# RUBELLA IN PREGNANCY

## Definition
Rubella is an acute viral disease that is also known as German Measles, 3 Day Measles, or Sarampion (Spanish). With widespread vaccination programs, the incidence of rubella in pregnancy has decreased substantially, but 10-20% of US women are still susceptible. Infection during pregnancy can cause major congenital anomalies (deafness, cataracts, retinopathy, CNS and cardiac anomalies), type 1 diabetes, fetal loss, and/or growth restriction. The risk of congenital anomalies is highest with infection in the first trimester; 50-80% of newborns exposed in the first trimester will be affected.

## Subjective
May include:
1. Recent exposure to infected individual or history of recent rubella vaccination within one month of conception or thereafter.
2. A red fine macular rash starting 14-21 days after exposure. Rash usually starts on face and neck and spreads to trunk and later to extremities.
3. Fever, listlessness, general malaise.
4. Mild upper respiratory symptoms.
5. Arthritis and arthralgias.

## Objective
May include:
1. Rash that blanches with pressure.
2. Lymphadenopathy (post-auricular, suboccipital, and posterior cervical).
3. Elevated temperature (≥ 100.4°F).

## Laboratory
Draw rubella IgM titers.

## Assessment
Pregnant woman with rubella or suspected rubella infection or recent immunization.

## Plan
1. Refer to ER if dehydrated and notify ER that patient may have Rubella infection.
2. Isolation measures must be initiated when Rubella is suspected but a definite diagnosis should only be given when the IgM titers return positive.
3. Advise bed rest, increased fluids, and acetaminophen PRN for headache, fever, and general malaise (avoid ASA).
4. If any questions about diagnosis, repeat Rubella titers in 3-7 days (IgM, IgG) and compare with previous titers.
5. Refer to genetics for risk counseling and evaluation. Ultrasound studies may identify an affected fetus.
7. Other pregnant patients exposed to Rubella infected patients in the clinical setting need to be evaluated (with titers or history) to determine if they are at risk for Rubella.
8. All staff exposed to infected patient need to be isolated away from pregnant patients during incubation period (for up to 3 weeks) unless the staff member’s immunity has been previously documented.

## Patient Education
1. Advise patient to avoid exposing other pregnant women and others who are not immune.
2. Counsel patient about possible effects of Rubella on fetus and encourage follow-up with genetics counseling.
3. Counsel patient to confirm Rubella immunity post partum.
4. If patient has been recently vaccinated and is concerned about any potential impact on fetus, reassure her that studies have not found evidence of congenital rubella syndrome in fetuses exposed to vaccination.
5. If patient asks, advise that intravenous immunoglobin (IVIG) is not efficacious in preventing congenital rubella infection.
REFER to MD/ER

All pregnant patients with suspected Rubella.

REFERENCES