

UNC CMV Hyperimmune Globulin Therapy Administration Guidelines (Cytogam)

- Suspected Fetal CMV infection
- See Diagnosis of Fetal CMV protocol

During the MFMU CMV HIG RCT, CMV HIG is not available for those who are candidates for the MFMU study (maternal seroconversion in pregnancy for prevention of congenital CMV)

MFM consult and evaluation with suspected diagnosis of congenital CMV

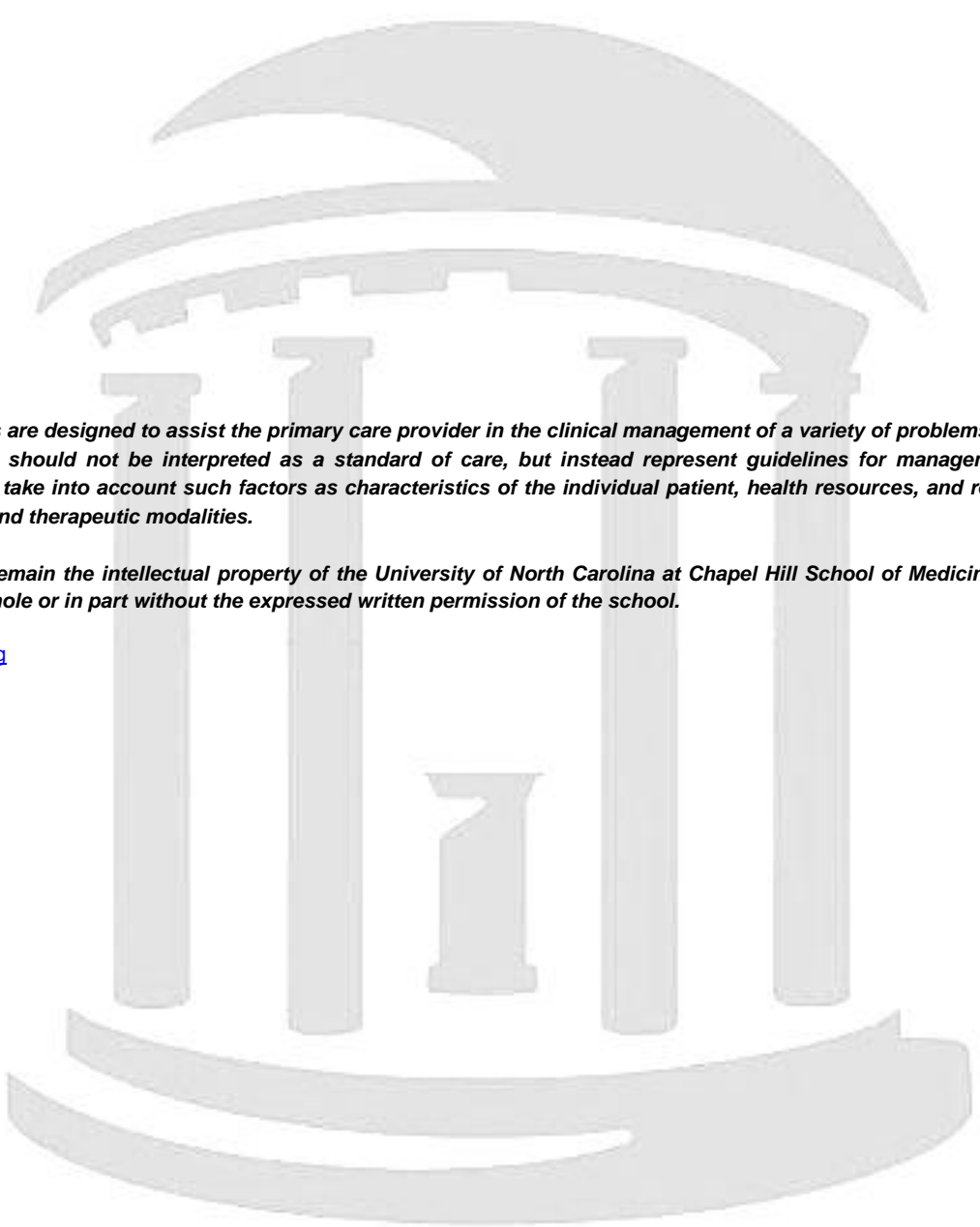
Offer Maternal CMV HIG (Cytogam) ⁵

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 IV ⁵
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



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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