

MEASLES AND PREGNANCY:

What Providers Need to Know

MATERNAL AND FETAL RISKS



Measles during pregnancy is associated with an increased risk for adverse maternal and fetal outcomes.



Maternal risks include an increased risk of hospitalization, pneumonia, need for oxygen support or mechanical ventilation, and death.



Fetal and neonatal risks include an increased risk of miscarriage, stillbirth, low birth weight, prematurity, and infant mortality.

MANAGING AN EXPOSURE



Determine exposure. Exposure is defined as being in the same room as someone who is infectious or sharing the same air space within 2 hours of a person who is actively infectious.

Determine susceptibility. Patients are presumed immune to measles if they have written documentation of one of the following:

- 2 doses of the measles vaccine as a child or 1 dose as an adult
- Confirmed measles as a child
- Serologic evidence of immunity (measles Ig)
- Birthdate before 1957

Give IVIG if nonimmune. Pregnant people who have been exposed to measles and are confirmed nonimmune should receive immune globulin IV (IVIG) within 6 days of exposure.



VACCINATION INFORMATION



Tell patients that measles is almost entirely preventable through vaccination.

Two doses are about 97% effective at preventing measles, and one dose is approximately 93% effective.

There is no association between MMR vaccination and autism.

Adults who are not pregnant and do not have presumptive evidence of immunity should get at least one dose of MMR vaccine.

Pregnant people who are not measles-immune should defer vaccination until postpartum, ideally before discharge from the delivery hospital.

MMR vaccination is safe for breastfeeding people.

Breastfeeding does not interfere with immunity, and the vaccine is not transmitted through breast milk.

SCREENING



Routine screening for measles immunity is not currently recommended in pregnancy.

Serologic screening for immunity (measles IgG) can be considered for pregnant individuals without evidence of presumptive immunity in areas of ongoing transmission.

TREATMENT



Treatment of measles is supportive and includes antipyretics, fluids, treatment of bacterial superinfections such as bacterial pneumonia, and treatment of other complications, such as respiratory failure.



Scan here for SMFM's provider fact sheet: Measles and Pregnancy: What Providers Need to Know