



ACOG Guidelines

Clinical Management Guidelines for Obstetrician – Gynecologists, Number 20, September 2000

The following recommendations are based on limited and inconsistent scientific data (Level B):

- Pregnant women who are seronegative for VZV and exposed to chickenpox received VZVIG.
- Pregnant women who develop chickenpox should be treated with oral acyclovir to minimise maternal symptoms; if pneumonia develops, they should be treated with intravenous acyclovir.
- Pregnant women who have acute parvovirus B19 infection during pregnancy should be monitored with serial ultrasound examinations for at least 10 weeks following infection for the presence of hydrop fetalis
- Foetuses with evidence of hydrops should undergo fetal blood sampling and transfusion as needed
- Pregnant women who acquire toxoplasmosis should be treated with spiramycin. When diagnosed, fetal toxoplasmosis should be treated with a combination of pyrimethamine, sulfadiazine, and folic acid, alternating with spiramycin.

The following recommendations are based primarily on consensus and expert opinion (Level C):

- Routine serologic screening of all pregnant women for CMV and toxoplasmosis is not recommended
- Non pregnant women of reproductive age who have no history of varicella infection should be offered varicella vaccine.
- The diagnosis of toxoplasmosis should be confirmed by a reliable reference laboratory.
- Pregnant women exposed to parvovirus B19 should have serologic screening performed to determine if they are at risk for seroconversion.
- Pregnant women should be counselled about methods to prevent acquisition of CMV or toxoplasmosis during pregnancy