

Management of pregnant women & neonates in contact with measles

The GP/midwife should assess the pregnant woman in the light of: [Guidance on viral rash in pregnancy - Gov.uk](#)

The GP/midwife should always contact Microbiology at their local hospital, without delay

(Chesterfield or Derby) to discuss the case, including: when and where was the contact (*with a possible / confirmed case*); closeness & duration of contact; visitors travel; and MMR vaccination history of the mother.

If a blood test is required, the Microbiologist can arrange stored booking blood to be tested for measles specific IgG. However, if no sample is held, a sample will need to be obtained by GP/midwife and sent to Microbiology. If the pregnant lady is immune, HNIG (Human Normal Immunoglobulin) is not required. If not immune, further testing may be required at Sheffield and the sample forwarded. If the patient is then found to be non-immune, the GP/midwife needs to arrange for HNIG administration in their surgery.

Note. Intramuscular administration of Human Normal Immunoglobulin (HNIG) **within six days of exposure** may attenuate maternal illness and therefore reduce the rate of complications associated with measles.

Expert advice and supplies of Human Normal Immunoglobulin (HNIG):

- Virology laboratory at Northern General Hospital, Sheffield Tel: 0114 2266477
- Royal Derby Hospital: 01332 340131 for on-call Microbiologist for 'out of hours'; otherwise contact Sheffield for 'in hours'.
- Chesterfield Royal Hospital 01246 277271 for on-call Microbiologist

Further details for each hospital

Royal Derby Hospital (RDH)

If the pregnant lady is not immune (following confirmation at Sheffield) a Consultant Microbiologist will contact the respective GP to arrange for the patient or relation to collect HNIG from the main pharmacy at RDH.

Chesterfield Royal Hospital (CRH)

Chesterfield Microbiology will arrange with the GP or patient regarding collection of the HNIG, if required, from Sheffield Northern General Hospital main pharmacy dispensary.

Nottingham University Hospital (NUH)

Advice may be needed, as appropriate (e.g. if the blood sample is stored at NUH).

- Contact the duty virologist on 0115 9709163 via option 3, for 'in hours'
- Contact the on-call microbiologist (via switchboard - 0115 924 9924), if urgent and 'out of hours'

Other sources of advice

- Public Health England (East Midlands) – can telephone at any time on 0344 2254524 (*Mon-Fri 9am-5pm, or for out of hours, via Public Health on-call*).

Other key points

- Infection in pregnancy can lead to miscarriage, intrauterine death and preterm delivery but is not associated with congenital infection or damage.
- Neonates born to a measles infected mother - administration of HNIG immediately after birth or post-natal exposure is recommended for neonates born to mums- in whom rash appears 6 days prior to or 6 days after birth. Contact microbiology or virology for advice.
- Measles is a notifiable disease and therefore needs to be reported to the Local Health Protection Team.

Other sources of guidance

[Guidance on viral rash in pregnancy - Gov.uk](#)

Investigation, Diagnosis and Management of Viral Rash Illness, or Exposure to Viral Rash Illness, in Pregnancy.

[Measles: the green book, chapter 21](#) - use latest version of on-line measles chapter

There is a section at the end of this chapter entitled 'Protection of contacts with immunoglobulin'.