

A .gov website belongs to an official government organization in the United States. A lock () or https:// means you've safely connected to the .gov website. Share sensitive information only on official, secure websites. Pregnant Healthcare Personnel from the Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients (2024) guideline. Recommendations For recommendations and additional information about counselling healthcare personnel, including those who are pregnant or intending to become pregnant, please see Section 1, Medical Evaluations. Pregnant healthcare personnel (HCP) are temporarily immunocompromised, and occupational acquisition of infections is of special concern to HCP of childbearing age and occupational health services (OHS) for several reasons. In general, pregnant HCP do not have an increased risk for acquiring infections in the workplace, and pregnancy itself does not change HCP risk for exposure to infectious diseases; however, pregnancy may make persons at higher risk for complications of some diseases, such as varicella and the risk for developing pneumonia, and may pose risks to their fetus, such as development of congenital varicella syndrome.¹ Pregnancy affects the safety of administering some recommended immunizations and may require OHS to wait until pregnancy is over for administration. Live vaccines administered to pregnant HCP pose a theoretical risk to the fetus; therefore, live, attenuated virus and live bacterial vaccines are generally contraindicated during pregnancy. However, all inactivated viral and bacterial vaccines and immunoglobulin preparations [e.g., Hepatitis B Immune Globulin (HBIV), Varicella Zoster Immune Globulin (VARIZIG)] may be administered, if indicated, to pregnant HCP. Further, Tetanus, Diphtheria, Pertussis (Tdap); inactivated influenza; and COVID-19 vaccines are specifically indicated for pregnant persons.² Counseling of pregnant HCP and those planning to become pregnant is recommended as a part of providing episodic medical evaluations to HCP, and is paramount for safety in the workplace (see Section 1,

1, Medical Evaluations,

<https://www.cdc.gov/infection-control/hcp/healthcare-personnel-infrastructure-routine-practices/medical-evaluations.html>).³ Such counseling typically covers the risk of transmission of diseases (e.g., CMV, hepatitis, herpes simplex, HIV, parvovirus, rubella, varicella) that, if acquired during pregnancy, may have adverse effects on the fetus, as well as recommended infection prevention and control measures to prevent transmission. Routine exclusions from caring for patients with infections that have the potential to harm the fetus are not typically applied to HCP only on the basis of their pregnancy or intent to be pregnant because recommended precautions protect HCP from transmission. However, work restrictions for pregnant HCP may be recommended by public health authorities for some novel or high consequence pathogens. When pregnant HCP or those intending to become pregnant have an occupational exposure or occupational acquisition of an infectious disease, OHS will typically refer the individual to their obstetric provider so that recommended treatment, postexposure management, and counseling can be collaboratively delivered. Inclusion of an individual's obstetric provider (e.g., obstetrician, family medicine provider, midwife) in their medical care is critical for their safety and health. CDC provides information on infection control and clinical safety to help reduce the risk of infections among healthcare workers, patients, and visitors. Languages Language Assistance Languages Language Assistance

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