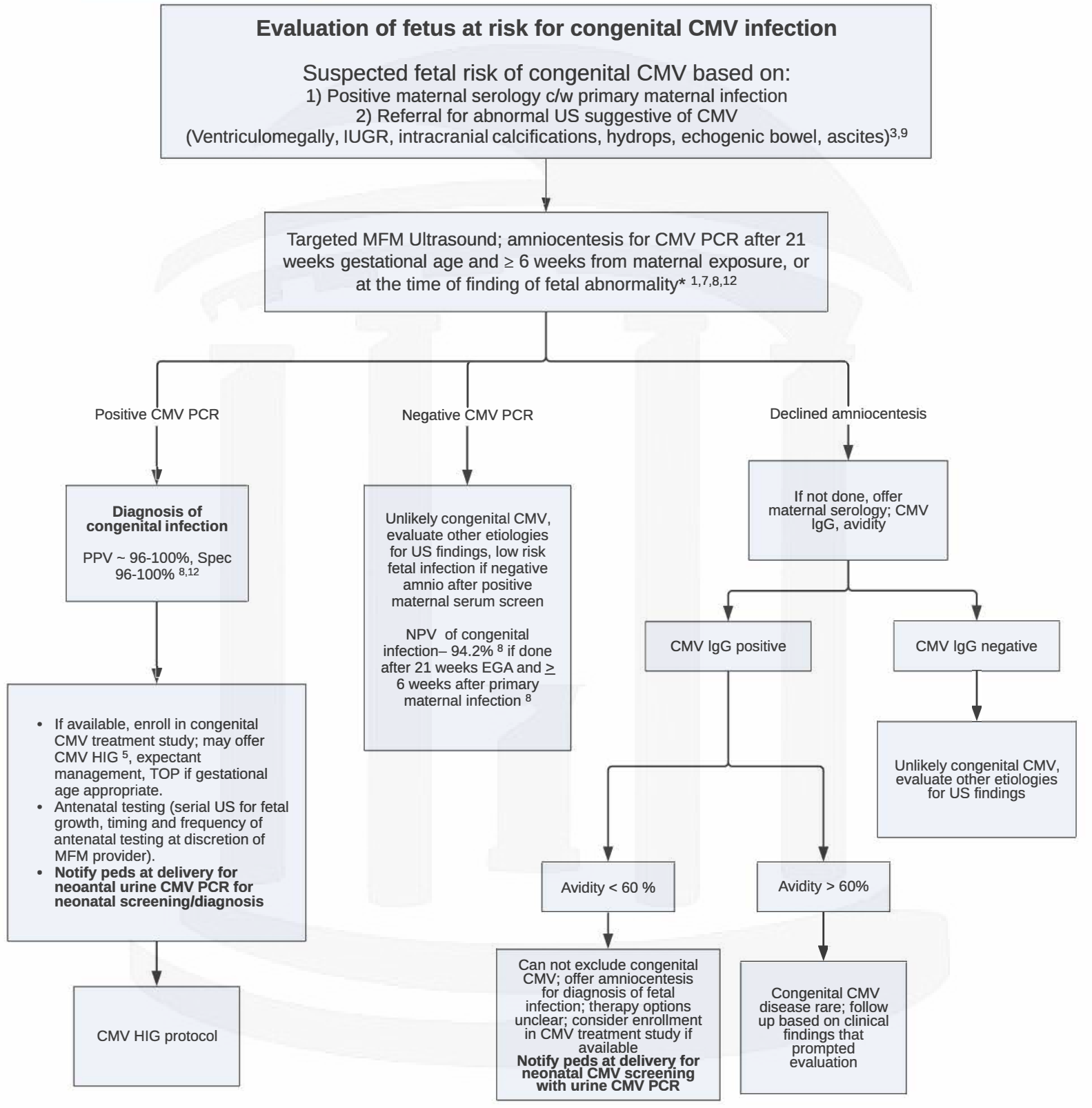
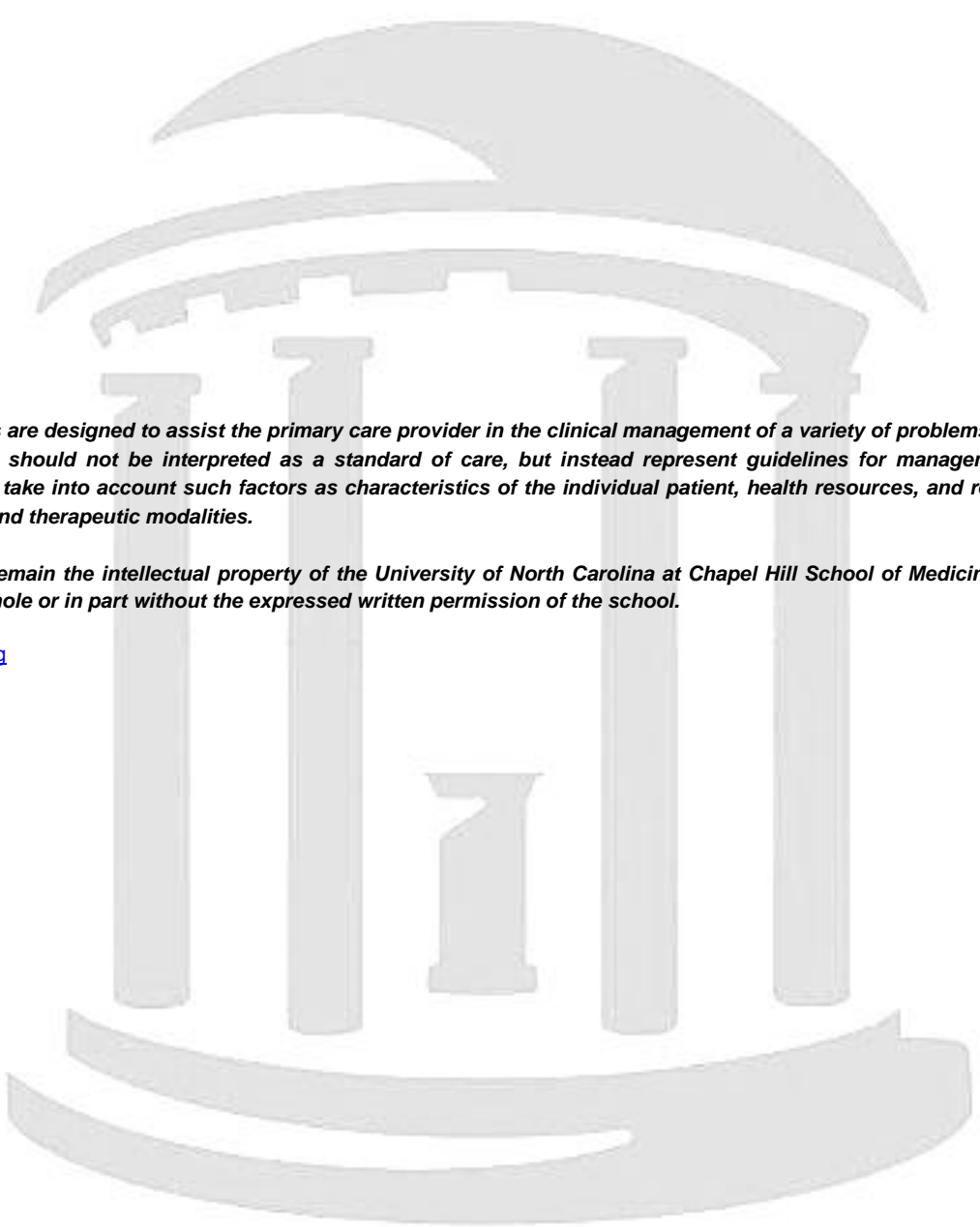


Consider referral to MFMU Network CMV Study

CMV definitions:
 1) Maternal seroconversion, primary infection – with or without maternal s/s – appearance of IgG positive CMV antibodies with prior negative IgG, or low avidity IgG (< 60% consistent with infection 4-6 month, < 30% infection < 3 months)
 2) Congenital infection – amniotic fluid or neonatal urine positive for CMV DNA by PCR or CMV culture
 3) CMV disease - symptomatic neonatal CMV infection



* Diagnostic testing (amniocentesis) recommended for a) primary maternal infection in first ½ of pregnancy or b) US findings consistent with infection (above).
 Timing of amniocentesis for best sens/specificity⁸ is 20-22 weeks EGA and > 6 weeks after primary maternal infection, or at time of US finding as
 1) 6-9 weeks required from time of maternal infection to time for virus to be eliminated from the fetal urine and detected in AF,
 2) maternal infection in first 12-16 weeks carries highest risk of severe disease,
 3) higher false negative rate due to reduced fetal diuresis earlier than 20 week EGA⁸



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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