Parvo Virus

Asymptomatic or mild acute infection in pregnancy may rarely lead to fetal loss or hydrops.

**Timing of Initial Ultrasound Pending Titers:**

- If the patient **knows** when she was exposed to the virus, an ultrasound should be performed two weeks from that date.

- If the patient **does not know** when she was exposed, an appointment for an ultrasound should be given within one week of the physician’s request.

- If the patient is symptomatic, an ultrasound should be performed within one week.

**Titers:**

- Should always be obtained concurrently.
  
  a. If the patient is IgG+, IgM-, they are immune, no further testing required.

  b. If the patient is IgM-, IgG-, they are at risk for the disease or have a very early stage of the disease. (repeat titers in 4 weeks)

  c. If the patient is IgM+ and IgG- or IgM+ and IgG+, they have the disease, testing is required.

**For:**

a. IgG-, IgM-, ultrasound examinations are performed over three weeks as per above, repeat titer, if negative-no further testing required.

b. IgG+, IgM-, no further ultrasound examinations/testing required.

c. IgM+ and IgG- or IgM+ and IgG+, then testing over 8-12 weeks after maternal infection.

**Fetal Testing:**

The ultrasound examination is performed primarily to rule out hydrops and fetal anemia. If the patient has not been scanned before, a rule out anomalies examination should be performed. Subsequent examinations are performed for evaluation for hydrops. Testing for fetal B19 (PCR positive amniotic fluid) is generally reserved for fetuses with hydrops or suspected anemia.
Ultrasound should include assessment for:
  • ascites
  • cardiomegaly
  • fetal MCA peak systolic velocities
  • hydrops
  • impaired growth
  • placentomegaly

Prevention:

Exclusion of pregnant women from workplace during endemic periods NOT recommended.

Reference: