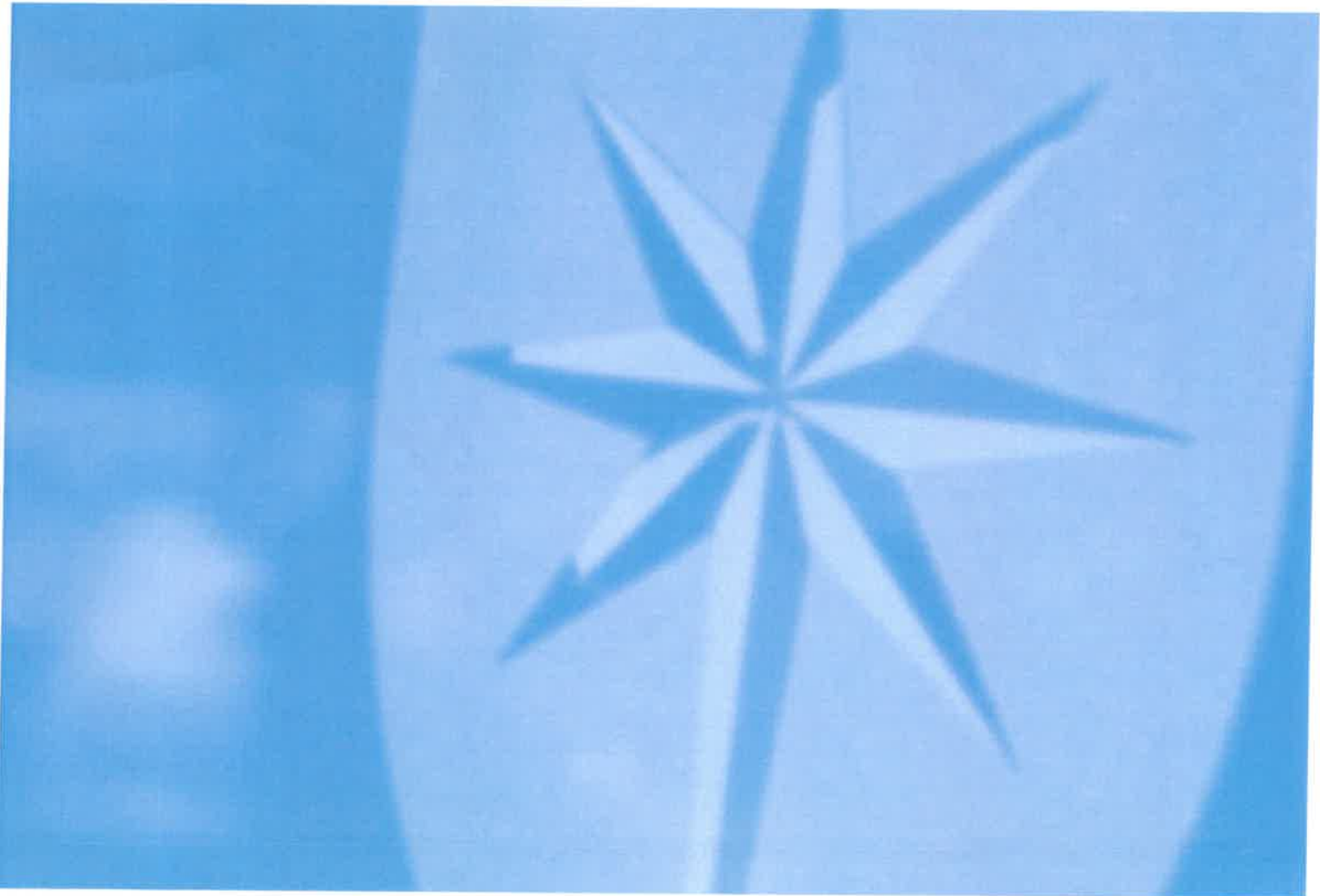




Royal College of  
Obstetricians &  
Gynaecologists

# Management of Genital Herpes in Pregnancy

October 2014



## 9. Management of the neonate

### General management

- C** • In all cases the neonatal team should be informed.

### Management of babies born by caesarean section in mothers with primary HSV infection in the third trimester

- C** These babies are at low risk of vertically transmitted HSV infection so conservative management is recommended.
  - Liaise with the neonatal team.
  - Swabs from the neonate are not indicated.
  - No active treatment is required for the baby.
  - Normal postnatal care of the baby is advised with a neonatal examination at 24 hours of age, after which the baby can be discharged from the hospital if well and feeding is established.
- C** • Parents should be educated regarding good hand hygiene and due care to reduce risk of postnatal infection.
- Parents should be advised to seek medical help if they have concerns regarding their baby. In particular, they should be advised to look for:
  - C** – skin, eye and mucous membrane lesions, lethargy/irritability, poor feeding.

### Management of babies born by spontaneous vaginal delivery in mothers with a primary HSV infection within the previous 6 weeks

These babies are at high risk of vertically transmitted HSV infection.

- Liaise with the neonatal team.

If the baby is well:

- Swabs of the skin, conjunctiva, oropharynx and rectum should be sent for herpes simplex PCR.
- A lumbar puncture is not necessary.
- Empirical treatment with intravenous aciclovir (20 mg/kg every 8 hours) should be initiated until evidence of active infection is ruled out.
- Strict infection control procedures should be put in place for both mother and baby.
- C** • Breastfeeding is recommended unless the mother has herpetic lesions around the nipples.
- Parents should be warned to report any early signs of infection such as poor feeding, lethargy, fever or any suspicious lesions.

If the baby is unwell or presents with skin lesions:

- Swabs of the skin, lesions, conjunctiva, oropharynx and rectum should be sent for herpes simplex PCR.
- A lumbar puncture should be performed even if CNS features are not present.

- Intravenous aciclovir (20 mg/kg every 8 hours) should be initiated until evidence of active infection is ruled out.

### Management of babies born to mothers with recurrent HSV infection in pregnancy with or without active lesions at delivery

- B** In the case of recurrent genital herpes infections in the mother, maternal IgG will be protective in the baby and hence the infection risk is low. Conservative management of the neonate is advised.<sup>55</sup>
- Liaise with the neonatal team.
  - Surface swabs from the neonate are not indicated.
  - No active treatment is advised for the baby.
  - Normal postnatal care of the baby is advised with a neonatal examination at 24 hours of age, after which the baby can be discharged from the hospital if well and feeding is established.
  - Parents should be educated regarding good hand hygiene and due care to reduce risk of postnatal infection.
  - Parents should be advised to seek medical help if they have concerns regarding their baby. In particular, they should be advised to look for:
    - skin, eye and mucous membrane lesions, lethargy/irritability, poor feeding.



### In cases where there are concerns regarding the neonate (clinical evidence of sepsis, poor feeding)

- C** Liaise with the neonatal team. In addition to considering bacterial sepsis, HSV infection should be considered.
- Surface swabs and blood for HSV culture and PCR.
  - Intravenous aciclovir (20 mg/kg every 8 hours) should be given while awaiting cultures.
  - Further management by the neonatal team according to condition of the baby and test results.

See Appendix 1 for flow chart of management.

## 10. Prevention of postnatal transmission

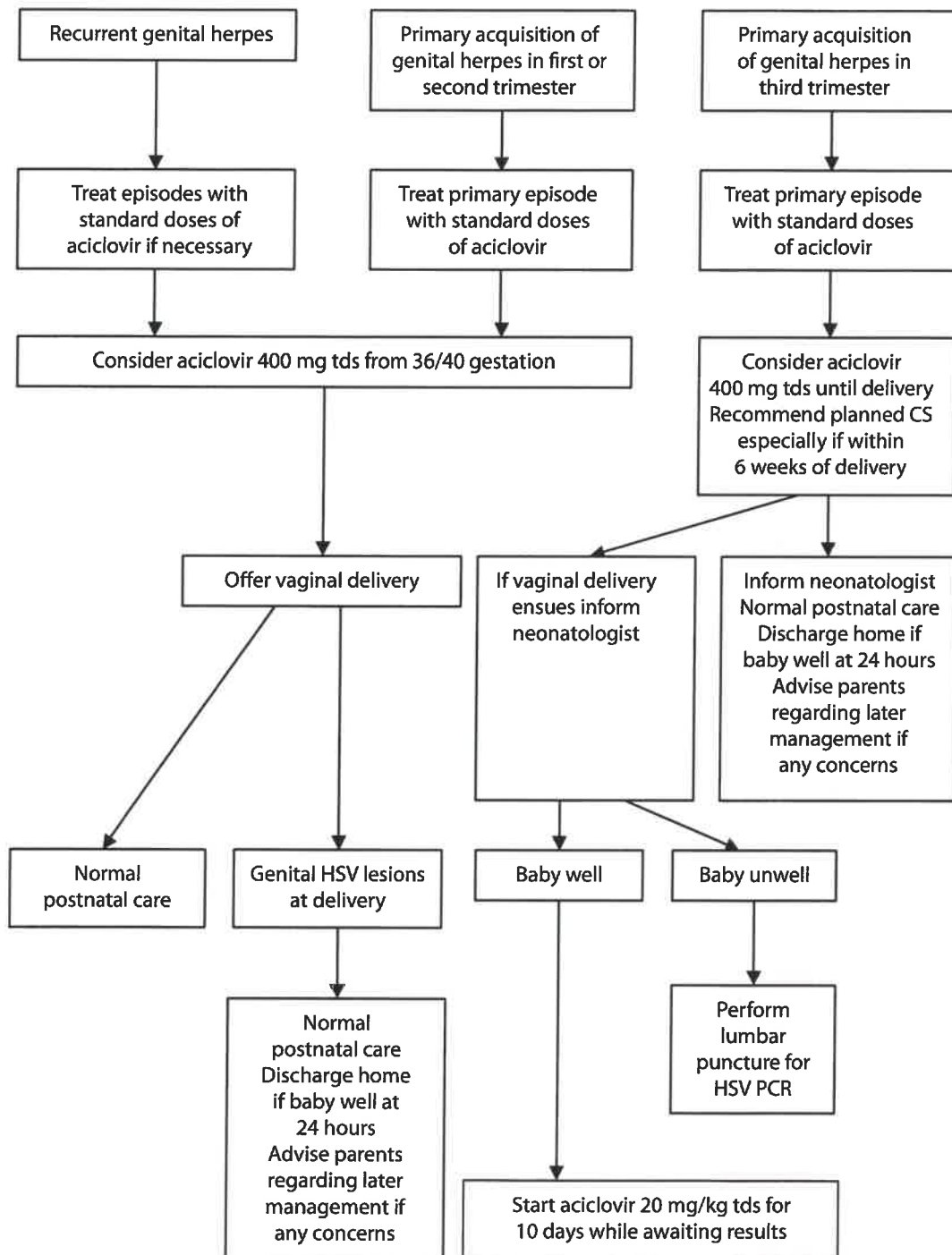
- In 25% of cases a possible source of postnatal infection is responsible, usually a close relative of the mother.<sup>2</sup>
- Efforts to prevent postnatal transmission of HSV are therefore important and advice should be given to the mother regarding this.
- The mother and all those with herpetic lesions who may be in contact with the neonate, including staff, should practice careful hand hygiene.
- Those with oral herpetic lesions (cold sores) should not kiss the neonate.

C

Level of evidence IV

# Appendix I

## Algorithm for the management of herpes in pregnancy and care of neonate



**Abbreviations** – CS caesarean section; HSV herpes simplex virus; PCR polymerase chain reaction; tds three times daily