Most Common Perinatal Infections

• Toxoplasmosis
• Rubella
• Cytomegalovirus (CMV)
• Herpes Simplex Virus (HSV)
• Group B Strep

Toxoplasmosis
• Can get this from cats...mom should not clean the litter box.
• Protozoan that is spread by exposure. It poses some pretty serious risks to mom and fetus.
• Symptoms
  • Either non existent or vague flu-like symptoms
  • Many women don’t know they have it b/c symptoms are so vague
• Bad things that can happen
  • Retinochoroiditis ? (look this up)
  • Convulsions
  • Coma
  • Microcephaly
  • Hydrocephalus
• Prevention
  • Stay away from cat poop
  • Keep the cat off the bed
  • Wash hands
  • Don’t garden without gloves
  • Don’t run around barefoot

Rubella (measles)
• Prevention = immunization
• Check titer as part of first labs when mom comes in for prenatal visit to see if she has been immunized
• Spread by droplets
• Symptoms in mother
  • Most likely just have a very mild rash
  • Probably won’t feel too bad, maybe a little headache and itchy
• Fetal Risks: Rubella
  • Congenital cataracts
  • Sensorineural deafness
  • Congenital Heart Defects

Chlamydia
• Very common STD
• Spread by intimate contact and thru birth
• Symptoms in the mother
  • Virtually no symptoms!
  • Mom doesn’t even know most of the time
  • Often seen concurrently with gonorrhea which is very symptomatic
  • Over half the population of patients with STDs have it.
• Fetal Risks of chlamydia
  • Neuro complications
  • Anemia
  • Hyperbilirubinemia
  • Thrombocytopenia
  • Hepatosplenomegaly
  • SGA
  • At risk for PNA
High Risk: Perinatal Infections

- Breastfeeding safety is going to depend on mom being treated. I guess baby can't breastfeed safely unless mom gets treatment?
- Fetal demise is not uncommon :-(

**Herpes**

- Highly contagious and never goes away
- Spread by intimate contact and birth (via ascending infection as well...not sure what this means). If amniotic sac breaks, there is a < 4 hour window in which baby needs to be delivered. Women who have herpes are going to be tested throughout pregnancy and usually at 2 weeks to 1 month prior to delivery they'll get a thorough exam to check the status of lesions. May not be able to see all the lesions even with a vag exam. If woman has had active lesion in past month, they're going to go C/S route.
- Symptoms in the mother
  - Herpes lesions are very painful
  - The lesions can be in vaginal area or on mouth
  - First onset of herpes will usually have inguinal pain and enlarged lymph nodes
- Fetal Risks: Herpes
  - Preterm labor
  - Intrauterine growth restriction
  - Neonatal infection...these babies don't do very well.

**Group B Strep**

- This is an ascending infection
- When is the mother tested and how: tested during pregnancy
- Medications to treat the mother are given before she delivers
- Fetal Risks: GBS
  - Respiratory distress or pneumonia
  - Apnea
  - Shock
  - Meningitis
  - Long-term neuro complications
  - In nursery you may see: baby can't hold temp (early sign of a sick baby is an inability to hold temp), lungs sound a little gunky, color changes, irritable

**Human Parvo-19 “slapped cheek disease”, AKA “5th Disease”**

- Causes a red rash
- Usually occurs in children, but can be transferred to adults where it is mild...not good news for fetus though
- How is it spread? It goes through the placenta in about 1/3 of the cases and has a fairly high fetal loss rate. May take 4-12 weeks post infection for the baby to die.
- When is it most detrimental to the developing fetus? She didn’t say.
- Who is at risk? She didn’t say. Maybe a pregnant woman who has school-age child? Don’t know.
- Fetal Risks: Human B-19 Parvo
  - Spontaneous abortion
  - Fetal hydrops
  - Stillbirth
- Diagnostic Testing
  - TORCH (an acronym for infections that are fetal toxic)
    - Toxoplasmosis, Other, Rubella, CMV, Hepatitis/Herpes
  - Culture for chlamydia
  - Active lesions – could culture for HSV
  - Other lab tests (she didn’t mention any specifically)
High Risk: Perinatal Infections

