



Managing Herpes in Pregnancy

One in five women has a Herpes Simplex Virus (HSV) infection, it is very common, but there are risks to babies born to mothers that have HSV. If you have had herpes outbreaks in the past, be reassured that the most dangerous HSV infection to the baby is a primary outbreak in pregnancy.

Risks: There is a 1 in 1,000 risk that the baby will acquire herpes while you are pregnant even if there are no symptoms at birth. There is a greater chance that your herpes infection will not affect your baby. There is some hope that your antibodies to herpes pass through the placenta and help protect the baby from dangerous infections. There is a risk of miscarriage, stillbirth or premature labor. The risks are greater (5%) to the baby if there is an active vaginal or cervical outbreak during labor and birth. As with all herpes infections, there is a possibility of asymptomatic viral shedding – you could be contagious without symptoms. Risks to babies range from minor herpes infection and skin rashes, to central nervous system infection, congenital malformations, or death.

Labor and birth: If you have an active vaginal or cervical lesion during labor, birth by cesarean section is the safest way for your baby to be born and avoid neonatal infection. If you have active lesions during labor, but they are in other areas (mouth, butt, leg, etc), we can cover the lesion with an occlusive dressing (sterile sticky plastic film) that will protect both the baby and your caregivers during labor and delivery. Prolonged rupture of membranes is not recommended, nor is fetal scalp electrode placement for monitoring.

Treatment: There is no cure for HSV infection, but there are treatments that can keep infections suppressed, especially for the final few weeks before labor and birth. You may already have a prescription for Acyclovir, it is the standard for HSV suppression. There are newer antivirals like Valacyclovir and Famciclovir that require less frequent dosing than the standard Acyclovir and are approved for preventive use during pregnancy. You should speak with the prescribing physician about what drug recommendations she will make for you now that you are pregnant.

Food and lifestyle changes are also important to prevent Herpes outbreaks. You should take the following supplements daily: L-Lysine, vitamin C, garlic, Vitamin A, Vitamin B complex, Vitamin E and Zinc. I encourage you to have echinachea tea weekly to support your immune system. You need to reduce or eliminate trigger foods including citrus, and those containing L-Arginine like coffee, grains, chicken, chocolate, corn, dairy, meat, peanuts, nuts and seeds. Are there other triggers that you have noticed? Often stress is a trigger that needs to be reduced – how can you adjust your life to reduce stress?

After the birth: In the postpartum time, all caregivers must maintain excellent handwashing and cleanliness routines. Newborns are very susceptible to infections of any kind, and parents with active herpes lesions must take extra precautions to avoid infecting the baby. If a parent has an oral herpes lesion, they must abstain from kissing to putting their face near the baby until it is completely healed.