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Herpes And Pregnancy

Herpes and pregnancy is not to be taken lightly. Women with herpes have normal and healthy babies, but certain precautions need to be taken to protect the babies from contracting herpes. The likelihood of newborns contracting herpes is small if you and your provider use proper precautions. In women who have established herpes going into the pregnancy, the risk of neonatal herpes is about 1 in 5,500 deliveries.

Ideally, a blood test would be done at 20-24 weeks of gestation to see if either the mother or her partner has herpes. Screening for herpes is not part of the routine blood work in most obstetrical practices. You may need to request a blood test to protect your baby. Remember, approximately 1 in 5 women have herpes, but many are not aware that they have the virus.

I am going to address different scenarios so you know how to manage your situation if you or your partner has herpes simplex virus (HSV).

Scenario 1. The mother is positive for HSV-2, even if she has never had symptoms.

Babies who get HSV usually acquire it during the labor and delivery process. Contracting the disease while in the uterus is rare but can occur. Precautions would be taken at the end of pregnancy and at the time of delivery to protect the baby. These precautions include:

Mother would be on suppressive therapy from 36 weeks until delivery. Scalp electrodes would be avoided to monitor the baby's heart rate. Premature rupture of membranes would be avoided. Caesarean section would be performed if the mother had an outbreak in the boxer shorts area of her body at the time of delivery.

Scenario 2. Mother is HSV negative and partner is HSV-2 positive.

Precautions should be taken so the mother isn't infected with HSV-2. A primary or first outbreak for the mother during the third trimester of pregnancy puts mother and baby at a greater risk for premature delivery. It also puts the baby at a much greater risk for becoming infected. Women that contract herpes during late pregnancy have not had an opportunity to make antibodies prior to delivery. These women have a 30 percent to 50 percent chance of infecting their baby. This is serious. Precautions should include:

Avoid intercourse in the third trimester or the last 3 months. If this is not workable, then the partner should use daily suppression and a condom.

Scenario 3. Mother tests negative for HSV-1 and HSV-2, while partner tests positive for HSV-1 and only recalls a cold sore.

The partner should not give oral sex to the mother during the third trimester. A new HSV-1 genital infection at that time can result in transmission to the baby and be serious. The partner should use suppressive therapy.

Scenario 4. Mother is HSV negative, while the partner is HSV-1 positive but has no history of an outbreak.

The site of the partner's HSV-1 infection is unknown. Abstaining from both oral sex and intercourse during the third trimester is the safest course of action. Partner should be on suppressive therapy now and in the future to protect the mother and baby.

Scenario 5. Mother and/or partner are HSV-1 positive and have cold sores. Precautions include:

Avoid kissing your baby until the sore has healed. Use suppressive therapy. Avoid touching your cold sore. Use good hand hygiene. Do not share towels with baby. Use liquid soap.

Scenario 6. Mother has HSV-1 or HSV-2 and wants to breast-feed. Precautions include:

If mother has no herpetic lesion on her breast, she may certainly feed her baby confidently. If mother does have a herpetic lesion on her breast (this would be very unusual), then she should avoid breast-feeding. Valacyclovir

appears to be a safe suppressant therapy in breastfeeding mothers.

Newborns do not have an immune system that is capable of dealing with herpes. Babies can become very sick or die from herpes. If you or your partner have herpes, it is critical that you share this information with your provider! He or she can then take precautions to protect you and your baby. Free [Medical Advice](#) published By [Dr Vivienne Balonwu](#).

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