

SEROPREVALENCE OF CYTOMEGALOVIRUS AND PREGNANCY OUTCOMES AT FEDERAL MEDICAL CENTRE ABEOKUTA, NIGERIA.

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Objectives:	Design:	Method:	Results:	Conclusion:
To determine the seroprevalence of Cytomegalovirus (CMV) infection and fetal outcomes among pregnant women attending antenatal clinic at Federal Medical Centre Abeokuta (FMCA).	It was a cohort study with serologic sampling, sonographic monitoring of pregnant women most at risk and determination of adverse neonatal outcomes.	Pregnant women presenting for routine ante-natal clinic (ANC) between 28-32 weeks were recruited. A blood sample was taken from each participant under aseptic condition and transported to the Medical Microbiology Laboratory of FMCA. Samples were processed using a lateral flow chromatographic immunoassay panel device, testing for IgG and IgM antibodies to CMV. Women who were positive for IgM were then followed-up four weekly by ultrasound scan for soft markers of congenital CMV. Babies whose mothers were IgM positive were then screened for evidence of infection, and adverse outcomes.	The result showed the total seroprevalence of CMV was 25% in pregnant women, with anti-CMV IgM seropositivity being 4.2% amongst the 120 women studied. Parity and sexually transmitted infections were found to be statistically significant amongst women who were CMV IgM seropositive [(P=0.02) and (0.04) respectively]. Of the 5 CMV IgM seropositive women 3 (60%) of their neonates were admitted into the NNU against 15 (13%) of the 115 CMV IgM seronegative (P= 0.02). There was proportional increase in the incidence of prematurity (40%), small for gestational age (20%) and perinatal death (20%) amongst neonates born to women who were CMV IgM seropositive as compared to women who were CMV IgM seronegative who had incidences of 8.7%, 0.9% and 0.9% respectively, though these were not statistically significant. There were no demonstrable ultrasonographic markers of CMV foetal infection.	This study demonstrates low seroprevalence of CMV IgM amongst pregnant women in our environment, it also demonstrates a possible association between maternal CMV IgM seropositivity a background history of sexually transmitted infections. The study also shows that neonates born to women who were seropositive to CMV IgM were more likely to have adverse neonatal outcomes. However, a larger study needs to be done in this environment to determine the role of ultrasound in antepartum monitoring of foetuses of women who are CMV IgM sero-positive.