

HOSPITAL EPIDEMIOLOGY AND
INFECTION CONTROL:
Guidelines for Pregnant & Breastfeeding Staff

Informational Guidelines:

Pregnant and breast feeding women are no more susceptible to disease than other healthcare workers, and routine infection control strategies are sufficient to interrupt transmission (e.g., hand hygiene, personal protective equipment, precautions). The following diseases may present some degree of risk. Precautions to prevent occupational exposure are found at "[General Conditions and Specific Organisms Requiring Transmission Based Precautions](#)" table.

All staff must have current vaccinations and know their immune status.

DISEASE	PRECAUTIONS Use Standard Precautions with ALL patients	Additional Information
AIDS/HIV	Use safety devices correctly to prevent blood exposures (e.g. safety-engineered sharps)	An infected mother may transmit the virus during or after birth. An infected woman has ≤ 2% - 25% chance of bearing an infected infant.
Chickenpox (Varicella)	1. IF IMMUNE, No PPE necessary 2. If susceptible, avoid exposure regardless of pregnant state 3. VariZIG™ within 96hrs if exposed.	Early Pregnancy: rare congenital malformations. Late Pregnancy/Perinatal: From 5 days before until 2 days after delivery: risk of severe disease in infant.
Cytomegalovirus (CMV)	Practice hand hygiene at all times	Primary infection in 1st trimester carries 10% risk of congenital malformation.
Hepatitis B (HBV)	1. Receive HBV vaccine series 2. Use safety devices correctly to prevent blood exposures (e.g. safety-engineered sharps)	An infected mother may transmit the virus during or after birth.
Hepatitis C (HBC)	Use safety devices correctly to prevent blood exposures (e.g. safety-engineered sharps)	An infected mother may transmit the virus during or after birth.
Herpes simplex (oral or genital)	1. Localized: Use Standard Precautions. 2. Contact precautions are needed for neonatal, severe, disseminated or mucocutaneous disease	Active maternal genital lesions at delivery may result in encephalitis or generalized infection in the newborn.
Herpes Zoster (Shingles) see Chickenpox	1. Localized: Use Standard Precautions 2. Disseminated: see Chickenpox (Varicella)	A woman who has had chickenpox is at no risk of contagion from zoster. A person who has not had chickenpox can contract chickenpox from a person with zoster.
Influenza	1. Seasonal & novel influenza vaccination is recommended for pregnant women and parents of infants less than 6 months of age 2. Use Droplet precautions for patients	Maternal infection: premature labor, severe pneumonia, death Infant infection: severe pneumonia, invasive bacterial co-infection, exacerbation of underlying medical conditions, death
Measles	1. IF IMMUNE, No PPE necessary 2. Use Airborne precautions for patients	Increased rates of premature labor, spontaneous abortion and low-birth weight with increased rate of congenital malformations is unresolved.
Parvovirus B19 (Fifth disease)	1. Patients in aplastic crises are highly contagious.* 2. Use Droplet precautions for patients.	Maternal infection may result in fetal hydrops and death.
Pertussis (Whooping Cough)	1. TDaP (Tetanus, Diphtheria & Pertussis) vaccination is recommended for non-pregnant healthcare workers. 2. Use Droplet precautions for patients.	Post-partum maternal infection may result in severe pertussis infection in an infant <12 months
Rubella	1. IF IMMUNE, No PPE necessary 2. Use Droplet precautions for patients	Infection before 20th week of pregnancy carries 25% risk of congenital rubella syndrome.

*The CDC does not recommend routine exclusion of pregnant health caregivers. However, the pregnant caregiver may wish to discuss further the potential risks and the preventive measures to reduce those risks, including the possibility of not caring for patients in aplastic crisis.

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