

**Purpose:**

To provide guidance for healthcare workers who are pregnant so that they can minimize the risk of acquiring infections that may be harmful to their fetus in the healthcare setting.

**Overview:**

Adhering to practices aimed at preventing transmission of infections from patients to healthcare workers is essential for pregnant and non-pregnant individuals. Some infections, however, are of particular concern because they can also pose a risk to the developing fetus.

Because even patients without a specific diagnosis of infection can harbor and transmit their infections to others, all healthcare workers, including those who are pregnant, must:

- Adhere to STANDARD PRECAUTIONS, including diligent hand hygiene for ALL patient encounters and use of gloves and mask/eye protection when appropriate
- Additionally, follow the appropriate transmission-based precautions for patients who are on Droplet, Contact, Enteric Contact, or Airborne Isolation
- Ensure that their vaccinations are up to date
- Know their immune status when applicable (e.g., Varicella, Measles, Rubella, Hepatitis B). Individuals who have immunity will remain immune when pregnant and will not become infected or transmit the infection to their developing fetus.

Transmission based precautions to prevent occupational exposure are found at [“General Conditions and Specific Organisms Requiring Transmission Based Precautions”](#) table.

**We do not recommend routinely reassigning pregnant healthcare workers from caring for patients with particular infections that have the potential for harming the fetus including CMV, HIV, hepatitis B and C, and varicella.**

However, if work restrictions are present, the University shall engage in the interactive process to evaluate any accommodations needed.<sup>1</sup>

If healthcare workers need more information, contact Infection Control or their OB provider.

If healthcare workers have been exposed to an infection, contact Occupational Health Services and your OB provider.

The following table addresses the most common pathogens that raise concerns for pregnant women; however, covering all potential agents of concern is beyond the scope of this guideline.

Infection	Isolation Precautions	Standard Precautions is required when caring for all patients including for those with the infections below:
<b>Chickenpox/ Disseminated Zoster (Varicella)</b>	Airborne <sup>2</sup> and Contact	1. If immune to varicella, follow <a href="#">Airborne Isolation<sup>2</sup> and Contact Isolation signage</a> 2. If not immune to varicella, avoid caring for patients with suspected or confirmed chickenpox or disseminated zoster. This applies to both pregnant and non-pregnant healthcare workers.
<b>Cytomegalovirus (CMV)</b>	Standard	Transmission occurs through direct contact with body fluids (including blood, urine, saliva). Adhering to Standard Precautions, especially hand hygiene, glove use when touching blood and other body fluids, and a mask and eye protection when appropriate will prevent transmission of CMV. Most transmission occurs from individuals who are asymptomatic or unidentified CMV excretors.
<b>Hepatitis B</b>	Standard	Use safety devices correctly to prevent blood exposures (e.g. safety-engineered sharps).
<b>Hepatitis C</b>	Standard	Use safety devices correctly to prevent blood exposures (e.g. safety-engineered sharps).
<b>Herpes simplex</b>	Standard except for below.  Contact for neonatal, severe disseminated or mucocutaneous	This infection is not usually spread in the healthcare setting. Infection can potentially occur through direct contact with the uncrusted vesicular rash. Adhering to Standard Precautions, especially hand hygiene and glove use when touching the rash or any open skin lesions will prevent transmission.

HOSPITAL EPIDEMIOLOGY AND  
INFECTION CONTROL:  
Infectious Exposure Guidelines for Pregnant  
Healthcare Workers

Infection	Isolation Precautions	Standard Precautions is required when caring for all patients including for those with the infections below:
<b>Herpes Zoster/Shingles</b>	Standard unless disseminated.  Airborne <sup>2</sup> plus Contact if chickenpox or disseminated zoster.	Localized infection is not usually spread in the healthcare setting. Infection can potentially occur through direct contact with the uncrusted vesicular rash. Adhering to Standard Precautions, especially hand hygiene and glove use when touching the rash or any open skin lesions will prevent transmission.  For primary chickenpox or disseminated zoster, refer to Chickenpox/Disseminated Zoster (Varicella).
<b>HIV/AIDS</b>	Standard	Use safety devices correctly to prevent blood exposures (e.g. safety-engineered sharps).
<b>Influenza</b>	Droplet	Influenza can be severe in pregnant women and infants. Yearly vaccination is strongly recommended for pregnant and postpartum women and parents/caretakers of infants.
<b>Measles</b>	Airborne <sup>2</sup>	1. If immune to measles, follow <a href="#">Airborne Isolation signage<sup>2</sup></a> 2. If not immune to measles, avoid caring for patients with suspected or confirmed measles. This applies to both pregnant and non-pregnant healthcare workers.
<b>Parvovirus B19 (Fifth disease)</b>	Standard except for below.  Droplet if aplastic crisis or chronic infection.	1. Patients with aplastic crises and those with chronic infections due to parvovirus are highly contagious. Although we do not recommend routine reassignments of pregnant healthcare workers for patients with these conditions, they may wish to further discuss the risks and consider not providing care for patients with parvovirus infections with aplastic crises and/or chronic parvovirus infections. 2. Use <a href="#">Droplet</a> isolation for suspected/confirmed cases of aplastic crisis and chronic infection due to parvovirus.
<b>Pertussis (Whooping Cough)</b>	Droplet	Post-partum maternal infection may result in severe pertussis infection in the infant. Vaccination available.
<b>Rubella</b>	Droplet	1. If immune to rubella, follow <a href="#">Droplet Isolation signage</a> 2. If not immune to rubella, avoid caring for patients with suspected or confirmed rubella. This applies to both pregnant and non-pregnant healthcare workers.
<b>Active Pulmonary or Laryngeal Tuberculosis</b>	Airborne <sup>2</sup>	If patient has confirmed or suspect active pulmonary or laryngeal TB, follow Airborne Isolation signage <sup>2</sup>  Patients with latent TB infection (e.g., positive QuantiFeron, T-spot, or tuberculin skin test) but no evidence of active TB do not require any special isolation.
<b>Zika Virus</b>	Standard	Use safety devices correctly to prevent blood exposures (e.g. safety-engineered sharps).
<b>Other</b>		A number of other infections can also be harmful to a fetus but are not generally transmitted in the healthcare setting including syphilis, chlamydia.

**Footnotes:**

1. Contact Disability Management Services (DMS) at (415) 476-2328 to initiate this process. You may review your right for the interactive process here:

- <https://policies.ucsf.edu/policy/150-26>
- [https://www.dfeh.ca.gov/wp-content/uploads/sites/32/2017/06/RightsObligationsPregnantEe\\_ENG.pdf](https://www.dfeh.ca.gov/wp-content/uploads/sites/32/2017/06/RightsObligationsPregnantEe_ENG.pdf)

2. Changes in facial contours, which may occur during pregnancy, pose a potential for fit-failure of N-95 respirator to which the individual was previously successfully fitted. For this reason, pregnant healthcare workers are encouraged to consider being re-fit tested for safe use of a N-95 respirator, if the need arises. Alternatively, pregnant healthcare workers may find use of a purified air powered respirator (PAPR) more comfortable.

**References:**

<https://www.cdc.gov/niosh/topics/repro/healthcaresafetyresources.html>

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