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Cytomegalovirus in pregnancy: should family doctors order this serological test?

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Background & Aim: Cytomegalovirus (CMV) infection is usually asymptomatic and transmissible to the fetus. Some experts suggest that all women of childbearing age should know their CMV serostatus, although there is no consensus. In Portugal there are also different approaches used. The aim of this work is to review the most recent information about CMV screening during pregnancy.
Method: Literature review in textbooks, published review in scientific databases and clinical standards websites, using the term "pregnancy cytomegalovirus".
Results: CMV is a common infection associated with fetal and infant complications when acquired congenitally. The risk of transmission is approximately 30% to 40% and 0.15% to 2% with maternal primary and recurrent infections, respectively. There are three strategies of screening: 1) universal screening of women; 2) screening only women at increased risk; 3) pregnant ultrasound screening for congenital CMV features and secondary track with serology. The studies show that the universal screening for seroconversion is the most reliable means of identifying primary infection in pregnancy. The defenders of universal screening argue this is supported by the proven reduction in maternal primary infection following institution of simple hygiene measures (primary prevention). Further data is awaited from randomized trials currently underway to better estimate the reduction in fetal infection achieved with CMV hyperimmune globulin (HIG) among recently seroconverted women (secondary prevention). Treatment appears to reduce clinical sequelae among fetuses confirmed to be infected (tertiary prevention).
Conclusions: The strategie of universal screening with the intention to treat seems to be the most cost-effective but it depends on the studies about CMV HIG. Repeated serological screening during pregnancy to detect seroconversion is not commonly performed because of cost, lack of effective treatment in the present, and generally poor ability of positive serology to predict the fetus long-term outcome.