

1 ANTEPARTUM CARE

1.4 INFECTIONS IN PREGNANCY

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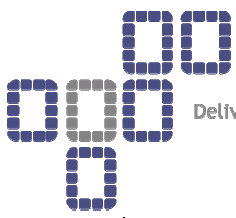
1.4.6 Varicella (chicken pox) in pregnancy
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

1.4.6 VARICELLA (CHICKEN POX) IN PREGNANCY

Refer to infection control guidelines for management of varicella. See [Infection Control Policy Manual Section 4.2 Varicella-Zoster \(Chickenpox / Shingles\)](#).

VARICELLA IN MOTHERS AND INFANTS

Maternal shingles	During pregnancy	Treat as symptoms require. Isolate
Maternal contact with varicella	Immune	No treatment required
	Non-immune or test not available	ZIG within 6 days of contact. Isolate
	If too late for VZIG administration	Consider oral Aciclovir for 7 days starting 7th day after first exposure. Isolate
Maternal varicella	If mild chickenpox	Oral Aciclovir for 7 days if started within 24 hours of vesicles developing. Isolate
	If severe or worsening illness	IV Aciclovir for 7days. Isolate
Stage of pregnancy		
1-20 weeks gestation	1-2% congenital defects directly attributable to maternal varicella	Consider referral to maternal fetal medicine team for assessment of fetal infection. Isolate
21-40 weeks gestation	↑ risk maternal pneumonia and other complications	No risk of congenital varicella syndrome, although infant shingles may occur Isolate
7-21 days before delivery	20% chance mild varicella within 0-5 days of birth	VZIG prophylaxis for infant not indicated As will have received transplacental maternal Ab Isolate neonate.
7days before to 7 days after birth	Risk severe neonatal varicella (20-30% mortality in absence of VZIG prophylaxis)	VZIG for infant ASAP after delivery or diagnosis. Isolate neonate. Consider immediate IV Acyclovir for neonate in addition to VZIG if maternal onset of varicella was 4 days before to 2 days after birth. Isolate neonate from birth. Maternal contact usually allowed.
> 7 days after delivery		Treat as infant contact with varicella. Isolate infant if an inpatient.
Infant contact with varicella	<u>Full Term</u>	
	a) <i>Mother immune</i>	No prophylaxis. May still develop usually mild varicella. Isolate infant from day 8 until day 28 post exposure.
	b) <i>Mother not immune</i> < 4 weeks old	VZIG Isolate infant



	<p><u>Pre-Term</u> (Regardless of maternal immunity) < 3 months of age</p> <p><i>Very Premature</i> (<28 weeks gestation or < 1000g) up to 44 weeks gestational age</p> <p><u>Immunodeficient</u> (Regardless of age or maternal immunity)</p>	<p>VZIG Isolate infant</p> <p>VZIG Isolate infant</p> <p>VZIG Isolate infant</p>
Neonatal varicella (regardless of maternal immunity)	Full term with symptom onset more than 28 days of age	No treatment Isolate infant
	Full term with symptom onset < 28 days of age.	Consider Acyclovir Isolate infant
	Premature infants to at least 44 weeks gestational age	Consider Acyclovir Isolate infant
	Severe or progressive disease in any infant	Acyclovir Isolate infant