

The herpes virus in pregnancy

Patient Information

Maternity Services

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What is herpes and how is this caught?

- Type 1 herpes is mainly caught by oral contact i.e. kissing another person.
- Type 2 herpes is a sexually transmitted infection and mainly causes genital herpes.
- Both types of herpes are only caught by direct skin contact, with an area already infected. Herpes cannot be caught by sharing cups, cutlery, towels, or lipsticks, etc.

The herpes virus is highly contagious and spreads from person to person by direct contact. Many carriers have no symptoms at all and are unaware that they have the herpes virus. In others it can lead to cold sores, small blisters that burst to leave red, open sores on any part of the body, mainly the face (mouth area) and genitalia.

What happens if I contract genital herpes in pregnancy?

If you become infected with genital herpes for the first time whilst pregnant it is extremely important you seek medical advice from your GP or obstetric consultant. You are not at greater risk of miscarriage and your baby is not at any greater risk of developmental problems. If your first episode of herpes is before 28 weeks of pregnancy, you will be offered antiviral medication at that time and again from 36 weeks of pregnancy until your baby is born. The risk to your baby is low and you should be able to have a vaginal birth. If your first episode is at or after 28 weeks of pregnancy, you will be advised to continue your treatment until your baby is born. If your first episode is later in pregnancy, (within 6 weeks of your due date) you will be offered a planned caesarean section to reduce the chance of your baby getting neonatal herpes.

What happens if my pre-existing herpes reoccurs during pregnancy?

If you have caught genital herpes before you become pregnant, you will be offered antiviral treatment from 36 weeks of pregnancy until birth. Reoccurrence's of genital herpes in pregnancy does not affect your baby inside the uterus. This is because your immune system provides protection to your baby during this time. Even if you have a flare-up when you go into labour and give birth, the risk to your baby is extremely low. Most women who have recurrent genital herpes go on to have a vaginal birth.

What are the signs my baby may have neonatal herpes

When a baby contracts the herpes virus it is called neonatal herpes. In the UK neonatal herpes is rare, affecting 1–2 out of every 100,000 new born babies. Because your baby's immune system is still developing, the herpes virus although rare can be serious.

- Your baby being lethargic or irritable
- Poor feeding or not feeding at all
- A high temperature
- A rash or sores on the skin, eyes and inside the mouth.

How you can help prevent neonatal herpes

As with adults, neonatal herpes is usually passed to your baby when someone kisses your baby who already has the herpes virus. Due to how infectious the herpes virus is, it is important to ask family and friends to wash their hands before they have any contact with your baby. This will not only help to reduce the spread of the herpes virus, but other infections too.

Where to seek advice

If you think your baby has contracted herpes call your GP straight away. The earlier your baby can be treated with anti-viral medication the better chance your baby has of not developing serious long lasting damage.

References

Cold Sores the facts, The Herpes Viruses Association

<https://herpes.org.uk>

Neonatal herpes (herpes in a baby)

<https://www.nhs.uk/conditions/neonatal-herpes/>

RCOG Genital herpes and pregnancy Published: 17/10/2014

<https://www.rcog.org.uk/en/patients/patient-leaflets/genital-herpes-in-pregnancy/>

Herpes simplex virus, World Health Organisation

<https://www.who.int/news-room/fact-sheets/detail/herpes-simplex-virus>

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



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