

Iowa Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

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Talking with Pregnant Women About CMV: A Resource for Health Care Providers

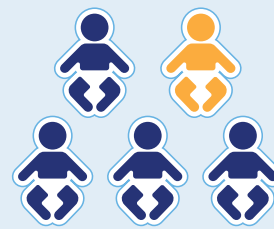


A pregnant woman infected with cytomegalovirus (CMV) can pass it to her baby at any time during pregnancy.

Incidence

Congenital CMV (cCMV) is the most common viral cause of birth defects and developmental disabilities in the U.S.

- About one in 200 children is born with congenital CMV
- One in five children with CMV will develop permanent problems such as hearing loss or developmental disabilities
- More than 5,000 children each year have permanent challenges caused by congenital CMV



One in five U.S.-born children with congenital CMV will **develop permanent problems** such as hearing loss or developmental disabilities

Transmission

Anyone can become infected with CMV, but close contact with children less than 3 years of age increases the chance of exposure to CMV. The virus is generally passed from infected people to others through direct contact with urine, saliva, blood, tears, mucus or other fluids. When the virus is passed through the placenta to a developing fetus, this causes congenital CMV.

Birth Defects Caused by Congenital CMV

- Children born with congenital CMV may develop permanent medical conditions such as deafness, blindness, intellectual disabilities, weakness, seizures and, in some cases, even death.
- Some infants without signs of CMV at birth may later develop hearing loss.

Diagnosis and Intervention

Early diagnosis of congenital CMV creates opportunities for treatment and support to improve long-term outcomes.

- If a baby does not pass their first newborn hearing test, the newborn is required to be tested for congenital CMV infection.*
- cCMV testing is by urine, saliva PCR or NAAT.
- All infants with cCMV should be scheduled for a diagnostic hearing evaluation, even if they pass a repeat hearing screen. Additional testing and monitoring should be considered by their primary care provider.

*Testing for cCMV for a failed newborn hearing screening is mandatory in Iowa.

Treatment

- Antiviral medications, like Ganciclovir and Valganciclovir, may improve hearing and developmental outcomes for infants with congenital CMV.
- Any baby diagnosed with congenital CMV should have regular hearing and close developmental monitoring.

Risk Reduction Measures

- Regular hand washing with soap and water after changing diapers, feeding a young child, wiping a young child's nose/mouth and handling toys.
- Don't share food, drinks, eating utensils or toothbrushes.
- Avoid contact with saliva when kissing or snuggling.
- Clean toys, counter tops and other surfaces that may have come in contact with children's saliva or urine.



Please visit these sites for more information:

- **CDC Website:** Babies Born with CMV: www.cdc.gov/cmvp
- **National CMV Foundation:** www.nationalcmv.org
- **American Academy of Pediatrics Cytomegalovirus:** www.aap.org/en/patient-care/congenital-cytomegalovirus-ccmv
- **ACOG Clinical Information: Cytomegalovirus in Pregnancy:** www.acog.org/clinical-information/physician-faqs/cytomegalovirus-in-pregnancy