All hantaviruses are associated with a primary rodent reservoir, and their transmission to humans is thought to involve inhalation of aerosolized virus excreted in rodent urine and feces. A small number of cases of infections in pregnant women have been reported in the literature to date.

A 36-year-old woman at 29+6 weeks of gestation developed acute renal failure due to serologically confirmed primary Hantavirus infection (Dobrava strain was detected). A mild thrombocytopenia was present. Obstetric examination and ultrasound revealed normal. Under fluid resuscitation renal functions progressively improved without the need for dialysis. Application of steroids (betamethasone, 12 mg per day for two days) for fetal pulmonary maturation was given. The patient recovered completely and was discharged on day 7. The pregnancy continued uneventfully and she went on to have uncomplicated full-term vaginal delivery of a healthy boy.

Serological, and clinical information were evaluated for evidence of vertical transmission. Serological testing demonstrated an elevated IgM titer in fetal cord blood and a slightly low hemoglobin count of the newborn. The infant showed no clinical evidence of Hantaan virus infection.

Conclusion:
Renal failure during pregnancy without hypertension and symptoms which begin with fever, a possible hantavirus infection should be consider instead of pregnancy-induced pathologies, which could potentially avoid emergency delivery and thus newborn prematurity. Our findings might suggest the risk of transplacental transmission with potential to cause fetal anemia. Serial ultrasound assessment including doppler MCA flow studies to guide fetal therapy can be considered. However, these suggestions remain speculative.