

Gonococcal Disease (<i>Neisseria Gonorrhoeae</i>)		
Ophthalmitis Neonatal gonococcal arthritis, septicemia, meningitis	Last trimester or perinatal period	Apply prophylactic medication to eyes at time of birth. Obtain smears for culture. To treat infection, administer penicillin.
Hepatitis B Virus		
May be asymptomatic at birth Acute hepatitis, changes in liver function	Transplacental; contaminated maternal fluids or secretions during delivery	Administer HBIg to all infants of HBsAG-positive mothers within 12 hours of birth; in addition, administer hepatitis B vaccine at separate site. Prevention: Universal immunization of all infants with hepatitis B vaccine (see Immunizations, Chapter 6).
Listeriosis (<i>Listeria Monocytogenes</i>)		
Maternal infection associated with abortion, preterm delivery, and fetal death Preterm birth, sepsis, and pneumonia seen in early-onset disease; late-onset disease usually manifests as meningitis	Transplacental by ascending infection or exposure at delivery	Hand washing is essential to prevent nosocomial spread. Treat infected newborn with antibiotics — ampicillin and gentamicin.
Rubella, Congenital (Rubella Virus)		
Eye defects—cataracts (unilateral or bilateral), microphthalmia, retinitis, glaucoma CNS signs—microcephaly, seizures, severe cognitive impairment Congenital heart defects—patent ductus arteriosus Auditory—high incidence of delayed hearing loss IUGR Hyperbilirubinemia, meningitis, thrombocytopenia, hepatomegaly	First trimester; early second trimester	Pregnant women should avoid contact with all affected persons, including infants with rubella syndrome. Emphasize vaccination of all unimmunized prepubertal children, susceptible adolescents, and women of childbearing age (nonpregnant). Caution women against pregnancy for at least 3 months after vaccination.
Syphilis, Congenital (<i>Treponema Pallidum</i>)		
Stillbirth, prematurity, hydrops fetalis May be asymptomatic at birth and in first few weeks of life or may have multisystem manifestations: hepatosplenomegaly, lymphadenopathy, hemolytic anemia, and thrombocytopenia Copper-colored maculopapular cutaneous lesions (usually after first few weeks of life), mucous membrane patches, hair loss, nail exfoliation, snuffles (syphilitic rhinitis), profound anemia, poor feeding, pseudoparalysis of one or more limbs, dysmorphic teeth (older child)	Transplacental; can be anytime during pregnancy or at birth	This is most severe form of syphilis. Treatment consists of IV penicillin. Diagnostic evaluation depends on maternal serology testing and infant symptoms (American Academy of Pediatrics, Committee on Infectious Diseases, 2012).
Toxoplasmosis (<i>Toxoplasma Gondii</i>)		
May be asymptomatic at birth (70% to 90% of cases) or have maculopapular rash, lymphadenopathy, hepatosplenomegaly, jaundice,	Throughout pregnancy Predominant host for organism is	Caution pregnant women to avoid contact with cat feces (e.g., emptying cat litter boxes). Administer a combination of sulfadiazine and pyrimethamine