ARATION

ORCH infections in pregnancy: the test and how to read IgG and IgM

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What a TORCH test covers, when to have it, how to read IgG, IgM and avidity, and what to do if you hav e no antibodies or a positive IgM.

H is a group of infections that adults usually shrug off but that can harm a baby if the mother catches one for the first time during pregnancy. The test looks not for the germ itself but for antibodies — traces o f the immune system's encounter with an infection. So it matters not only to have it done but to read it c orrectly.

What TORCH covers

- T — toxoplasmosis: a parasite caught from raw or undercooked meat, unwashed vegetables and cat faeces
- — other infections: syphilis, chickenpox, parvovirus B19 and others
- R — rubella
- C — cytomegalovirus (CMV), the commonest congenital infection
- — herpes simplex virus types 1 and 2

he standard panel is IgG and IgM antibodies to toxoplasma, rubella, CMV and herpes. Syphilis, HIV and hepa titis are checked in pregnancy with separate tests.

IgG and IgM: how to read them

IgM appear first, a week or two after infection, and usually disappear within a few months. IgG appear later and stay for years, often for life — they are the immune system's memory. The result is read from the combination:

- IgG negative, IgM negative — no contact with the infection yet, so no immunity. This is not a disease, but care is needed during pregnancy.
- IgG positive, IgM negative — a past infection or, for rubella, vaccination. You are immune, and this is the most reassuring result.
- IgG negative, IgM positive — either a very recent infection or a false positive. The test is repeated in 2–3 weeks: if IgG appear, the infection is real.
- IgG positive, IgM positive — the infection may be recent, but IgM sometimes linger for months after an old one. An avidity test helps to tell.

erpes is different: most adults carry IgG to herpes simplex, and that is no cause for concern. The greatest risk to the baby is a first infection in the last weeks of pregnancy.

IgG avidity: when the infection happened

Avidity is how tightly antibodies bind to the germ. Early in an infection they bind weakly, and more firmly as time passes. High avidity means the infection happened at least 3–4 months ago. If the test was done early in pregnancy, that practically rules out infection during this pregnancy. Low avidity does not prove a recent infection — it is weighed together with other findings.

When to have a TORCH test

efore pregnancy is the most useful time. The result then gives you options: with no rubella antibodies you can be vaccinated, and with no antibodies to toxoplasma and CMV you will know which precautions to take. TORCH is part of the couple's pre-pregnancy work-up and of preparing for IVF.

During pregnancy the test is ordered when there is a reason: contact with an infected person, sympt oms of infection, findings on an ultrasound. Countries differ on whether every pregnant woman should b e tested, so the doctor decides what is needed.

What to do if you have no antibodies

Rubella

Get vaccinated before pregnancy and avoid conceiving for a month afterwards. The vaccine is not giv en in pregnancy.

asmosis

- eat meat only well cooked and do not taste raw mince
- wash vegetables, herbs and your hands after handling raw meat
- wear gloves for gardening
- let someone else empty the cat litter — or do it daily, wearing gloves

ytomegalovirus

CMV spreads through the saliva and urine of young children. Wash your hands after nappy changes and feeding, do not finish a child's food, do not share cutlery and do not kiss a toddler on the lips. This matters most if you look after children under three at home or at work.

If IgM is positive during pregnancy

Do not panic: many positive IgM results are false or left over from the past. The doctor will order a repea t test, an avidity test and sometimes PCR. If a recent infection is confirmed, the pregnancy is followed wit h an expert ultrasound and a consultation with a prenatal diagnosis specialist, and for toxoplasmosis trea tment is given that lowers the risk of passing it to the baby. Routine pregnancy checks are covered in our article on prenatal screening.

ow to have the test

lood is taken from a vein; you do not need to fast. Bring any earlier results: the trend matters. The test can be done at the clinic — TORCH test: prices and preparation, and the result will be explained by th e doctor looking after your pregnancy. You can book online.

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his article is for information and does not replace a consultation with a doctor. The scope of testing and the approach are decided by a gynaecologist or fertility specialist.