



## The Case for Routine Screening of Cytomegalovirus before Pregnancy: Counseling with Wisdom in the Face of Uncertainty

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This issue of the *Israel Medical Association Journal* contains the debate between two prominent and experienced infectious disease consultants (Drs. Rahav and Schlesinger) and an additional review with opinions by an outstanding teratologist (Prof. Ornoy) on the controversial issue of routine testing for congenitally acquired cytomegalovirus infection. No country has officially embraced such a policy; in fact, the Health Ministry recommended several years ago that no routine testing be performed for CMV during pregnancy, unless clinically indicated. Nonetheless, many Israeli gynecologists routinely determine immunoglobulin G and M levels in pregnant women, the results of which are often difficult to interpret. These, in turn, lead to referral to infectious disease consultants and teratologists, second (and third) opinions, great anxiety for the involved couples (and some for the consulting physicians too), and painful interventions, ranging from amniocentesis to interruption of pregnancy, of which a certain percentage by definition must be unnecessary.

The authors of the pro-routine and against-routine testing have made excellent arguments for their respective positions, while the reviewing teratologist has refrained from making definite recommendations on the issue. This quandary reflects the complexity of the issue: the inherent psychological and social sensitivity of pregnancy, the fear of a couple having a congenitally deformed child, and the doctor's fear of malpractice litigation. Although much data are available, the answers to many issues remain undetermined, all elegantly presented by the three authors.

Practicing medicine more often than not involves living and deciding in the face of uncertainty. The case of congenital CMV is therefore not unusual, although it catches the physician and the pregnant couple at a most sensitive juncture. As guidelines are currently lacking, a strong argument should be made for detailed counseling. The attitude in modern society and medicine is strongly opposed to paternalism; rather, the patient, or in this

case the pregnant couple, should be presented with available data in a concise and clear way. The first issue is whether to test for CMV at all. The couple should be able to make an informed decision, reflecting understanding of the presented data and their own value judgment. I believe that if the consulting doctor records the raised issues and the couples' decision, the chance for malpractice litigation should be nil. Secondly, if routine CMV testing is performed, detailed and recorded counseling is again called for, and second opinions are to be encouraged. Spiritual and emotional guidance, depending on the couple's attitude, is also advised. Third, a strong case should be made, and widely published to the general public, for routinely determining CMV antibodies for possible future comparison *prior to* planned or expected pregnancies, which constitute probably the majority of all pregnancies in Israel. This is similar to the current practice of testing for rubella antibodies before planned pregnancies and, if below recommended titers, providing booster vaccination (which is unfortunately currently unavailable for CMV). Finally, physicians should acquire and improve their skills at informative and wise counseling of patients in the entire spectrum of society.

### References

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CMV = cytomegalovirus