



CLINICAL PRACTICE GUIDELINE

Congenital Cytomegalovirus

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

Antenatal Prevention and Diagnosis

Maternal Prevention

- Advice regarding hygiene precautions to prevent CMV infection should be given to all pregnant women. This should include advice that young children are the most common source of maternal infection and to:
 - avoid sharing food, drinks or utensils used by a young child
 - avoid contact with saliva when kissing a child
 - avoid putting a child's dummy in your mouth
 - thoroughly wash hands with soap and water after changing nappies, feeding a child, wiping a child's nose or drool or handling a child's toys, dummy or toothbrush

Maternal Diagnosis

- Universal maternal CMV serology testing is **not** routinely recommended in pregnancy.
- Serology (CMV IgM / IgG +/- avidity index) may be considered in pregnant women who develop an influenza-like illness which is not attributable to another specific infection **or**
- when the imaging findings are suggestive of fetal CMV infection.
- Interpretation as per the algorithm in the [ASID perinatal Guidelines 2014](#).

Fetal Diagnosis

- 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 >20 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.


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

References

1. Congenital Cytomegalovirus Infection in Pregnancy and the Neonate: Consensus Recommendations for Diagnosis, Prevention and Therapy. The International Congenital CMV Consensus Recommendations Group 2016.
2. Australian Society for Infectious Diseases: Management of Perinatal Infections 2014

Related WNHS policies, procedures and guidelines

KEMH Neonatal Guideline Congenital CMV
KEMH Infection Control Manual: Cytomegalovirus

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