



Aide memoire for health professionals

Assessment of a pregnant woman reporting viral rash illness, or exposure to viral rash illness, in pregnancy

1 Discuss and record the following information for all pregnant women, at booking

 check and document MMR vaccination status in the maternity records and offer postpartum doses to those with no, incomplete or uncertain vaccination history

 check and document history of chickenpox and shingles infection, or vaccination against chickenpox in the maternity records

 enquire if woman has had a rash illness or had contact with a rash illness during the current pregnancy. Those with a recent rash illness should be investigated

 advise woman to inform her midwife, GP or obstetrician urgently if she develops a rash at any time in pregnancy. She should be advised to avoid any antenatal clinic or maternity setting until clinically assessed, to avoid exposing other pregnant women

 advise woman that she should inform her midwife, GP or obstetrician urgently if she has contact at any time in pregnancy with someone who has a rash



2 Assessment of a pregnant woman presenting with a rash illness

Refer to part 3 of the full viral rash in pregnancy guidance for detailed information.

Investigation should be directed by clinical/epidemiological information

- obtain full clinical history
- record date of onset
- assess type of rash (vesicular/non-vesicular) and distribution of rash
- obtain recent travel history, if any, and dates
- ascertain if the woman has had contact with an individual with rash illness or an individual who has recently travelled.
 Record date(s) of such contact
- review or obtain past relevant history of infection
- review or obtain past relevant history of vaccination and/or antibody testing (including dates and places)
- determine gestation of pregnancy
- consult microbiologist/virologist to initiate testing
- if measles or rubella is suspected, notify the Health Protection Team (HPT) urgently

3 Assessment of a pregnant woman reporting contact with rash illness

Refer to part 4 of the full viral rash in pregnancy guidance for detailed information.

- determine the rash illness the woman has been exposed to (e.g. vesicular or non-vesicular). This information may be available from a clinician who has assessed the individual to whom the woman has been exposed. If exposure to rubella or measles is suspected, this may need discussion with the local Health Protection Team
- determine the date, duration and closeness of exposure. Contact is generally defined as face-to-face contact or being in the same room (e.g. house, classroom or 2 to 4 bed hospital bay) for a significant period (15 minutes or more)
- consult microbiologist/virologist to test for susceptibility to the viral illness to which the pregnant woman has been exposed
- advise pregnant woman to seek urgent advice if she develops rash illness as a result of the exposure, including in the post-natal period. The woman should be asked to avoid any antenatal clinic or maternity setting until clinically assessed, to avoid exposing other pregnant women



