

Mumps infection in pregnant women increases the risk of embryonic loss, spontaneous fetal loss, and fetal death, especially during the first trimester of pregnancy (reported to be as high as 27%). No association has been found between mumps and congenital anomalies. Studies relating maternal mumps infection to endocardial fibroelastosis in the fetus are inconclusive. Mumps during pregnancy was rare prior to immunization recommendations and is now even less common with the widespread use of mumps vaccination programs.

Death due to mumps is rare; the majority of fatalities (>50 %) occur in patients older than 19 years.

IX. Measles, Mumps, and Rubella Vaccine

The measles, mumps, and rubella vaccine (MMR) is the best way to protect against getting mumps, as well as measles and rubella. MMR vaccine prevents most, but not all cases of mumps and complications caused by the disease.

Experts have learned from recent outbreaks that despite having received the MMR vaccine, people can still get infected with mumps. During these outbreaks, spread of mumps usually happened in very crowded conditions, such as in schools. It appears that people who get mumps vaccine and later get mumps are less likely to have serious complications than unvaccinated people.

The risk of MMR vaccine causing a serious side effect is rare. Getting MMR vaccine is safer than getting mumps. In the United States, the first dose of MMR vaccine is recommended at age 12 through 15 months old in order to protect children as early as possible. A second dose is recommended at age 4 through 6 years.

X. Treatment

There is no treatment for mumps itself, but age-appropriate painkillers, such as paracetamol or ibuprofen may help relieve some of the symptoms.

A cold compress such as a moist flannel may help relieve some of the pain from the swollen glands.

Resting and drinking plenty of fluids may be advised, as well as having food such as soup that doesn't need to be chewed.