OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE

Congenital Cytomegalovirus

Scope (Staff):	All staff
Scope (Area):	Obstetrics

This document should be read in conjunction with the Disclaimer.

Contents Page

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

National Pregnancy Care Guideline Recommendations[1]:

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 Guidelines[1]
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 Precautions[1]

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: Australian Pregnancy Guidelines v3.0

Maternal Diagnosis

- Test interpretation as per the algorithm in the ASID Perinatal Guidelines 2022.

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 2022.

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 CAHS Clinical Practice Guideline: Cytomegalovirus (CMV) Neonatal Pathway.

References and resources

1. Department of Health. Clinical Practice Guidelines: Pregnancy Care Guidelines. Canberra: Australian Government Department of Health; 2024. Available from: https://app.magicapp.org/?language=en#/guideline/jm83RE

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). 2022.

Related policies

CAHS Clinical Practice Guideline: Cytomegalovirus (CMV) Neonatal Pathway

Related WNHS procedures and guidelines

WNHS Infection Prevention and Management Manual: Healthcare Worker Immunisation and Health Policy; Standard and Transmission Based Precautions

Useful resources (including related forms)

Department of Health. Clinical Practice Guidelines: Pregnancy Care Guidelines

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Version History

Version Number	Date	Summary
1.0	March 2015	First version

2.0	September 2016	Revised version
3.0	November 2019	Revised version
4.0	August 2024	Clinical decision by Executive to extend review date by 12 months

The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this policy.

This document can be made available in alternative formats on request for a person with a disability.