(http://www.rcog.org.uk)

Genital herpes in pregnancy: information for you

This information is also available as a pdf: Genital herpes in pregnancy: information for you [1].

This guideline is the second edition of one first published in 2005. You may also be interested to read the Clincial Green-top Guideline Management of Genital Herpes in Pregnancy [2].

What is genital herpes?

Genital herpes is a common sexually transmitted infection caused by the herpes simplex virus (HSV). There are two types, HSV1 and HSV2. Both types can be found in the genital and anal area (genital herpes). Herpes simplex can also occur around the mouth and nose (cold sores) and fingers and hand (herpetic whitlows). This information is mainly about genital herpes in pregnancy.

In women, genital herpes can occur in the skin in and around the vagina, the vulva (lips around the opening of the vagina), the urethra (tube through which urine empties out of the bladder) and the anus (back passage). In men, it can occur in the skin of the penis, the urethra and in the anal area.

How is genital herpes passed on?

Genital herpes is usually passed from one person to another during sexual contact. Both women and men can get the virus. The herpes simplex virus enters the body through small cracks in the skin or through the soft, moist mucous membranes in the mouth or genital area. Once you have the virus it stays in your body for life.
You may only get one attack (known as an episode) or you may have repeated episodes (known as recurrent episodes). The herpes simplex virus is most likely to be passed on just before, during and straight after an episode. It can be passed on:

- through skin to skin contact.
- by having vaginal, oral or anal sex or sharing sex toys.
- at the time of birth by a mother to her baby.

What are the symptoms of genital herpes?

Some people get genital herpes mildly, some notice no signs or symptoms and for some, the symptoms are very painful. When you have an episode of genital herpes for the first time you may feel unwell and may notice painful sores or watery blisters in your genital area. Many people have an early-warning tingling sensation before an episode occurs.

Symptoms can occur within a short time of coming into contact with the virus or it may be many weeks, months or years before any signs or symptoms appear.

What should I do if I think I have genital herpes?

If you and/or your partner have symptoms which you think are unusual, you should seek further advice. Contact your general practice or a clinic that specialises in sexually transmitted infections (called genitourinary medicine clinics or sexual health clinics). You should have a check-up which may include testing, treatment and advice.

It is possible to have more than one sexually transmitted infection at the same time. You may be offered testing to check for this too.

For information about clinics see Useful organisations.

What could genital herpes mean for my baby?

Most women who have genital herpes have healthy babies by vaginal birth. Genital herpes can be safely treated during pregnancy.

If you get genital herpes **before** you become pregnant, your immune system will provide protection to your baby when you become pregnant. Recurrent episodes of genital herpes during pregnancy do not affect the baby.

If you get genital herpes for the **first time after** you become pregnant, this can be more serious.

- If you get genital herpes in the first 3 months of pregnancy, there is a small chance of miscarriage.
- If you get genital herpes for the first time late in your pregnancy (within 6 weeks of birth), there will not be time for your immune system to provide enough protection to your baby. If you then give birth vaginally, there will be about a 4 in 10 (40%) chance of passing the virus to your baby.

If a baby catches the herpes simplex virus at birth, this is known as neonatal herpes. It can be serious but it is very rare in the UK (1?2 out of every 100,000 newborn babies).

Neonatal herpes can cause infections in the baby?s skin and eyes. It may also cause infection of the brain (herpes meningitis) and other body organs. The baby may become seriously ill or die in the first 7 days after birth. Treatment with drugs designed to treat virus infections may help prevent or reduce damage to the baby.

How can I reduce the risk to my baby?

Tell your midwife at your first antenatal appointment if you and/or your partner have ever had the herpes simplex virus (cold sores, whitlows or genital herpes). If you are not sure whether you have the herpes simplex virus, ask for a check-up.

Your can reduce the risk to your baby in the following ways.

- If your partner is having an episode of the herpes simplex virus (cold sores, genital herpes or herpetic whitlows), you should avoid skin-to-skin contact with the affected area. This might include

avoiding:
vaginal intercourse
anal intercourse
oral intercourse.

- As there is a very small risk that a sexual partner who has genital herpes can pass on the infection even when there are no signs or symptoms, you may consider using condoms throughout your pregnancy, particularly in the last 3 months.
- Avoid skin-to-skin contact between your baby and anyone with an active herpes simplex infection, such as a cold sore on the mouth or nose or herpetic whitlow on the hand.
- Ensure that you wash your hands after touching any sores.

What treatment will I be offered?

If your doctor or midwife thinks you have got genital herpes for the first time while you are pregnant, you should be referred to a specialist genitourinary medicine clinic. You will be offered appropriate testing, treatment and support.

If you have genital herpes for the first time when you are pregnant, you may be offered antiviral tablets called aciclovir and you may be admitted to hospital if it is very painful or you cannot pass urine.

If you have frequent recurrent episodes of genital herpes during pregnancy, you may be given continuous aciclovir treatment from 36 weeks of pregnancy to birth.

The aim of treatment is to help reduce the length and severity of your symptoms.

Are there any risks in treatment?

Aciclovir has been used for many years and when used in pregnancy it has not been shown to harm the baby. It can be used safely during breastfeeding.

Will I need a caesarean delivery?

Most women with genital herpes will have a normal vaginal birth.

- If you were infected with genital herpes before you became pregnant, you will not need a caesarean delivery.
- If you develop genital herpes for the first time in the last 6 weeks of pregnancy, you will be offered a planned caesarean delivery.
- If you get a recurrent episode of genital herpes at the onset of labour, you will not normally need a caesarean delivery. Your doctor or midwife will discuss this with you to help you decide how you would like your baby to be born.

A glossary of all medical terms is available [3] on the RCOG website:

Useful organisations

Herpes Viruses Association

41 North Road London N7 9DP Helpline: 0845 123 2305
Email: info@herpes.org.uk [4]
Website: www.herpes.org.uk [5]

fpa

50 Featherstone Street London EC1Y 8QU Helpline: 0845 122 8690 Website: www.fpa.org.uk [6] Visit the ?Find a clinic? section of the fpa website for details of your nearest sexual health clinic.

Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline Management of Genital Herpes in Pregnancy (originally published by the RCOG in 2002 and revised in September 2007). This information will also be reviewed, and updated if necessary, once the guideline has been reviewed. The guideline contains a full list of the sources of evidence we have used. You can find it online [2]

Clinical guidelines are intended to improve care for patients. They are drawn up by teams of medical professionals and consumer representatives who look at the best research evidence available and make recommendations based on this evidence.

This information has been developed by the Patient Information Subgroup of the RCOG Guidelines Committee, with input from the Consumers? Forum and the authors of the clinical guideline. It has been reviewed before publication by women attending clinics in Burton on Trent, London and Oxford. The final version is the responsibility of the Guidelines Committee of the RCOG.

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