

Genital herpes and pregnancy – patient information leaflet

What is genital herpes?

Genital herpes is a common sexually transmitted infection (STI) caused by the herpes simplex virus (HSV). There are two types, herpes simplex type 1 and herpes simplex type 2. Globally about 64 out of every 100 people have herpes simplex type 1, and 13 out of every 100 people have herpes simplex type 2. You can get these:

- On the genitals (vulva or penis) or around the bottom, known as genital herpes.
- On the face around the mouth and nose (herpes simplex type 1 only), known as cold sores.
- On the fingers, known as herpetic whitlow.

How do you get genital herpes?

Genital herpes is usually passed from one person to another during sex (including oral and anal sex), by skin-to-skin contact with the affected area. The virus enters the body through small cracks in the skin or through the thin skin of the mouth or genitals.

Once you have the virus it may reappear from time to time (a flare-up), but it stays inactive ('sleeping') for most of the time. You may only get symptoms of herpes once or you may have several flare-ups.

What are the symptoms of genital herpes?

Most people have no symptoms at all and many people are not aware they have herpes.

For some people, the symptoms can be very painful. You might feel unwell with flu like symptoms and develop painful sores or watery blisters. This usually only happens when you have symptoms for the first time. The symptoms can appear within a few days of getting herpes, or it can take weeks or years before you have any symptoms.

For people who have flare-ups, these are usually not as painful or severe as the first occurrence, and tend to become less painful over time. Some people may just get a few blisters or ulcers on their genitals, usually near the place of the first infection. An early-warning tingling feeling might happen before the flare-up.

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

If you are pregnant and think you might have genital herpes, it is important to contact your GP or a sexual health clinic as well as telling your midwife. You should have a check-up that will include testing, treatment and advice as well as testing for other sexual transmitted infections. This is important for your health and the health of your baby. Herpes is very common, so you don't need to be embarrassed telling your health team about it. They will protect your confidentiality and support you.

What if I had genital herpes before pregnancy?

After you develop herpes, your immune system makes antibodies (a protein) that help fight the virus. When you fall pregnant, these antibodies cross the placenta and go into your baby, and will provide protection to your baby. If you get genital herpes before you become pregnant, your immune system will provide protection to your baby in pregnancy. Flare-ups of genital herpes during pregnancy do not affect your baby.

To reduce the chance of you having a flare up of genital herpes around the time of delivery you will be offered antiviral tablets from 32 weeks of pregnancy until your baby is born. If you are at high risk of preterm labour, these tablets will be offered to you from 22 weeks of pregnancy until your baby is born.

Even if you have a flare-up when you go into labour and give birth, the risk to your baby is extremely low. Most women who have recurrent genital herpes will be able to have a vaginal birth. Your obstetrician (pregnancy doctor) or midwife will talk to you about this. If you have a flare up when you give birth your baby will need to have some tests done. If you are not having a flare up, then you will be able to take your baby home once they are feeding.

What if I get genital herpes for the first time in pregnancy?

What should I do?

It is important that you go to a sexual health clinic or contact your GP who will tell you how to get to a sexual health clinic. You should also tell your midwife who will ask an obstetrician to see you.

You will be offered testing, treatment and support to reduce the risk of your baby becoming unwell. Testing is done with swabs and sometime blood tests, if needed. You will be given antiviral tablets which will help the symptoms get better faster. These tablets are safe to take in pregnancy and while breastfeeding. Later in pregnancy you will be given the tablets again to reduce the chance of you having blisters at the time of delivery of your baby and to reduce the risk of passing the virus to your baby during birth.

What will this mean for me and my baby?

After you develop herpes, your immune system makes antibodies that fight the virus. These cross the placenta and go into your baby, and will help provide protection to your baby in case your baby comes into contact with the herpes virus during birth or after delivery.

If you have a first infection of herpes before the third trimester of your pregnancy (before 28 weeks of pregnancy), your immune system will have time to make antibodies that will protect your baby, and you can have a vaginal birth.

It is different if you get herpes in the third trimester (after 28 week of pregnancy), or if you go into labour less than 6 weeks after you first have symptoms of genital herpes. In this case, your immune system might not have had time to make antibodies. If this happens, there is a higher chance of passing herpes to your baby if you have a vaginal birth, and your obstetrician may recommend that you have a Caesarean section. If your baby is born within 6 weeks of you catching herpes, your baby will need to have some tests done and be given treatment to reduce the risk of them becoming unwell.

When a baby develops a herpes infection at birth, it is known as neonatal herpes. This is a very rare but serious condition that affects 7 out of every 100 000 newborn babies. Prompt treatment of the baby improves the outcome for neonatal herpes and better still is the antenatal treatment of the mother or pregnant parent to prevent any transmission. Most babies with neonatal herpes are born to mothers or birthing parents who don't know that they carry herpes so it has not been possible to do anything to reduce the risk to the baby.

How can I reduce the risk to my unborn baby?

The most important thing you can do is to tell your midwife or obstetrician that you have active genital herpes or have previously been diagnosed with genital herpes, so they can make a treatment plan for you.

If your first symptoms of herpes are before 28 weeks of pregnancy, you will be offered antiviral tablets when you have symptoms, and again from 32 weeks of pregnancy until your baby is born. If you are at high risk of preterm labour (early labour before 37 weeks of pregnancy), you will be offered antiviral tablets when you have symptoms, and again from 22 weeks of pregnancy until your baby is born. You should be able to have a vaginal birth unless there are other pregnancy related reasons preventing this, as the risk to your baby is very low.

If you first have symptoms of herpes after 28 weeks of pregnancy, you will be offered antiviral tablets to take until your baby is born. You may be offered a Caesarean section to reduce the chance of your baby getting neonatal herpes and your baby will need to have some tests and treatment after birth to reduce the risk further.

How soon after birth can I take my baby home?

When you can take your baby home after birth will depend on whether you had any active herpes lesions at delivery and the timing of your first herpes infection. Unless your baby has needed to be given antiviral treatment or is unwell, you will be able to take your baby home once they are feeding and any extra tests that are needed have been done.

What should I do if my baby is ill after birth?

If your baby is ill in the first 6 weeks after birth, you should seek urgent medical help. You can call your GP for an urgent same-day appointment, ring 111, or take your baby to A&E (a hospital emergency department). Tell the doctor or nurse that your baby may have been exposed to the herpes simplex virus.

Things to look out for are:

- Baby has blisters or ulcers on their skin, eyes or mouth.
- Baby is floppy
- Baby is very sleepy or irritable and won't settle
- Baby is not feeding well.
- Baby has a fever or high temperature or feels cold to touch
- Baby has difficulty breathing

- Baby has mottled or blotchy skin
- Baby has a high-pitched cry.

How can I reduce the risk to my baby after birth?

Around 1 in 10 babies with neonatal herpes are exposed to the virus after they are born, rather than during birth, usually from someone with a cold sore. The risk to the baby is highest in the first 4-6 weeks of life. However, if you as the mother or birthing parent have already had cold sores or genital herpes simplex type 1 at least 3 months before birth, then your immune system will likely have shared antibody protection with your baby that lasts 3 to 6 months after birth. There are also a few simple things you can do to reduce the risk of your baby catching herpes for the first 6 weeks after birth. You can also ask family and friends to do the same things.

- Everyone should wash their hands before touching the baby
- Only parents or carers should be allowed to kiss the baby, and it is best to only kiss on the top of the baby's head and avoid kissing near the baby's mouth, nose and eyes
- People with a cold sore at the time should never kiss the baby
- People who have had cold sores in the past should avoid kissing the baby
- People with a herpes ulcer or blister anywhere on their body should avoid touching the baby unless they are parents or carers. In this case, they should cover the ulcer or blister, and wash their hands carefully before they touch the baby.

What do I do if I get genital herpes after birth?

If you get an outbreak of genital herpes in the 4 weeks after birth please contact your midwife or GP as soon as possible so they can check your baby. Although the blisters have appeared just after the birth, there is a small chance that the virus may have been there at birth. In this scenario we ask you to keep an eye on your baby and follow the advice above on "what to do if my baby is ill after birth"

Can I breastfeed/chestfeed my baby?

Breastfeeding is a great way to support the health of your baby and antiviral tablets are safe to take whilst breastfeeding if they are needed.

If you get herpes ulcers or blisters on your breast/chest (this is very rare), it is important to see your GP, midwife, or a sexual health clinic that day or as soon as possible for advice.

If they think the blisters are herpes then they will need to assess your baby and risk factors and you will be advised not to breastfeed/chestfeed from that breast. You can express the milk from that side and throw it away.

If my partner has genital herpes or cold sores but I don't, what can I do to reduce the risk to my baby?

Your partner should make an appointment with their GP or at a sexual health clinic to discuss options of how to reduce the risk of passing herpes to you. You should also see your GP or a sexual health

clinic who can discuss with you how to reduce the risk of herpes being passed to you from your partner (particularly important after 28 weeks of pregnancy). You might also be offered a blood test to see if you have already have herpes but are not having any symptoms. The blood test is unable to tell which area of the body is carrying the herpes virus.

You can reduce the risk of getting herpes from your partner by:

- Avoiding sex with your partner when they have blisters or ulcers until everything has healed. This includes oral sex if your partner has cold sores and you don't.
- Avoiding sex with your partner if they feel that a flare-up is coming on (there is often a tingling feeling first), until the flare-up has passed or everything is healed.
- Using condoms.
- Your partner could take daily antiviral tablets (these can be given to your partner by a sexual health clinic or by their GP).

After your baby is born, make sure that you and your partner wash your hands after touching any sores.

More information on herpes:

There is more information about genital herpes in the BASHH Patient Leaflet on Herpes (available at bashh.org).

Other organisations who provide information include:

- The Herpes Viruses Association: www.herples.org.uk
- The Lullaby Trust: www.lullabytrust.org.uk

This leaflet was produced by the Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH). The information in the leaflet is based on the 'British Association of Sexual Health and HIV (BASHH) UK Guidelines on the Management of Herpes in Pregnancy' published by BASHH in 2024.

For more information regarding BASHH: <https://www.bashh.org/resources/guidelines>

The leaflet was developed following The Information Standard principles developed by NHS England. For more information: www.england.nhs.uk/tis/the-info-standard/

If you would like to comment on this leaflet, e-mail us at: admin@bashh.org.uk. Please type 'Herpes in Pregnancy PIL' in the subject box.

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