Infection Control Guidelines for Pregnant MEDICAL CENTER Name of Policy: **Health Care Workers 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 Effective Date**: 12/1/2023 Scope: The University of Toledo Medical Center and Initial Effective 4 /1/1999 its Medical Staff New policy proposal Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy

(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. The approach for the prevention of disease transmission is broad enough to encompass an employee who may not know she is pregnant as well as a 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	Respiratory secretions	Droplet Plus	As COVID volumes increase, it is possible
- 2019 (COVID-19)	and Airborne droplet	Precautions.	that pregnant HCWs may be assigned to
	with aerosol-	May request	COVID patients. We strive to provide
	generating procedures	reassignment to care	optimal PPE training and support. HCWs
		for patients without	are encouraged to request additional PPE
		known COVID-19	education and skill validation from
		active infection.	Infection Prevention team at any time.
Cytomegalovirus	Urine, blood, vaginal	Standard Precautions	No additional precautions for pregnant
(CMV)	secretions, semen and		HCW.
	saliva		
Hepatitis B	Blood and body fluids	Standard Precautions	Hepatitis B vaccine strongly recommended
		Vaccine available	for all HCWs including pregnant HCWs.
		HBIG to infant if	
		exposure of non-	
		immune personnel	

Disease	Modes of Transmission	Prevention	Comments
Hepatitis C	Blood and body fluids	Standard Precautions	No additional precautions for pregnant
-	•		HCW.
Herpes Simplex	Contact with lesion	Standard precautions	No additional precautions for pregnant
		or contact	HCW.
		precautions	
		depending upon	
		severity of illness	
HIV	Blood and body fluids	Standard precautions	Report any blood/body fluid exposure
т М	D :	D 1.	immediately according to hospital policy.
Influenza	Respiratory secretions	Droplet precautions	Vaccination (safe during pregnancy).
		Yearly vaccine	Symptomatic pregnant women should be evaluated for antiviral treatment within 48
			hours of illness onset.
Parvovirus B19	Respiratory secretions	Droplet precautions	HCW may request reassignment if
(Fifth's Disease)	(and rarely blood)	Diopici piccautions	pregnant.
Pulmonary or	Airborne droplet	Airborne precautions	Report any unprotected exposure.
Laryngeal	Nuclei	7 throofine precuditions	report any amproceed exposure.
Tuberculosis	1 (delet		
Rubella	Respiratory secretions	Droplet precautions	The non-immune HCW should not care for
		Vaccine	rubella patients until vaccination is
		Contact precautions	complete. The MMR vaccine and its
		for congenital rubella	component vaccines should not be given to
			women known to be pregnant. A HCW
			may request reassignment to avoid risk of
			exposure.
Rubeola	Respiratory secretions	Airborne precautions	The non-immune HCW should not care for
(Measles)		Vaccine	rubeola patients until vaccination is
			complete. The MMR vaccine and its
			component vaccines should not be given to
			women known to be pregnant. A HCW
			may request reassignment to avoid risk of
3.7 ' 11	D : 4	A . 1 1 4 4	exposure. The non-immune HCW should not care for
Varicella (Chiekenney)	Respiratory secretions and lesion contact	Airborne and contact	
(Chickenpox)	and lesion contact	precautions	varicella patients. A HCW may request reassignment to avoid risk of exposure.
			Non-immune women of childbearing age
			should be evaluated for postexposure
			prophylaxis.
Varicella Zoster,	Respiratory secretions	Airborne and contact	The non-immune HCW should not care for
Disseminated or	and lesion contact	precautions	varicella zoster patients. A HCW may
localized in			request reassign to avoid risk of exposure.
Immuno-			If exposed, non-immune pregnant women
compromised patient			should be evaluated for postexposure
			prophylaxis. The vaccine is contraindicated
			in pregnancy.
Varicella Zoster	Contact with lesions	Standard precautions	The non-immune HCW should not care for
(Shingles), localized			varicella patients. A HCW may request
			reassignment to avoid risk of exposure. If
			exposed, non-immune pregnant women
			should be evaluated for postexposure
			prophylaxis. The vaccine is contraindicated
D	D :	D 1 (D :	in pregnancy.
Pertussis	Respiratory	Droplet Precautions	Pregnant HCW should receive a dose of
		Vaccination	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 (1998) *Guideline for infection control in health care personnel, 1998.* Retrieved on from: https://www.cdc.gov/hicpac/pdf/InfectControl98.pdf
- CDC. (2019, October). Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services. Retrieved from:

 https://www.cdc.gov/infectioncontrol/pdf/guidelines/infection-control-HCP-H.pdf
- CDC (2022, October 25). *Pregnant and Recently Pregnant People*. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html
- CDC (2022, September 15). Recommendations for Obstetric Health Care Providers Related to Use of Antiviral Medications in the Treatment and Prevention of Influenza. Retrieved from: https://www.cdc.gov/flu/professionals/antivirals/avrec ob.htm
- CDC (2023, June 6). Toolkit for Pregnant People and New Parents. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/pregnant-people-and-new-parents.html
- NIOSH (2023, May 1). *Additional resources, healthcare worker safety Reproductive Health.* Retrieved from: https://www.cdc.gov/niosh/topics/repro/healthcaresafetyresources.html

NIOSH (2023, May 1). Infectious Agents – Reproductive Health. Retrieved on from: https://www.cdc.gov/niosh/topics/repro/infectious.html

Approved by:		Review/Revision Date:
		2/17/86
		5/18/87
/s/		11/1/88
Michael Ellis, MD	Date	3/5/90
Chair, Infection Control Committee		8/6/90
,		9/9/91
		11/10/93
/s/		6/2/97
		3/1/99
Puneet Sindhwani, MD	Date	12/17/01
Chief of Staff		12/20/04
		3/24/2008
		2/28/2011
/s/		07/01/2014
Michael Ellis, MD	Date	07/25/2014
Chief Medical Officer	•	6/30/2017
Chief Wedicar Officer		8/11/2020
		01/06/2021
n · /n · · / · · · / · · · · / · · · · ·		11/26/2023
Review/Revision Completed By: Infection Control Committee		
v		Next Review Date: 11/2026