MATERNITY AND NEONATAL UNIT

GUIDELINE:

GENITAL HERPES - MANAGEMENT IN PREGNANCY, CHILDBIRTH AND THE NEONATAL PERIOD

AUTHOR:
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SCOPE:
All midwives, nurses, obstetricians and paediatricians working in the antenatal clinic, maternity and neonatal units

PURPOSE:
To ensure that all midwives, nurses, obstetricians and paediatricians working in the antenatal clinic, maternity and neonatal units are aware of the current guidance for the care of women with a history of or active herpes in pregnancy.

DEFINITIONS:
Genital herpes is a common infection affecting 1 in 5 adults in New Zealand although most will be symptomatic. Genital herpes is an infection caused by the Herpes simplex virus (HSV) and, for practical purposes, encompasses lesions on the genitals and nearby areas (i.e. buttocks, anal area and thighs). There are two types of HSV: Type 1 (HSV-1) and type 2 (HSV-2). The infections are essentially the same, type 2 is more commonly associated with genital lesions and type 1 with oral lesions, although HSV-1 has now become a frequent cause of genital herpes.

TREATMENT:
Valaciclovir is the recommended first line treatment in all cases.

Treatment of first episode genital herpes
• Oral valaciclovir 1g bd for 7/7
or
• Oral aciclovir 400mg 3 times daily (8 hourly) for 7 days.

Treatment of recurrent genital herpes Episodic Treatment
• Oral valaciclovir 500mg bd for 3/7
or
• Oral aciclovir 800mg (2 x 400mg) 3 times daily for 2 days.
Suppressive therapy
Given daily to prevent recurrences and reduce asymptomatic shedding. Recommended for people with confirmed HSV-2.
- Oral valaciclovir 500mg daily (increase to 500mg BD on individual basis of clinical presentation and/or having breakthrough recurrences on 500mg daily)
  or
- Oral aciclovir 400mg twice daily.

GUIDELINE:
The obstetricians and paediatricians at Hauora Tairāwhiti accept the ‘Guidelines for the management of genital herpes in New Zealand’, pages 24 – 37 as below:

Maternal
Herpes in pregnancy - Epidemiology
Mode of delivery (p.25)
Use of prophylactic acyclovir (p.25-26)
Management of pregnant women with first episode genital herpes (p.26-27)
Management of pregnant women with recurrent genital herpes (p.28-29)
Use of valaciclovir & acyclovir in pregnancy and breastfeeding (p.30)

Neonate
Prevention of HSV in the neonate (p.30)
Neonatal HSV infection – Epidemiology (p.31)
Transmission to the fetus and newborn (p.31-32)
Disease classification (p.32-33)
Management of neonatal HSV infection (p.33-35)
Anticipatory management of newborn infant with known risk for neonatal HSV (p.36-37)

Please give any woman with a history of HSV the information leaflet ‘The facts:  A guide for people with genital herpes’

ASSOCIATED DOCUMENTS
Hauora Tairāwhiti maternity unit Guideline - Referral of neonates to paediatricians.

REFERENCES
Date of Approval: 21/11/2016
Next Review Date: 21/11/2019