



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



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