


Name of Policy: <u>Infection Control Guidelines for Pregnant Health Care Workers</u>						
Policy Number: 3364-109-EH-604						
Department: Infection Prevention and Control Hospital Administration Medical Staff						
Approving Officer: Chair, Infection Control Committee Chief of Staff Chief Medical Officer						
Responsible Agent: Infection Preventionist						
Scope: The University of Toledo Medical Center and its Medical Staff		Effective Date: 01/2021 Initial Effective 4 /1/1999				
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(A) Policy Statement

Information will be made available to pregnant employees regarding necessary work restrictions when in contact with potentially infectious agents.

(B) Purpose of Policy

The purpose of this policy is to educate the health care worker (HCW) on the risks of acquiring a communicable disease during pregnancy and to help her prevent exposure whenever possible. Any specific questions should be directed to her personal obstetrician. Whether work or community related, the obstetrician should be notified of exposure to a communicable disease.

(C) Procedure

Certain diseases are detrimental to the development of an unborn child. Therefore, pregnant women must be protected from the transmission of these diseases. The approach for the prevention of disease transmission is broad. This is necessary to protect the employee who may not know she is pregnant. Additionally, a broad approach also protects the pregnant employee who cares for patients who may be later diagnosed with a communicable disease.

Table. Pertinent facts to guide occupational exposures to infectious agents

Disease	Modes of Transmission	Prevention	Comments
Coronavirus Disease – 2019 (COVID-19)	Respiratory secretions and Airborne droplet with aerosol-generating procedures	Droplet Plus Precautions. May request reassignment to care for patients without known COVID-19 active infection.	As COVID volumes increase, it is possible that pregnant HCWs may be assigned to COVID patients. We will make sure that all HCWs, especially pregnant HCWs, receive optimal PPE training and support. Pregnant HCWs are encouraged to request additional PPE education and skill validation from Infection Prevention team.
Cytomegalovirus (CMV)	Urine, blood, vaginal secretions, semen and saliva	Standard Precautions	No additional precautions for pregnant HCW.

Disease	Modes of Transmission	Prevention	Comments
Hepatitis B	Blood and body fluids	Standard Precautions Vaccine available HBIG to infant if exposure of non-immune personnel	Hepatitis B vaccine strongly recommended for all HCWs including pregnant HCWs.
Hepatitis C	Blood and body fluids	Standard Precautions	No additional precautions for pregnant HCW.
Herpes Simplex	Contact with lesion	Standard precautions or contact precautions depending upon severity of illness	No additional precautions for pregnant HCW.
HIV	Blood and body fluids	Standard precautions	Report any blood/body fluid exposure immediately according to hospital policy.
Influenza	Respiratory secretions	Droplet precautions Yearly vaccine	Vaccination (safe during pregnancy). Symptomatic pregnant women should be evaluated for antiviral treatment within 48 hours of illness onset.
Parvovirus B19 (Fifth's Disease)	Respiratory secretions (and rarely blood)	Droplet precautions	Reassign pregnant women
Pulmonary or Laryngeal Tuberculosis	Airborne droplet Nuclei	Airborne precautions	Report any unprotected exposure.
Rubella	Respiratory secretions	Droplet precautions Vaccine Contact precautions for congenital rubella	The non-immune HCW, pregnant or not, should not care for rubella patients until vaccination is complete. The MMR vaccine and its component vaccines should not be given to women known to be pregnant. Reassign to avoid risk of exposure.
Rubeola (Measles)	Respiratory secretions	Airborne precautions Vaccine	The non-immune HCW, pregnant or not, should not care for rubeola patients until vaccination is complete. The MMR vaccine and its component vaccines should not be given to women known to be pregnant. Reassign to avoid risk of exposure.
Varicella (Chickenpox)	Respiratory secretions and lesion contact	Airborne and contact precautions	The non-immune HCW, pregnant or not, should not care for varicella patients. Reassign to avoid risk of exposure. Non-immune women of child bearing age should be evaluated for postexposure prophylaxis.
Varicella Zoster, Disseminated or localized in Immuno-compromised patient	Respiratory secretions and lesion contact	Airborne and contact precautions	The non-immune HCW, pregnant or not, should not care for varicella zoster patients. Reassign to avoid risk of exposure. If exposed, non-immune pregnant women should be evaluated for postexposure prophylaxis. The vaccine is contraindicated in pregnancy.
Varicella Zoster (Shingles), localized	Contact with lesions	Standard precautions	The non-immune HCW, pregnant or not, should not care for varicella patients. Reassign to avoid risk of exposure. If exposed, non-immune pregnant women should be evaluated for postexposure prophylaxis. The vaccine is contraindicated in pregnancy.

Disease	Modes of Transmission	Prevention	Comments
Pertussis	Respiratory	Droplet Precautions Vaccination	Pregnant HCW should receive a dose of Tdap during each pregnancy irrespective of prior history of receiving Tdap.

Additional information, please see the following policy [HM-08-028 Teratogens Safe Work Practices](#)

References:

- CDC (20121, January 4) *Clinical Questions about COVID-19 Questions and Answers*. Retrieved on January 5, 2021 from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html> CDC (1998) *Guideline for infection control in health care personnel, 1998*. Retrieved on January 5, 2021 from: <https://www.cdc.gov/hicpac/pdf/InfectControl98.pdf>
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- NIOSH (2019, November). *Reproductive health and the workplace*. Retrieved on January 5, 2021 from: <https://www.cdc.gov/niosh/topics/repro/infectious.html>

Approved by:		Review/Revision Date:
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Review/Revision Completed By: Infection Control Committee		
		Next Review Date: 01/2024
Policies Superseded by This Policy:		