Herpes and Pregnancy

Genital herpes (HSV) is a sexually transmitted viral infection that can be very serious during pregnancy. Once you have an HSV infection, the virus remains in your body. It can come back with any type of physical or mental stress. There are two types of HSV:

- HSV 1 - an infection usually around the lips and mouth.
- HSV 2 - an infection in and around the vagina, outside (*external*) genitals and anus.

Both types however, can occur in either area of the body. The first time you are infected with HSV is the worse. There are more sores and blisters, and it is more painful and it lasts for a longer time.

The greatest risk to the fetus comes when you are infected for the first time (*primary infection*). There is also a risk when the infection comes back (*recurrence*). Vaginal delivery in a person with herpes and active genital sores causes the newborn to be infected in almost half or more of babies delivered. Even with *cesarean section* (birth through surgery) about 5% of babies will be infected. This is especially true if the bag of waters (*amniotic sac*) has been ruptured for 2 or more hours before delivery.

CAUSE

HSV is caused and spread:

- Through a break in the skin during sexual contact with a person who has HSV.
- Through touching an HSV sore or blister and later touching another part of your body.
- Even if there are no sores or symptoms.

There are some things that can cause a recurrence of HSV such as:

- Mental stress.
- Low physical resistance because of a cold or infection.
- Menstrual periods.
- Certain illnesses.
- Vaginal yeast infection.
- Vaginal dryness and pain during sexual intercourse.

SYMPTOMS

- Fever.
- Chills.
- Vaginal discharge.
- Vagina and genital pain, itching and burning feeling.
- Headache.
- Muscle aches.
- Pain with urination.
- Swollen glands in the groin area.
- Rarely, does a person not have symptoms or not know they have the infection.

DIAGNOSIS

- A culture is taken of the sores or blisters.
- Blood tests are performed to check for the virus antibodies.

TREATMENT

Once you have HSV, there is no treatment to cure the infection. There is treatment for the symptoms. There are medications that can help treat the symptoms and shorten the length of the infection. If you have outbreaks often, there is medication that can be taken daily to help prevent recurrences.

During pregnancy there are medications that are safe for you and the baby. They can lessen the symptoms, the recurrence or prevent an HSV infection. Pregnant women with a history of HSV may be given medication the last 4 to 6 weeks of the pregnancy. This can prevent an HSV infection coming on at the time of delivery. If the amniotic sac has ruptured for 2 hours or more or there is an active HSV infection, the safe method of delivery for the baby is by cesarean section. Women who were infected with HSV before becoming pregnant develop antibodies against the virus that can help protect the baby.

Women infected with HSV in the genital area can breastfeed the baby (the virus will not be present in the breast milk). The baby should not breastfeed if the infection is on the breast.

EFFECTS ON INFECTED FETUS BY HERPES

Half or more of infected newborns will die. Three quarters of the survivors will have serious eye, nerve and brain damage problems (*neurological*). If the HSV infection occurs for the first time in the first trimester of a pregnancy, a miscarriage may occur.

DELIVERY

The baby should never be delivered through an actively infected birth canal because of the severe problems that occur in a baby with herpes. A canal with active sores (*lesions*) can be observed on physical exam. A birth canal that appears normal still may shed the virus. Cultures before delivery **do not insure** that the birth canal will not be shedding the virus at the time of birth. Vaginal delivery is still recommended if no active lesions are apparent. A cesarean section should be done if there is any suggestion or question of an HSV infection present in the genital area.

HOME CARE INSTRUCTIOINS:

- Take all medications as directed by your caregiver.
- **Do not** have sexual intercourse when you have an HSV infection.
- Use a condom between HSV infections.
- Wear cotton underwear.
- Keep infected areas dry and clean.
- Wash your hands with soap and hot water after having contact with an HSV infected areas of your body.
- Try to avoid physical and stressful situations that may bring on an HSV infection.
- **Do not** use deodorant powders, sprays or soaps in and around HSV infected areas.
- Tell your sexual partner when you have an HSV infection.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have an HSV infection and cannot urinate.
- You have an HSV infection anytime during your pregnancy and especially in the last 3 months of the pregnancy.
- You develop sores and blisters in your genital area and think it is an HSV infection.
- You think you are having an allergic reaction or side effects from the medicine you are taking.

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