Measles in Obstetric Care



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Measles in 2026

5,412
Confirmed U.S. cases

43
New U.S. outbreaks

28
Confirmed Georgia cases

2025 full year

2,289 confirmed U.S. cases and 10 Georgia cases

CDC through November 12, 2026 / Georgia DPH through November 10, 2026

Recognition in pregnancy

Typical presentation

Fever, cough, coryza, conjunctivitis. The rash usually starts at the face or hairline and spreads down. Koplik spots may precede it.

Pregnancy changes the risk

Expect the same clinical pattern. Watch for maternal pneumonia, pregnancy loss, preterm birth, and low birth weight.



Classic facial rash, day 3 (child)

CDC clinical overview, 2026 / SMFM provider FAQ, 2025 / Clinical photo: CDC PHIL 1150

Testing for suspected measles

When to collect	At first contact, after initiating airborne precautions. Record rash onset and specimen times.
Respiratory RT-PCR	Swab the back of the throat or collect a nasopharyngeal swab. Place in viral transport medium.
Serum at the same visit	Draw blood for measles IgM. Some states also requests IgG. Early IgM can be negative.
Georgia submission	Add urine for RT-PCR. If urine is unavailable, collect a second respiratory swab. Coordinate with DPH.

CDC clinical overview, 2026 / Georgia DPH 2026 health alert and specimen instructions

Airborne precautions for L&D

Placement and transport	Mask the patient. Use a negative-pressure airborne infection isolation room (AIIR). Limit transport.
Staff protection	Fit-tested N95 or higher for every room entry, including staff with documented immunity.
Delivery or urgent cesarean	Prebrief L&D, anesthesia, neonatal team, and infection prevention. Confirm room, route, and resuscitation location.
After the patient leaves	Infection prevention determines room clearance from air changes and assesses staff, visitor, and patient exposures.

CDC healthcare infection control / SMFM provider FAQ, 2025

Maternal care and exposure

Symptomatic patient	Assess oxygenation and pneumonia. Give supportive care and monitor the fetus as clinically indicated. Sat goal >95% O2
Exposed, asymptomatic, nonimmune	Arrange IVIG 400 mg/kg within six days of exposure. Coordinate with public health promptly.
MMR vaccination	Defer during pregnancy. Offer postpartum when eligible and confirm timing after immune globulin.

CDC clinical overview, 2026 / SMFM provider FAQ, 2025

What pediatrics needs before birth

Maternal timeline	Give dates of exposure, first prodromal symptoms, rash onset, and expected delivery.
Results and prophylaxis	Share maternal PCR and serology results or pending tests, immunity history, and any immune globulin given.
Birth and isolation plan	Confirm neonatal team attendance, protected resuscitation location, and infant placement before transfer.
Two different windows	Maternal infectious period is usually day −4 through +4. The neonatal evaluation window extends through maternal rash day +14.

AAP Red Book congenital measles guidance, September 2026

Newborn evaluation and care

Test and isolate	From maternal prodrome through rash day +14, use neonatal airborne isolation and obtain a respiratory swab for RT-PCR.
Immune globulin	Give promptly to eligible asymptomatic newborns. Confirm the route with pediatric infectious diseases.
Mother–baby care	Discuss temporary separation while the parent is infectious. Expressed human milk can be used.
Follow-up	Document the isolation and monitoring plan, pending results, and pediatrics/public health follow-up.

AAP Red Book congenital measles guidance, September 2026 / SMFM, 2025

Key Takeaways

Before arrival	Arrange direct placement in airborne isolation and alert infection prevention.
At first contact	Collect measles RT-PCR and serum. Notify Public Health immediately.
Before birth	Tell pediatrics the rash date and agree on newborn isolation, testing, and immune globulin.

References

CDC measles cases and outbreaks, November 2026

Georgia measles update, November 10, 2026

CDC clinical overview, 2026

CDC healthcare infection control recommendations

Georgia DPH 2026 health alert

Georgia DPH specimen collection instructions

SMFM measles and pregnancy FAQ, 2025

AAP congenital measles FAQ, September 2026