternal Fetal Medicine consultation.
- Amniocentesis is **not** routinely recommended for fetal diagnosis of congenital CMV (unless otherwise indicated) but **may** be considered in certain circumstances in discussion with the ID / microbiology and Maternal fetal Medicine teams.
- CMV PCR on amniotic fluid is most reliable when performed at >21 weeks gestation and >6/52 after maternal infection.
- Consider fetal USS +/- MRI in discussion with specialists. Interpretation as per the algorithm in the [ASID Perinatal Guidelines 2014](#).

Antenatal treatment

- Antiviral therapy is not routinely recommended for prevention or treatment of congenital CMV (cCMV) during pregnancy.
- Antenatal use of CMV immunoglobulin is not recommended as therapy for fetal CMV infection.

Neonatal

For information on diagnosis, management and follow up of neonates, refer to the PCH/KEMH Neonatal Guidelines.

References

1. Department of Health. Clinical Practice Guidelines: Pregnancy Care. Canberra: Australian Government Department of Health; 2018 (last updated June 2019). Available from: <https://beta.health.gov.au/resources/publications/pregnancy-care-guidelines>

Bibliography



- Congenital Cytomegalovirus Infection in Pregnancy and the Neonate: Consensus Recommendations for Diagnosis, Prevention and Therapy. The International Congenital CMV Consensus Recommendations Group. 2016.
- Palasanthiran P, Starr M, Jones C et al. [Management of perinatal infections](#). Sydney: Australasian Society for Infectious Diseases (ASID). 2014.

Related WNHS policies, procedures and guidelines

KEMH Neonatal Guideline: [Cytomegalovirus \(CMV\) Neonatal Pathway](#)
 KEMH Infection Control Manual: [Healthcare worker Health and Immunisation Policy \(Including Pregnant Healthcare workers\)](#); [Transmission Based Precautions](#)

Useful resources

Australian Government: National Pregnancy Care guidelines : [Cytomegalovirus](#)

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