

**Antenatal Treatment of
Suspected/Diagnosed Fetal CMV
Infection with CMV
Hyperimmune Globulin**

Enroll in CMV Registry
National CMV Registry and
Specimen Repository
www.cmvregistry.org

Suspected Fetal CMV infection
See Diagnosis of Fetal CMV protocol
**UNC CMV Hyperimmune Globulin
Protocol (Cytogam)**

Offer Maternal CMV HIG
(Cytogam)⁶

3W observation
for administration
of Cytogam

Protocol
Consult OB inpatient pharmacist on call to assist with medication
Premedicate with Benadryl, acetaminophen, consider hydrocortisone
100mg IV premedication
Cytogam 200 mg/kg IV⁵
Start infusion at 15 mg/kg/hr x 30 minutes, if no reaction increase to
30 mg/kg/hr
Potential complications – hypersensitivity reaction, treat with
benadryl, H2 blocker, stop or decrease infusion (may restart if s/s
resolve, restart at 10-15 mg/kg/hr)

Repeat IgG Avidity in 4 weeks
Consider repeat cytogam if
Avidity < 50-65% or fetal US
findings persist

Antenatal testing
Twice weekly NST after 30-32 weeks or
as fetal status indicates
Neonatal evaluation

Links to other CMV documents:

<u>CMV Screening</u>
<u>CMV Diagnosis</u>
<u>References</u>

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Notification to Users

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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