

FACT SHEET

Pregnant Healthcare Worker

Information on Communicable Diseases

This information is provided to educate female healthcare workers about the risks of acquiring a communicable disease during pregnancy, and help to avoid exposure whenever possible. Specific questions should be directed to the personal physician. The physician should always be notified of exposure to communicable disease, whether work or community related.

Disease of Patient	Mode of Transmission	Prevention	Comments
AIDS/HIV	Blood & body fluids	Standard Precautions for all patients	Report blood/body fluid or contaminated sharps exposures immediately.
Chickenpox (Varicella)	Respiratory & lesion via contact with drainage or droplets, or airborne route	Airborne and contact isolation Vaccine available	The non-immune HCW, pregnant or not, should not care for varicella patients. Varicella vaccine is recommended for nonpregnant health care personnel without reliable history of varicella or laboratory evidence of immunity.
Cytomegalovirus (CMV)	Urine & respiratory droplets	Standard Precautions good hand hygiene	Low risk for nosocomial transmission. Most adult women are already immune
Hepatitis A	Oral/fecal	Standard Precautions Vaccine available, post-exposure prophylaxis available	
Hepatitis B	Blood & body fluids	Standard Precautions for all patients, vaccine available, post exposure prophylaxis available.	Hepatitis B vaccine recommended for all HCW at risk for blood exposure. Report any blood/body fluid or contaminated sharps exposures immediately.
Hepatitis C	Blood & body fluids	Standard Precautions for all patients	Report any blood/body fluid or contaminated sharps exposures immediately.
Herpes Simplex	Lesion secretions	Standard or Contact Precautions	Unlikely nosocomial transmission.
Influenza	Respiratory via droplets or airborne route	Standard Precautions plus Droplet Precautions. Yearly vaccine available	All HCW should receive yearly influenza vaccine. However, pregnant women should receive only inactivated influenza vaccine; LAIV is not recommended for use during pregnancy. Inactivated influenza vaccine may be administered in any trimester.
Multi-Drug Resistant Organisms (i.e., MRSA, VRE)	Depends on site of infection or colonization	Standard or Contact Precautions depending on site of infection	As long as proper infection control practices are used, the pregnant HCW is at no greater risk than the non-pregnant HCW.

Disease of Patient	Mode of Transmission	Prevention	Comments
Parvovirus B19 (Fifth's disease)	Respiratory via droplets	Standard Precautions plus Droplet Precautions for all patients/good hand hygiene	Pregnant HCW should not care for patients with sickle cell or chronic hemolytic anemia who are in aplastic crisis due to parvovirus B19.
Rubella	Droplets and direct contact with respiratory secretions	Standard Precautions plus Droplet Precautions, vaccine available	The non-immune HCW, pregnant or not, should not care for rubella patients. Vaccine is recommended for the nonpregnant HCW without documentation of immunity.
Rubeola (measles)	Respiratory via droplets or airborne route	Standard Precautions plus Airborne Precautions, vaccine available	The non-immune HCW, pregnant or not, should not care for rubeola patients. Vaccine is recommended for the nonpregnant HCW without documentation of immunity, if borne before 1957.
Shingles (herpes zoster)	Lesion secretions	Standard Precautions, Airborne, and Contact Precautions if disseminated	The varicella virus causes herpes zoster. The non-immune HCW, pregnant or not, should not care for varicella patient. Varicella vaccine is recommended for nonpregnant health care personnel without reliable history of varicella or laboratory evidence of varicella immunity.
Syphilis	Lesion drainage and blood	Standard Precautions	Risk of nonsexual transmission low.
Toxoplasmosis	Persons may become infected by ingestion of infective oocysts from dirt in which cats have defecated.	Standard Precautions	Greatest risk from insufficiently cooked meat or cat feces (i.e. emptying litter boxes without proper hand hygiene afterward).
Tuberculosis	Airborne droplets	Airborne Precautions	Report any unprotected exposure. TB skin testing is not contraindicated during pregnancy.

In summary: Pregnancy does not usually make a person more susceptible to disease. Reassignment is usually not necessary in caring for ill persons while pregnant. Reassignment of a pregnant employee is indicated if a patient has parvovirus B19, in specific circumstances (see above). Non-immune employees, pregnant or not, should not care for patients with rubella, rubeola, shingles or chickenpox. Remember, hand hygiene is the most important preventive measure to limit disease transmission from one person to another. Standard Precautions, including meticulous hand hygiene, must be strictly followed, not just by the pregnant health care provider, but by all health care providers.

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