

Genital Herpes in Pregnancy

Genital herpes is a common sexually transmitted infection caused by the herpes simplex virus (HSV) resulting in blisters and sores 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 can be caused by both types 1 and 2 HSV. It is important that you tell your health care provider if you are pregnant and have genital herpes.

What is the treatment for genital herpes in pregnancy?

It is important to discuss the frequency, length and severity of your symptoms with your health care provider. Sometimes no treatment is needed. You may be prescribed antiviral tablets to help reduce the length and severity of your symptoms. These tablets have been used by pregnant women for many years and have not been shown to harm the baby. Antiviral tablets may also be used during pregnancy to prevent herpes outbreaks.

Can genital herpes affect my pregnancy and newborn?

If you or your partner have genital herpes, talk to your health care provider at your first antenatal visit and let them know if you have any episodes during your pregnancy. It is important to remind your health care provider when you go into labour that you have a history of herpes.

If you were first diagnosed with genital herpes before becoming pregnant, the risk of your baby getting herpes during a vaginal birth is very low. During the last few months of pregnancy as your blood flows through the placenta you will pass protective antibodies that help fight infection to your baby. These antibodies will provide protection against herpes during birth and for several months afterwards.

What if I get genital herpes for the first time in pregnancy?

If your first episode of herpes occurs in the last few months of pregnancy and you go into labour within 6 weeks, your immune system won't have had time to produce antibodies to protect your baby and there is a higher chance that herpes could be passed to your baby if you have a vaginal birth. Please speak with your health care provider about the risks and benefits of vaginal and caesarean birth.

My partner has herpes but I do not. What can I do to reduce the risk to my baby?

If your partner has an outbreak of herpes whilst you are pregnant you should avoid skin-to-skin contact with the affected area. There is a small risk that your partner may pass herpes to you even if they have no symptoms so it may be best to use barrier methods such as condoms during sex, or explore alternatives such as massage, kissing and touching especially in the last 3 months of pregnancy. Your partner may be able to take

antiviral medication to help reduce the chance of passing the virus to you during your pregnancy. Your partner can discuss this with their health care provider.

How can I protect my baby?

If you have an episode of genital herpes or a cold sore after your baby is born, make sure you wash your hands before touching your baby. Avoid contact between your baby and anyone with a cold sore. Breastfeeding is recommended unless you have herpes on the breast or nipple. If you have herpes on the breast or the nipple, express and discard your breast milk until the symptoms resolve. Breastfeeding can then recommence. If you are unsure about whether you should breastfeed, speak with your GP.

What if my baby contracts herpes?

Neonatal herpes occurs when herpes is passed to your baby at birth. Neonatal herpes is a very rare but serious infection. Early treatment helps prevent or reduce harm to your baby. A baby with neonatal herpes may initially show mild symptoms such as tiredness, irritability or poor feeding. They may or may not have obvious blisters or ulcers. These are the same symptoms as many other viral illnesses and do not definitely mean your baby has herpes. If your baby has any of these symptoms in their first four weeks, see your GP 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 has herpes, they will need treatment in hospital with antiviral medication.

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References:

Royal College of Obstetricians and Gynaecologists (2014) Management of Genital Herpes in Pregnancy

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/genital-herpes/>

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