

Clinician Quick Reference Table

Category	Infection / Risk	Why It Matters for Pregnancy	What to Assess	Key Preconception Actions
Vaccine-Preventable Diseases	Rubella	Congenital rubella syndrome → hearing loss, heart defects, developmental delay	Immunization history or serology	Vaccinate if non-immune; avoid pregnancy for 4 weeks after vaccine
	Varicella (Chickenpox)	Severe maternal infection; congenital varicella syndrome	History of infection or vaccination	Vaccinate before pregnancy if non-immune
	Hepatitis B	Risk of vertical transmission at birth	Vaccination status and risk factors	Vaccinate non-immune individuals
	Influenza	Increased maternal morbidity during pregnancy	Seasonal vaccination status	Recommend annual vaccination
	COVID-19	Increased risk of severe disease in pregnancy	Vaccination status	Encourage vaccination before or during pregnancy
Sexually Transmitted Infections (STIs)	Chlamydia	Infertility, pelvic inflammatory disease, neonatal infection	Sexual history, age <30, new/multiple partners	Screen with NAAT; treat patient and partner
	Gonorrhea	Infertility, miscarriage, neonatal infection	Risk-based sexual health assessment	Screen high-risk individuals; treat promptly
	Syphilis	Miscarriage, stillbirth, congenital syphilis	Risk factors, community prevalence	Screen with serology; treat early
	HIV	Vertical transmission risk	HIV testing history	Screen; initiate antiretroviral therapy if positive
Chronic Viral Infections	HIV	Untreated infection increases vertical transmission risk	Viral load, treatment adherence	Achieve viral suppression before pregnancy
	Hepatitis B	Chronic infection may transmit to infant	Chronic infection may transmit to infant	Specialist referral if infected
	Hepatitis C	Risk of vertical transmission	Risk factors (e.g., injection drug use)	Offer curative antiviral treatment before pregnancy
Environmental Infections	Cytomegalovirus (CMV)	Leading cause of congenital infection	Exposure to young children	Emphasize hand hygiene and avoiding saliva exposure
	Toxoplasmosis	Neurologic and ocular congenital disease	Diet and environmental exposures	Avoid undercooked meat and cat litter exposure
Travel-Related Risks	Zika Virus	Severe congenital neurologic abnormalities	Travel history to endemic areas	Delay pregnancy after exposure; mosquito prevention
	Tuberculosis	Maternal disease and neonatal infection	Birth or travel in high-prevalence regions	Screen and treat latent infection when indicated
Substance-Related Infectious Risks	Injection-related infections (HIV, Hepatitis B/C)	Increased risk of maternal infection and vertical transmission	Substance use history	Screen for blood-borne infections and provide harm-reduction support

Clinical Pearl

Preventive interventions before pregnancy are often more effective than treatment during pregnancy, particularly for infections that affect early fetal development.

Quick Clinical Actions

- **Screen routinely:** Sexual health history, vaccination status, travel history and environmental exposures.
- **Vaccinate before pregnancy when possible:** Live vaccines (MMR, varicella) must be given ≥4 weeks before conception.
- **Many infections are asymptomatic:** Routine screening helps prevent infertility, congenital infection, and neonatal complications.
- **Coordinate care for chronic infections:** Refer to infectious disease, hepatology, or maternal-fetal medicine when needed.