

Frequently Asked Questions

CMV and pregnancy

What is CMV?

Cytomegalovirus (CMV) is a common virus that can be easily passed from person-to-person.

How is CMV spread?

It is usually spread through close contact with infected saliva, urine or nasal secretions.

What are the symptoms of CMV?

Infection is usually without symptoms. Occasionally, symptoms similar to glandular fever such as fever, sore throat, swollen glands, abdomen pain and jaundice (yellowing of the skin) can occur.

What is congenital CMV?

If an unborn baby is infected, some of these babies may develop serious health problems such as hearing loss, developmental delay or learning problems. Infection with CMV during pregnancy may also lead to stillbirth or infant death.

Is congenital CMV common?

Cytomegalovirus (CMV) is the commonest congenital viral infection and affects somewhere between 0.2-2.2% of births.

Most (90%) babies who are infected with CMV before birth are healthy at birth and have normal development. However 10-15% of all infected infants who are healthy at birth may still develop health problems in later childhood.

What is the most common source of CMV for pregnant women?

The most common source of maternal CMV infection is young children, as they are more likely to shed high levels of the virus in their saliva, urine or nasal secretions for long periods.

Who is at higher risk of contracting CMV during pregnancy?

- > Women who have been previously infected with CMV.
- > Women who come into frequent contact with large numbers of very young children (eg. childcare workers).

Can I be screened for CMV?

Routine screening for CMV in pregnancy is not recommended, as past infection with CMV does not mean complete protection against reinfection or congenital CMV.

Who should get screened or tested for CMV?

Pre-pregnancy or early pregnancy screening may be considered for women who are at high risk of CMV infection. The need for screening for CMV should be a discussion between healthcare providers and women on an individual basis.



Women who develop possible symptoms of CMV infection during pregnancy should see their healthcare provider who will decide on the need for CMV testing on an individual basis.

Can congenital CMV be prevented?

- > There is currently no effective vaccine to prevent CMV infection.
- > Simple hygiene measures have been shown to reduce the risk of CMV infection during pregnancy.

How can I reduce my exposure to CMV?

Pregnant women can reduce their risk of being infected with CMV if they:

- > Do not share food, drinks, or utensils used by children (under the age of 3 years).
- > Do not share a toothbrush with a young child.
- > Do not put a child's dummy/soother in their mouth.
- > Avoid contact with saliva when kissing a child ("kiss on the forehead not on the lips").
- > Thoroughly wash hands with soap and water for 15-20 seconds, especially after changing nappies or feeding a young child or wiping a young child's nose or saliva.
- > Clean toys, countertops and other surfaces that come into contact with children's urine or saliva with a simple detergent and water.

Can congenital CMV be treated?

Antiviral medications may be used to treat affected babies.

Where can I learn more about congenital CMV?

- > Talk to your healthcare professional or visit: www.sahealth.sa.gov.au/cmV
- > Congenital CMV Association of Australia: www.cmv.org.au/
- > Women and Children's Health Network, Child and Youth Health: www.cyh.com/

For more information

Communicable Disease Control Branch
PO Box 6 Rundle Mall SA 5000
Telephone: 1300 232 272
www.sahealth.sa.gov.au

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