

INFORMATION FOR PATIENTS

Genital herpes and pregnancy

This information is for you if you are pregnant and want to know about genital herpes and pregnancy. If you are a partner, relative or friend of someone who is in this situation, you may also find it helpful.

What is genital herpes?

Genital herpes is a common sexually transmitted infection caused by the herpes simplex virus (HSV). There are two types, HSV-1 and HSV-2, both of which can cause infection in the genital and anal area (genital herpes). Herpes simplex can also occur around the mouth and nose (cold sores) and fingers and hands (herpetic whitlows).

In women, genital herpes can occur on the skin in and around the vagina, the vulva (lips around the opening of the vagina), the urethra (tube through which urine empties out of the bladder) and anus (back passage). In men, it can occur in the skin of the penis, the scrotum, the urethra and the anal area.

How do you get genital herpes?

Genital herpes is usually passed from one person to another during sexual contact. Both women and men can get it. The virus enters the body through small cracks in the skin or through the thin skin of the mouth or genital area. Once you have the virus it stays in your body for life, although it remains inactive for most of the time. You may only get one episode, or you may have repeated flare-ups. It can be passed on:

- Through skin-to-skin contact with the affected area when the virus is active.
- By having unprotected vaginal, anal or oral sex or by sharing sex toys.

What are the symptoms of genital herpes?

Some people have no signs or symptoms at all. Some people just get a few blisters in the genital area, which are not particularly painful. Flare-ups are usually mild. An early-warning tingling sensation often happens before the flare-up occurs.

However, for some people, the symptoms can be very painful. This is particularly so if it is your first episode when you may also feel unwell and notice very painful sores or watery blisters. Symptoms can occur within a short time of coming into contact with the virus or it may take many weeks, months or years before any signs or symptoms appear.

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

Contact your doctor or a clinic that specialises in sexually transmitted infections (called genitourinary medicine clinics or sexual health clinics). You should have a check-up that will include testing, treatment and advice. It is possible to have more than one sexually transmitted infection at the same time. You may be offered testing to check for other infections too.

What if I get genital herpes for the first time in pregnancy and what treatment will I be offered?

You should be referred to a specialist genitourinary medicine clinic. You will be offered testing, treatment and support. You may be admitted to hospital if this first episode is very painful, or you cannot pass urine.

Genital herpes can be safely treated during pregnancy. You will be offered a course of antiviral tablets. This medication is safe to take in pregnancy and while breastfeeding.

What will a first episode in pregnancy mean for me and my baby?

If your first episode happens in the first three months of pregnancy; you are not at an increased risk of miscarriage, and your baby's risk of having problems is minimal. Later in pregnancy, a first episode should not affect your baby unless you are in labour.

If you go into labour less than six weeks after a first episode of genital herpes, your immune system won't have had time to produce antibodies to protect your baby. This means that there is a high chance of passing the virus to your baby if you have a vaginal birth. If your first episode is earlier in pregnancy, your immune system will provide protection to your baby.

When a baby catches the herpes virus at birth, it is known as neonatal herpes. It can be serious but is very rare (in the UK one to two out of every 100 000 newborn babies). Your baby will be looked after in a neonatal unit by a specialist team of doctors. If the baby has symptoms or is at high risk, they will need admission to the neonatal unit for investigations and starting treatment. The investigations include swabs, blood tests and a lumbar puncture. The treatment can last up to three weeks based on a risk assessment done by the neonatal team. You will have the chance to speak to the neonatal team about the plan and what to expect.

How can I reduce the risk to my unborn baby?

Medication for you and your baby should help prevent or reduce the chance of your baby being seriously ill:

- If your first episode is before 28 weeks of pregnancy, you may be offered antiviral treatment at that time and again from 36 weeks of pregnancy until your baby is born.
- If your first episode is at or after 28 weeks of pregnancy, you will be advised to continue your treatment until your baby is born.

If your first episode is late in pregnancy (within six weeks of your due date), you should be offered a planned caesarean section to reduce the chance of your baby getting neonatal herpes.

If your first episode is earlier in pregnancy, the risk to your baby is low and you should be able to have a vaginal birth. Talk to your midwife or doctor if you have concerns.

What if I have recurrent flare-ups?

- If you have caught 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 normally affect your baby.
- Even if you have a flare-up when you go into labour and give birth, the risk to your baby is low. Most women who have recurrent genital herpes can have a vaginal birth.

- As a prevention/to reduce the chance of flare-ups during pregnancy, you may be offered continuous antiviral treatment from 36 weeks of pregnancy to birth.
- If you have a flare-up when you go into labour/give birth vaginally, the paediatric doctors will test your baby for HSV and treat your baby with antiviral medication if the results of the tests have shown that your baby have the infection. These tests are likely to include swabs and on few occasions a lumbar puncture as well.

If you would like to speak to the paediatric doctors before giving birth then this can be arranged.

If my partner has HSV but I do not, what can I do to reduce the risks to my baby?

During pregnancy, if your partner has an episode of HSV (cold sore, genital herpes or herpetic whitlows), you should avoid contact with the affected area.

There is a very small risk that a sexual partner who has genital herpes can pass on the infection even when there are no signs or symptoms. You may consider using condoms throughout your pregnancy, particularly in the last three months.

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

Further sources of information

British Association for Sexual Health and HIV: www.bashh.org

Herpes Viruses Association: www.herpes.org.uk

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

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