

Maine Medical

PARTNERS

Women's Health

A department of Maine Medical Center

Parvovirus B19

Asymptomatic or mild acute infection in pregnancy may rarely lead to fetal loss or hydrops.

Indication for testing:

- Routine or targeted screening of pregnant women for parvovirus B19 is not recommended. Test only for exposure to acute infections or for symptoms consistent with parvovirus B19 infection.

Timing of Initial Ultrasound Pending Titers:

- If the patient **knows** when she was exposed to the virus, an ultrasound should be performed two weeks from that date.
- If the patient **does not know** when she was exposed, an appointment for an ultrasound should be given within one week of the physician's request.
- If the patient is **symptomatic**, an ultrasound should be performed within one week.

Titers:

- Should always be obtained as soon as possible to determine if monitoring is required for seroconversion. If results on initial testing are:
 - IgG+, IgM - assessment is **immune**, no further testing required.
 - IgM-, IgG- assessment is **at risk** for the disease **OR** a very early stage of the disease.
 - Ultrasound examinations are performed over three to four weeks with repeat serologic testing in four weeks
 - If IgM+ OR IgG+ on repeat titers, testing is required
 - If negative – no further testing required
 - IgM+ and IgG- **or** IgM+ and IgG+ assessment is **active disease**.
 - Testing over 8-12 weeks after maternal infection is required.

Fetal Testing:

The ultrasound examination is performed primarily to rule out hydrops and fetal anemia. If the patient has not been scanned before, a rule out anomalies examination should be performed. Serial examinations should be performed every 1-2 weeks for 8-12 weeks after exposure for evaluation for hydrops. Testing for fetal B19 (PCR positive amniotic fluid) is generally reserved for fetuses with hydrops or suspected anemia.

Ultrasound should include assessment for:

- ascites
- cardiomegaly
- fetal MCA peak systolic velocities
- hydrops
- impaired growth
- placentomegaly

Prevention:

Exclusion of pregnant women from workplace during endemic periods **NOT** recommended.

Reference:

ACOG Practice Bulletin No. 151. Cytomegalovirus, parvovirus B19, varicella zoster, and toxoplasmosis in pregnancy. June 2015, Reaffirmed 2019.