The Return of Measles

Lately, it seems like every few months a new infectious disease makes the headlines. The COVID-19 pandemic dominated the news cycle for some time, but as more and more people get vaccinated and the number of severe cases starts to decrease, the media's focus has shifted to other known or emerging threats. From the flu and respiratory syncytial virus (RSV), to mpox and syphilis, infections seem to be spreading like wildfire. Most recently, measles has made yet another comeback, prompting many women who are planning pregnancy, currently pregnant, or breastfeeding to make sure they are taking steps to avoid infection.

When I logged into our live chat service at www.mothertobaby.org on Tuesday morning, a chat from Alyssa popped up right away. "I'm currently 18 weeks pregnant and there was a measles case reported at my son's preschool. Do I need to be worried?"

It's understandable that Alyssa would be concerned. Measles (also known as rubeola) is a highly contagious respiratory disease caused by a virus. According to the Centers for Disease Control and Prevention (CDC) the measles virus can live for up to two hours in an airspace where the infected person coughed or sneezed. If people breathe the contaminated air or touch the infected surface, then touch their eyes, nose, or mouth, they can become infected. Measles is so contagious that if one person has it, up to 90% of the people close to that person who are not immune will also become infected.

Symptoms of measles generally appear about 7-14 days after a person is infected, and can include high fever, dry cough, runny nose, red watery eyes, and a rash all over the body. To date, studies have not identified an increased risk for birth defects when pregnant women get infected with measles during pregnancy. However, research suggests that a measles infection can be associated with an increased risk for miscarriage, premature delivery (having the baby before 37 weeks), and stillbirth.

The first question I asked Alyssa on chat was if she had ever received the Measles, Mumps, and Rubella (MMR) vaccine. Just one dose is about 93% effective at preventing measles, while two doses is close to 97% effective, so it's the best way to prevent this disease. These vaccines are routinely given in childhood, so Alyssa couldn't remember if she had received both, but after texting her mom she was able to confirm that she was fully vaccinated. Whew, that was good news. Next we discussed the date of exposure. I asked Alyssa when the positive case was reported at daycare, to which she answered that it was about two weeks ago. More good news. Since neither Alyssa nor her son had experienced any symptoms yet, infection was unlikely.

Since measles doesn't seem to be going away anytime soon, knowing how to best protect yourself against the illness at all reproductive life stages is important.

Pre-Conception: Women who are planning a pregnancy in the future should make sure they are up to date with their MMR vaccines **BEFORE** they get pregnant. If you can't find your vaccine record, call your healthcare provider who may know. If they don't have a record, a blood test (titer) can be done to determine if you have immunity to measles. If it turns out you are not immune, you'll want to get two doses of MMR vaccine for optimal protection. Just make sure you wait at least one month after getting the last shot before attempting to get pregnant.

Pregnancy: Since pregnant women shouldn't receive live vaccines (like MMR), the best thing you can focus on during pregnancy is prevention. Good hand washing is always a good idea. If there is a confirmed measles outbreak near you, consider avoiding crowded public places and steer clear of any locations that have been identified as a known risk.

Breastfeeding: Once you are no longer pregnant, the MMR vaccine can be administered. The CDC considers the MMR vaccine compatible with breastfeeding and side effects for the breastfed baby are not expected.

If you have any questions about measles infection or the MMR vaccine while planning a pregnancy, during pregnancy or while breastfeeding, MotherToBaby is here to help. Give us a call at 866-626-6847, text, or chat with one of our information specialists today.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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By Beth Conover, APRN, CGC MotherToBaby Nebraska, UNMC

"I am 20 weeks pregnant…when is it safe to get my flu shot?" The texted question came in to the MotherToBaby texting helpline, and the answer that I texted back was simple – "As soon as possible…it's safe at any time in pregnancy and really important for you and your baby!"

Once we are into influenza (flu) season (November to March), pregnant women are strongly recommended to get immunized (vaccinated), regardless of how far along they are in their pregnancy. Yet many women delay, and in the end only about 50 percent of pregnant women get their flu shot.

The flu can cause severe illness and even death in pregnant and postpartum women. The flu shot contains an inactivated virus that won't make you or your baby sick. It is the most effective way to prevent the flu or help you have less severe symptoms if you do get the flu. Currently the nasal-spray flu vaccination is NOT recommended for pregnant women because it contains live attenuated (weakened) virus.

As if the benefits to you from the flu shot aren't enough, here's another one: getting vaccinated while you are pregnant can protect your baby from getting the flu after birth! This is because the antibodies that you develop when you get the flu shot get passed to your developing baby during pregnancy and help protect your newborn for the first few months of life.

Here's another common question that I get about vaccines during pregnancy.

"I received my diphtheria/pertussis/tetanus (Tdap) shot last year. Since I am already immune, why do I have to get it again in my third trimester of pregnancy?"

The third trimester Tdap booster is to help your baby, not you. Diseases like pertussis (whooping cough) can cause serious life-threatening illness in newborns. When a pregnant woman gets a Tdap booster in her third trimester, she mounts a strong antibody response which is passed on to her baby and helps protect the newborn until the baby starts a vaccination series at 2 months of age.

Some pregnant women are worried about whether immunizations will harm their baby. The scares about vaccines being associated with problems like autism have been debunked. Most vaccines are safe for pregnant and breastfeeding women. A few, such as the measles, mumps and rubella (MMR) and chicken pox vaccinations, contain live attenuated virus and are best given when you are not pregnant. The benefits of protection against disease strongly outweigh any potential risk. That's why Birth Defects Prevention Month's Tip ❸ is a really important one: **Become up-to-date with all vaccines, including the flu shot.** Better yet…if you are thinking about getting

pregnant, it's an excellent time to speak with your health care provider to make sure you are current on all of your recommended vaccinations. Remember, a healthy mother is more likely to have a healthy baby!

Are you interested in learning more about vaccinations in pregnancy or while breastfeeding?

Visit the Mother to Baby website and read all of our vaccine-related fact sheets. There is a general fact sheet on all vaccines, and then specific fact sheets on the influenza vaccine and Tdap vaccine (of course!) but also many others like the Measles, Mumps, and Rubella (MMR), HPV, hepatitis A, and chicken pox vaccinations.



Beth Conover, APRN, CGC, is a genetic counselor and pediatric nurse practitioner. She established the Nebraska Teratogen Information Service in 1986, also known as MotherToBaby Nebraska. She was also a founding board member of the Organization of Teratology Information Specialists (OTIS). In her clinical practice, Beth sees patients in General Genetics Clinic, Prenatal Clinic, and the Fetal Alcohol Syndrome Clinic at the University of Nebraska Medical Center. Beth has provided consultation to the FDA and CDC.

About MotherToBaby

***MotherToBaby** is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new **text information service** by texting questions to (855) 999-3525. You can also visit **MotherToBaby.org** to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on **Android** and **iOS** markets.*

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