Infections in Pregnancy that may affect your Baby

Throughout life, we all come into contact with many viruses and bacteria. As part of our defence mechanism, the body makes antibodies to help fight infection. If you have antibodies against a particular virus or bacteria, you are immune and the antibodies help prevent or reduce the impact of getting the infection again.
This page is about infections that can cause problems in pregnancy. You can read the whole page, or click on the links to go directly to the information you want:

Rubella in pregnancy

If you catch rubella (German measles) in the first four months of pregnancy, it can seriously affect your baby's sight and hearing, as well as causing brain and heart defects.
All children are now offered a vaccine against rubella through the MMR immunisation when they are 13 months old, and a second immunisation before they start school.
If you are not immune and you do come into contact with rubella, tell your doctor at once. Blood tests will show whether you have been infected and you'll be able to decide what action to take.

Cytomegalovirus (CMV) in pregnancy

Cytomegalovirus (CMV) is a common virus that is one of the herpes group of viruses, which can also cause cold sores and chickenpox.
Infection can be hazardous during pregnancy as it can cause problems for unborn babies, such as hearing loss, visual impairment or blindness, learning difficulties and epilepsy.
CMV is particularly dangerous to the baby if the pregnant mother has not previously had the infection at some point in her life.
It is not always possible to prevent a cytomegalovirus (CMV) infection, but you can take some steps to reduce the risk. CMV infections are common in young children. You can reduce the risk of infection with some simple steps, such as:

- wash your hands regularly using soap and hot water, particularly if you have been changing nappies or if you work in a nursery or day-care centre
- you should not kiss young children on the face – it is better to kiss them on the head or give them a hug
- do not share food or eating utensils with young children or drink from the same glass as them

These precautions are particularly important if you have a job that brings you into close contact with young children. In this case, you can have a blood test to find out whether you have previously been infected with CMV.

Sexually transmitted infections in pregnancy

Sexually transmitted infections (STIs) are on the increase and chlamydia is the most common. STIs often have no symptoms, so you may not know if you have one. However, many STIs can affect your baby's health during pregnancy and after the birth.

If you have any reason to believe that you or your partner may have an STI, go for a check-up as soon as possible. You can ask your GP or midwife, or, if you prefer, go to a genitourinary medicine (GUM) clinic or sexual health clinic. Your confidentiality is guaranteed.

HIV and AIDS in pregnancy

You'll be offered a confidentialHIV test as part of your routine antenatal care. Your midwife or doctor will discuss the test with you, and counselling will be available if the result is positive. Current evidence suggests an HIV-positive mother in good health and without symptoms of the infection is unlikely to be adversely affected by pregnancy. HIV-positive mothers can pass the virus on through breast milk.

However, it's possible to reduce the risk of transmitting HIV to your baby during pregnancy and after birth.

Hepatitis B in pregnancy

Hepatitis B is a virus that infects the liver. Many people with hepatitis B will show no sign of illness but can be carriers and may infect others. The virus is spread by having sex with an infected person without using a condom and by direct contact with infected blood. If you have hepatitis B or are infected during pregnancy, you can pass the infection on to your baby at birth.

All pregnant women are offered a blood test for hepatitis B as part of their antenatal care.

Babies who are at risk should be given the hepatitis B vaccine at birth to prevent infection and serious liver disease later on in life. Immunisation at birth is 90-95% effective in preventing babies developing long-term hepatitis B infection.

The first dose is given within 24 hours of birth. Two more doses are given at one and two months, with a booster dose at 12 months. A few babies may also need an injection of antibodies called immunoglobulin soon after birth.

Hepatitis C in pregnancy

Hepatitis C is a virus that infects the liver. Many people with hepatitis C have no symptoms and are unaware they're infected. The virus is transmitted by direct contact with infected blood.

In people who take illegal drugs, this can be as a result of sharing blood-contaminated needles and drug injecting equipment.

Hepatitis C can also be transmitted by receiving medical or dental treatment in countries where hepatitis C is common and infection control may be poor, or by having sex with an infected partner.

If you have hepatitis C, you may pass the infection on to your baby, although the risk is much lower than with hepatitis B or HIV. This cannot currently be prevented. Your baby can be tested for hepatitis C and, if they are infected, they can be referred for specialist assessment.

Herpes in pregnancy

Genital herpes infection can be dangerous for a newborn baby. It can be caught through genital contact with an infected person or from oral sex with someone who has cold sores (oral herpes). Initial infection causes painful blisters or ulcers on the genitals. Less severe attacks usually occur for some years afterwards.

Treatment is available if your first infection occurs in pregnancy. If your first infection occurs near the end of pregnancy or during labour, a caesarean section may be recommended to reduce the risk of passing herpes to your baby.

If you or your partner have herpes, use condoms or avoid sex during an attack. Avoid oral sex if you or your partner have cold sores or genital sores (active genital herpes). Tell your doctor or midwife if either you or your partner have recurring herpes or develop the symptoms described above.

Chickenpox in pregnancy

Chickenpox infection in pregnancy can be dangerous for both mother and baby, so it's important to seek advice early if you think you may have chickenpox.

Around 95% of women are immune to chickenpox. But if you've never had chickenpox (or you're unsure if you've have it) and you come into contact with a child or adult who has it, speak to your GP, obstetrician or midwife immediately. A blood test will establish if you are immune.

Toxoplasmosis in pregnancy

You can catch toxoplasmosis through contact with cat faeces. If you are pregnant, the infection can damage your baby. Most women have had the infection before pregnancy and will be immune.

If you feel you may have been at risk, discuss it with your GP, midwife or obstetrician. If you are infected while you're pregnant, treatment for toxoplasmosis is available. Treatment can reduce the risk of the baby becoming infected. Where the baby is infected, treatment may reduce the risk of damage.

Parvovirus B19 (slapped cheek disease) in pregnancy

Parvovirus B19 infection is common in children and causes a characteristic red rash on the face, so it's often called slapped cheek disease.

Although 60% of women are immune to this infection, parvovirus is highly infectious and can be harmful to the baby. If you come into contact with anyone who is infected, you should talk to your doctor, who can check whether you are immune through a blood test. In most cases, the baby is not affected when a pregnant woman is infected with parvovirus.

Group B streptococcus in pregnancy

Group B streptococcus (GBS, or group B strep) is a bacteria carried by up to 30% of people, but it rarely causes harm or symptoms. In women, it's found in the intestine and vagina and causes no problem in most pregnancies. In a small number of pregnancies, it infects the baby, usually just before or during labour, leading to serious illness.

If you've already had a baby who had a GBS infection, you should be offered antibiotics during labour to reduce the chances of your new baby getting the infection. If you have had a group B streptococcal urinary tract infection with GBS (cystitis) during the pregnancy, you should also be offered antibiotics in labour.

GBS infection of the baby is more likely to occur if:

- your labour is premature (before 37 weeks of pregnancy)
- your waters break early
- you have a fever during labour
- you currently carry GBS

Your midwife or doctor will assess whether you need antibiotics during labour to protect your baby from being infected.

It's possible to be tested for GBS late in pregnancy. Talk to your doctor or midwife if you have concerns.

Infections transmitted by animals

Cats

Cat faeces may contain toxoplasma, an organism that causes toxoplasmosis infection. Toxoplasmosis can damage your baby. To reduce the risk of infection:

- avoid emptying cat litter trays while you're pregnant
- if nobody else can empty the litter tray, use disposable rubber gloves – trays should be cleaned daily and filled with boiling water for five minutes
- avoid close contact with sick cats
- wear gloves when gardening in case the soil is contaminated with faeces, even if you don't have a cat
- wash your hands and gloves after gardening
- if you do come into contact with cat faeces, wash your hands thoroughly
- follow general food hygiene rules – see how to prepare food safely and how to store food safely