		and exposure). Avoid breastfeeding in HIV-positive mother. Documented routine HIV education and routine testing with consent for all pregnant women in United States are recommended.
Chickenpox (Varicella-Zoster Virus)		
Intrauterine exposure—congenital varicella syndrome: limb dysplasia, microcephaly, cortical atrophy, chorioretinitis, cataracts, cutaneous scars, other anomalies, auditory nerve palsy, motor and cognitive delays Severe symptoms (rash, fever) and higher mortality in infant whose mother develops varicella 5 days before to 2 days after delivery	First trimester (fetal varicella syndrome); perinatal period (infection)	Use varicella zoster immunoglobulin (VariZIG) or IVIG to treat infants born to mothers with onset of disease within 5 days before or 2 days after delivery. Institute isolation precautions in newborn born to mother with varicella up to 21 to 28 days (latter time if newborn received VariZIG or IVIG after birth) if hospitalized. Prevention: Universal immunization of all children with varicella vaccine.
Chlamydia Infection *(Chlamydia Trachomatis)*		
Conjunctivitis, pneumonia	Last trimester or perinatal period	Standard ophthalmic prophylaxis for gonococcal ophthalmia neonatorum (topical antibiotics, silver nitrate, or povidone iodine) is not effective in treatment or prevention of chlamydial ophthalmia. Treat with oral erythromycin for 14 days.
Coxsackievirus (Group B Enterovirus–Nonpolio)		
Poor feeding, vomiting, diarrhea, fever; cardiac enlargement, arrhythmias, congestive heart failure; lethargy, seizures, meningeal involvement Mimics bacterial sepsis	Peripartum	Treatment is supportive. Provide IVIG in neonatal infections.
Cytomegalovirus		
Variable manifestation from asymptomatic to severe Microcephaly, cerebral calcifications, chorioretinitis Jaundice, hepatosplenomegaly Petechial or purpuric rash Neurologic sequelae—seizure disorders, sensorimotor deafness, cognitive impairment	Throughout pregnancy	Infection acquired at birth, shortly thereafter, or via human milk is not associated with clinical illness. Affected individuals excrete virus. Virus is detected in urine or tissue by electron microscopy. Pregnant women should avoid close contact with known cases. To treat infection, administer IV antivirals such as ganciclovir to newborn.
Parvovirus B19 (Erythema Infectiosum)		
Fetal hydrops and death from anemia and heart failure with early exposure Anemia with later exposure No teratogenic effects established Ordinarily, low risk of adverse effect to fetus	Transplacental	First trimester infection has most serious effects. Pregnant health care workers should not care for patients who might be highly contagious (e.g., child with sickle cell anemia, aplastic crisis). Routine exclusion of pregnant women from workplace where disease is occurring is not recommended.