GENITAL HERPES IN PREGNANCY

What is genital herpes?
Genital herpes is an infection caused by the herpes simplex virus (HSV). It causes painful blisters on the genitals and surrounding areas. HSV is the same virus that causes cold sores. There are two types of HSV: type 1 (HSV-1) and type 2 (HSV-2). Genital herpes is caused by both type 1 and type 2 HSV.

What is the treatment for genital herpes while I am pregnant?
Some women will be offered antiviral tablets called aciclovir to take during pregnancy to manage genital herpes. These tablets have been used by pregnant women for over 30 years and have not been shown to harm the baby. The aim of the treatment is to help reduce the length and severity of your symptoms.

Existing genital herpes?
If you have had genital herpes before becoming pregnant, the risk to your baby is very low. During the last few months of your pregnancy, you will pass protective antibodies (proteins that fight infection) to your baby. These antibodies will provide protection against HSV during birth and for several months afterwards. An antiviral such as aciclovir may be used from 36 weeks until the birth of your baby to prevent recurrences or minimise symptoms and duration of infection.

Primary or initial herpes in pregnancy?
First and second trimesters
If you contract genital herpes for the first time during the first or second trimester of pregnancy (up to 26 weeks), you may be at an increased risk of miscarriage, however there is no further risk to your baby’s growth and development if your pregnancy continues. If you have a first episode of genital herpes during these trimesters, the chance of your baby contracting herpes is less than 3%.

Third trimester?
If you contract herpes for the first time during the third trimester (week 27 until birth), particularly during the last 6 weeks of the pregnancy, the risk of passing the virus to your baby is much higher as you will not have time to develop protective antibodies to pass to your baby. To prevent the transmission of herpes to your baby, you may need to take antiviral medication and a caesarean section may be necessary to deliver your baby rather than a vaginal birth.

What if my baby gets herpes?
 Babies may get herpes by coming into contact with blisters or ulcers from the mother’s genital tract at birth. If the herpes virus is passed on to a baby at birth, this is known as neonatal herpes. Neonatal herpes is a very rare but serious infection, which can cause disability or death. In Australia, neonatal herpes affects on average 4 in every 100,000 live births. Early treatment with antiviral medication helps prevent or reduce harm to the baby. A baby with neonatal herpes may only show mild symptoms such as blisters on the skin, tiredness, irritability or poor feeding. These are the same symptoms as many other viral illnesses and do not definitely mean the baby has herpes simplex virus. However, if your baby has any of these symptoms in their first 4 weeks, see your doctor urgently and let them know that you have genital herpes, so they can check your baby is ok. If there is concern that your baby is infected with herpes simplex virus, they will need treatment in hospital with antiviral medication.

How can I protect my baby?
For women who have genital herpes
If you have ever had cold sores or genital herpes, it is important to discuss this with your healthcare provider at your first antenatal visit, and let them know if you have any episodes during your pregnancy. It is also important to remind your care provider at the time of delivery that you have a history of herpes, especially if you notice any symptoms just before or when you are in labour. Once the baby is born, if you have an episode of genital herpes or a cold sore, make sure you wash your hands before touching your baby and avoid skin-to-skin contact between your baby, and anyone with a cold sore. Breastfeeding is recommended unless there are lesions around the nipples.
For women whose partners have genital herpes or cold sores
Some people who have been infected with HSV have never been diagnosed as they may never have experienced symptoms of HSV. Blood testing for HSV 1 and 2 may help confirm if you are at risk of contracting HSV from your partner.
If you don’t have a history of genital herpes or cold sores, but your partner does, avoid skin-to-skin contact with the affected area during an episode. When cold sores are present, avoid oral sex. When genital herpes symptoms are present, avoid vaginal, oral and anal intercourse.

There is a small risk that a partner with herpes can pass herpes on even when they do not have symptoms. Using condoms throughout your pregnancy may reduce your risk. Some couples choose to avoid intercourse entirely during the last 3 months and explore alternatives such as massage, kissing and touching. Although these precautions might mean changing sexual practices for a while, they will further reduce your risk of acquiring genital herpes during pregnancy.

Your partner may be able to go on antiviral medication to help reduce the chance of passing the virus to you during your pregnancy. They can discuss this with their GP or staff at Canberra Sexual Health Centre.

Where can I get more information on genital herpes in pregnancy in Canberra?

Canberra Sexual Health Centre
Building 5, Level 1, North Wing
Yamba Drive Garran
Ph: (02) 6244 2184

Sexual Health and Family Planning ACT
Level 1, 28 University Avenue
Canberra ACT 2601
Ph: (02) 6247 3077

General Practitioners (GPs) in Canberra

Private Gynaecologists

To access information about genital herpes in other languages:
http://dermnetnz.org/viral/genital-herpes.html

Useful websites
Further accurate information is available from the Australian Herpes Management Forum:
http://dermnetnz.org/viral/genital-herpes.html

References:


This fact sheet is designed to provide you with general information only. It is not intended to replace the need for a consultation with a health practitioner. All clients are advised to enquire about any specific questions or concerns they may have. Every effort has been made to ensure that this information is correct at the time of publishing.