

Congenital CMV: Tips for Health Care Providers



Did you know congenital cytomegalovirus (CMV) is the most common infectious cause of birth defects in the United States? Congenital CMV can cause serious health problems for newborn babies, including:



Hearing loss



Vision loss



Learning disabilities



Developmental delays



Microcephaly (smaller head size)



In the United States,

1 in 200 babies are born with congenital CMV.

1 in 5 of those babies will develop permanent health problems

As a health care provider, you can help reduce rates of congenital CMV —and ensure infants with congenital CMV get the care they need.

Know who's at risk

Because CMV is transmitted through body fluids, including saliva and urine, **pregnant people who have young kids or work with small children** are more likely to get CMV and pass it on to their babies. In addition, research shows that **Black, Hispanic, and Indigenous people** are more likely to get CMV than their white counterparts.



Educate pregnant people about congenital CMV

Education is the key to prevention! When you counsel patients and families about health risks during pregnancy, be sure to include information about congenital CMV.

Start by **defining CMV and explaining how it can affect babies' health**. For example, you could say: "Cytomegalovirus, or CMV for short, is a common virus that affects people of all ages. For most of us, CMV is no big deal — but when pregnant people pass CMV on to their babies, it can cause serious health problems. Babies who are born with CMV may have health issues like hearing loss, vision loss, or developmental delays."

Then **offer guidance to help people reduce their risk of CMV during pregnancy**. For example:



Always wash your hands after changing diapers, feeding a child, wiping a child's nose or mouth, or handling toys or pacifiers



Avoid sharing food and drinks, utensils, or toothbrushes



Clean toys and countertops often



If you kiss a young child, kiss their cheek or forehead — that way, you'll be less likely to get saliva on your lips



Don't put items that children have touched in your mouth

You can also refer patients to the National CMV Foundation ([NationalCMV.org](https://www.NationalCMV.org)) for more information.



Test for CMV

Know how to spot the signs and test your patients for CMV.

Pregnant people

If pregnant people report cold or flu-like symptoms, **recommend that they get tested for CMV**. IgM and IgG antibody testing can determine if patients have CMV antibodies.

Newborn babies

Some babies may show signs of congenital CMV at birth, including rash, jaundice, petechiae, or low birth weight. Sometimes there are no external signs of congenital CMV.

About 1 in 4 babies with congenital CMV are born with hearing loss or lose their hearing during the first few years of life. If a baby doesn't pass their newborn hearing screening, **schedule an outpatient hearing screening** before the baby is 10 days old. If the outpatient screening raises concerns, **schedule a CMV test and a diagnostic hearing evaluation**.

Under Iowa law, babies who don't pass their hearing screening **must be tested for CMV during their first 21 days of life**. So be sure to schedule that CMV test as soon as possible. It may take longer to schedule a diagnostic hearing evaluation, depending on availability at local diagnostic centers.

To determine whether a baby was infected with CMV while in utero, you'll need to **administer a PCR (polymerase chain reaction) test** on a saliva or urine sample. It's important to run this test within the baby's first 3 weeks of life. The easiest option is to do a saliva swab for the initial test, then confirm positive test results with a urine PCR test or culture.



Provide follow-up care (or referrals)

As of 2023, there's no standard treatment recommendation for congenital CMV. For babies with moderate to severe symptoms, **antiviral medications** can improve long-term hearing and developmental outcomes. However, these medications can have serious side effects and aren't recommended for babies with mild symptoms.

All babies diagnosed with congenital CMV should receive **follow-up care**, including:



Hearing tests every 3 to 6 months until age 3, then once a year until age 18



An ophthalmology exam during the first year of life



Regular follow-up visits with a primary care doctor to monitor their developmental milestones and head size



For more information and clinical guidance on congenital CMV from the Centers for Disease Control and Prevention (CDC), visit cdc.gov/cmV/clinical/index.html.



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