

Genital herpes in pregnancy

What is genital herpes?

Genital herpes is a sexually transmitted infection (STI) caused by the herpes simplex virus. There are two types of herpes simplex virus (HSV): Type 1, which also causes cold sores, and Type 2. Both Type 1 and Type 2 can cause genital herpes. During an attack of genital herpes, small, painful sores may erupt on your skin, on your genitals, bottom or thighs. Once you have been infected with the herpes virus it stays in your body for life, but you may only break out into sores now and then.

What are the symptoms of genital herpes?

Symptoms vary a lot from person to person. You may not have any symptoms when you first become infected with the virus. You may not even know you have it. The virus will be in your body, but it may be days, months or even years before you have an attack. The first attack of genital herpes is called a “primary infection”. A primary infection is usually more severe than later attacks. It may last two or three weeks. Attacks that occur after the primary attack may be called “outbreaks” or “episodes” and are usually milder.

During an attack of herpes you may have:

- Painful sores over your genitals, bottom and thighs. These start off as blisters, but soon burst.
- Stinging when you pee.
- Vaginal discharge.
- Swollen lymph nodes in your groin. Your lymph nodes are small bundles of tissue that are part of your immune system. They may swell up when you have an infection.
- Flu-like symptoms including fever, headache and muscle aches.

To soothe the symptoms of herpes you can try salt baths and acetaminophen (Tylenol). Later episodes may be much milder: you may get a tingling feeling, a small area of irritation or no symptoms at all. It will probably be over within seven to 10 days. This is because your body has produced antibodies in reaction to the primary infection. These antibodies will fight an outbreak each time it happens.

How is genital herpes spread?

You can become infected with herpes from:

- skin-to-skin contact with an affected area
- oral sex, if your partner has a cold sore
- foreplay and full sex
- sharing sex toys

If your partner has genital herpes you need to be particularly careful. The virus can be transmitted without your partner knowing that he or she is having an attack. There are no foolproof ways to guard against becoming infected with herpes. In fact, the virus is most infectious when, or just before, the tell-tale symptoms appear. Condoms may help to reduce the risk of catching it (SOGCa 2008).

Can genital herpes harm my baby?

It's unlikely that if you have genital herpes it will harm your baby. It is mainly a worry if you become infected with the virus for the first time late on in your pregnancy. If this happens, there is a small risk that your baby could catch it too. When a baby catches genital herpes it results in an infection called neonatal herpes. Neonatal herpes can be a serious illness, and very rarely, it can even put a baby's life at risk.

That's why it's important to tell your caregiver if you, or your partner, has genital herpes. Tell your caregiver even if you just suspect you or your partner may have symptoms. You and your baby can then be given the extra care needed.

If you became infected with genital herpes before you became pregnant:

Your baby is likely to be absolutely fine. This is because your body has had time to make antibodies to the herpes simplex virus. This immunity is passed on to your baby while she's still growing inside you. It's very unlikely for your baby to become infected. That's the case even if you have an attack in late pregnancy that is still active when you give birth. Your caregiver will ask you to keep a careful eye on your symptoms.

If you become infected for the first time in the first trimester of your pregnancy:

It may affect your baby. Rarely, contracting genital herpes in the early weeks of pregnancy can cause miscarriage, however it is more likely that your baby will be fine.

If you become infected for the first time in late pregnancy:

This is more of a worry, particularly if you have your first outbreak in the last six weeks of pregnancy. Your body won't have time to make antibodies to the virus. This means your baby won't receive any antibodies from you before she is born. If you have a vaginal birth, your baby could catch the virus through contact with an open sore.

If you have reoccurring genital herpes infections, your caregiver may recommend you take an antiviral called acyclovir or valacyclovir, starting at 36 weeks pregnant. This helps to reduce your risk of lesions during your labour and birth.

If your newborn baby catches herpes it's called neonatal herpes. Neonatal herpes is rare. It varies in how severe it is. For example, most babies recover well if they have a herpes infection on their skin, or in their eyes or mouth. These types of infections are fairly easy to treat. However, there are more serious types of infection that affect a baby's central nervous system or other organs. Although treatment works well, some nerve damage may remain. Very occasionally, neonatal herpes can be severe enough to put a baby's life at risk. Remember that neonatal herpes is rare. In Canada, only five babies in every 100,000 have it. Neonatal herpes most often happens if a mom-to-be has genital herpes that nobody knows about when she gives birth. This is highly unusual. In the majority of cases, moms-to-be know they have genital herpes, and can get all the help they need to protect their babies.

Will I need to have a caesarean?

It depends whether or not you have your first attack of genital herpes during your pregnancy.

If it is not your first infection:

- You may be offered acyclovir or valacyclovir when you are 36 weeks pregnant to reduce the risk of having an outbreak at the time of your delivery.
- You should be able to have a vaginal birth. The risks of your baby catching the virus are very low, even if you have an attack when you go into labour. Your caregiver will want to keep an eye on your symptoms, though.
- If you have active sores and your waters break before or during labour, your caregiver may recommend caesarean section. If you think you have an attack of genital herpes in the last trimester it is essential that you let them know.

If it is your first infection:

- Your blood and samples from your sores will be tested, to check whether this is your first attack. It is possible that you have had the virus before without realizing.
- If it's clear it's your first attack, you'll be advised to have a planned caesarean. Having a caesarean will reduce the risk of passing the virus on to your baby.
- If you decide you want to go ahead with a vaginal birth, your caregiver will try avoid internal exams, breaking your waters or using invasive ways of monitoring your baby (eg. internal scalp electrodes).

If you or your partner have, or think you have, genital herpes:

Make sure to inform your midwife or doctor if you or your partner has genital herpes. This is because, very rarely, the virus can be harmful to babies. If you have an active outbreak of herpes in the last month of your pregnancy, your caregiver may recommend your baby be delivered by caesarean section. However there is an antiviral medication that you can take, starting at 36 weeks gestation, that will reduce the chances that you will have an active outbreak in the last month of pregnancy. The majority of moms-to-be with genital herpes have healthy babies and do deliver vaginally.