

Genital herpes in pregnancy

This leaflet is about genital herpes in pregnancy. It is meant for women who have contracted genital herpes for the first time in pregnancy and for those who have a history of repeated episodes of genital herpes. The signs and symptoms are discussed along with the management of the condition.

What is genital herpes?

It is a commonly sexually transmitted infection caused by the herpes simplex virus (HSV). There are two types of the virus, HSV-1 and HSV-2, which are both referred to as genital herpes. Genital herpes can occur in the vagina, vulva (the lips of the opening of the vagina), and urethra (the tube through which urine empties out of the bladder). Herpes simplex can also occur around the mouth and nose (cold sores) and fingers and hand (herpetic whitlows).

How is herpes passed on?

Genital herpes is usually transmitted through sexual contact. It is contracted through small cracks in the skin or mucous membranes in the mouth or genital area. Once someone has the virus, it stays there for life.

There may be only one attack, which is known as an episode, or there may be multiple attacks (recurrent episodes). It can be passed on through skin to skin contact, having vaginal, oral or anal sex or sharing sex toys. It can also be transmitted at the time of birth from mother to baby.

What are the symptoms of genital herpes?

Symptoms can occur within a short time of coming into contact with the virus. Some people experience minimal symptoms and some may not notice any symptoms at all. Others may feel generally unwell and notice painful blisters or sores in the genital or anal area. Occasionally, there may be pain when passing urine leading to retention of urine which may require medical attention. An early warning sign is a tingling sensation that often happens before a flare up.

What is the implication of a first episode of herpes in pregnancy?

You will be referred to a specialist genitourinary medicine clinic where you will be offered testing, treatment and support. You may require admission to hospital if this first episode is very painful and you are unable to pass urine.

Genital herpes can be treated safely during pregnancy. You will be offered antiviral tablets which are safe to take during pregnancy and while breastfeeding.

If the first episode happens in the first three months of pregnancy, your baby does not have increased risk of developmental problems and it does not increase your risk of miscarriage.

If you go into labour less than 6 weeks after the first episode of genital herpes, your immune system would not have had time to produce antibodies to protect your baby. Thus, there is a high chance of passing the virus to your baby if you have a vaginal birth. This is known as neonatal herpes. If you have your first episode earlier in the pregnancy, your immune system will provide protection.

What are the implications of recurrent episodes?

If you contracted the virus before you become pregnant, your immune system will provide protection for your baby. Flare-ups during pregnancy will not affect your baby.

If you have a flare up during labour and give birth, the risk to your baby remains extremely low. Women who have recurrent genital herpes can have a vaginal birth.

Your doctor may offer you continuous antiviral treatment from 36 weeks of pregnancy to birth if you experience frequent flare-ups.

What is neonatal herpes?

Incidence of neonatal herpes is 1-2 in 100,000 annually. It can cause infection in the baby's skin and eyes. It can also rarely cause herpes meningitis (infection of the lining of the brain). Early treatment with drugs designed to treat the viral infection is essential as this may help prevent or reduce damage to the baby.

How to reduce the risk to the baby?

If you and your partner have ever had herpes (genital, cold sores or whitlows) you need to tell your midwife at your first antenatal visit.

If your partner is having an attack (episode) of herpes simplex virus, avoid skin to skin contact with that area. This includes avoiding vaginal, oral and anal intercourse. Consider using condoms through the rest of the pregnancy as there is a small chance of passing on the infection even though there are no signs or symptoms of the condition.

Contact your doctor or genitourinary medicine clinic where you should have a check-up that will include testing, treatment and advice. You may also be offered testing for other infections too as it is possible to have more than one sexually transmitted infection at the same time.

What treatment will be offered?

You will be offered antiviral tablets, called acyclovir and may require admission if you are finding it painful to pass urine.

If you have genital herpes for the first time very early in the pregnancy there is insufficient evidence for the use of Acyclovir in the last four weeks of the pregnancy.

If you have recurrent episodes of herpes during pregnancy, antiviral treatment will be offered continuously from 36 weeks of pregnancy till birth and you can have a vaginal delivery.

Elective (planned) Caesarean section will be offered to women who have herpes lesions for the first time at the time of birth or within six weeks of the expected date of birth.

If your membranes rupture before labour, and labour does not begin within four hours, the doctor will discuss with you whether Caesarean section is the safest way for your baby to be born.

The neonatal doctors will be made aware of your history when your baby is born.

Further information

1. British Paediatric Surveillance Unit <http://bpsu.inopsu.com>
2. International Herpes Management Forum: www.ihmf.org
3. Herpes Virus Association www.herpes.org.uk
4. Family Planning Association www.fpa.org.uk
5. RCOG green-top guideline number 30: www.rcog.org.uk/guidelines

Useful contacts

Florey Unit

Sexual Health Services

Royal Berkshire Hospital

Tel no: 0118 322 7204

Herpes Virus Association, 41 North Road, London N7 9DP

Tel no: 0845 123 2305

This document can be made available in other languages and formats upon request.

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