

Parvovirus (also known as Erythema infectiosum, fifth disease or "slapped cheek" syndrome)

This leaflet is for pregnant women who may have come into contact with the above infection. It explains what complications may occur, how your pregnancy will be monitored because of the increased risks, and who is available to help and advise you during your pregnancy. If you have any questions or concerns, please speak to your midwife or doctor.

There are often local outbreaks of B19 parvovirus infection, which is common amongst pre-school age children attending nurseries and playgroups. It is highly infectious. It is transmitted by close contact, and also through the blood of infected people. Children with cuts and grazes who have the virus may easily pass it on to parents and other carers. The incubation period is 4 to 14 days, and in children the most noticeable sign is a pair of bright red cheeks, possibly with a runny nose and slightly enlarged glands in their necks. In adults, the red cheeks are less common, but aches and pains in the joints such as wrists and fingers may be noticed.

If you think that you have been in contact with a child or adult with parvovirus you should contact your own doctor in the first instance. He or she can ask the laboratories at the Royal Berkshire Hospital to run a parvovirus check on the blood sample taken at booking by your midwife, if you have already had this appointment. If not, your GP can send a sample of blood for testing. About 6 out of 10 of adults will have immunity, as they will have been infected as children and the blood test result will show this. If you are immune, you not need worry any longer as your baby cannot catch the infection in utero.

If you are not immune, a second sample of blood needs testing two weeks later as by this time your immune system will have begun to fight off the virus. The chance of picking up the infection from your own child is around 50-90%, but much lower if the child with the infection is not living in the same household.

If this second test confirms that you have caught the parvovirus infection, we will need to organise scans of the baby. These will be done weekly for seven weeks, to look for signs that the baby may have become infected with the virus. It is estimated that 1 in 30 babies of mothers who become infected whilst pregnant will show signs of infection. The signs of infection are collections of fluid around the abdomen or heart (Hydrops fetalis).

These babies may need blood transfusions before birth (in utero), or early delivery for treatment. Currently, there does not appear to be any evidence that parvovirus B19 infection increases the risk of congenital anomalies, though there have been case reports of central nervous system, craniofacial, musculoskeletal, and eye anomalies, which is extremely rare. Congenital anaemia has rarely been identified as a consequence of intrauterine infection.

References:

1. Heegaard ED, Brown KE; Human parvovirus B19. Clin Microbiol Rev. 2002 Jul;15(3):485-505. [abstract]

This document can be made available in other languages and formats upon request.

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