

Chicken Pox in Pregnancy

Pregnancy Advice

- At booking all women are asked if they have previously had chicken pox.
- Women who have not had chickenpox, or are known to be seronegative for chickenpox, should be advised to try to avoid contact with chickenpox and shingles during pregnancy. Women should be advised to inform the midwives in their booking hospital's antenatal clinic by telephone (Saint Mary's Hospital 0161 276 6423 / Saint Mary's at Wythenshaw 0161 291 2951) of a potential exposure at the earliest possible opportunity (RCOG, 2015). If out of hours they should contact triage for advice (Saint Mary's Hospital 0161 276 6567 / Saint Mary's at Wythenshaw 0161 291 2724). **They should be advised not to attend antenatal services (community or hospital based) until they have discussed the exposure with a midwife.**
- If significant contact has taken place and there is any uncertainty regarding immunity, with the patient's consent the midwife will arrange to have the woman's original booking virology sample tested for Varicella zoster virus (VZV) IgG (to test for past infection) or to have a fresh sample tested for VZV IgG and IgM (for recent or current infection).
- Non-immune pregnant women who have been exposed to chickenpox **should be managed as potentially infectious from 8–28 days after exposure if they receive VZIG and from 8–21 days after exposure if they do not receive VZIG.**

Managing women with confirmed Chicken pox in pregnancy

Women who develop chickenpox in pregnancy should be referred to their midwife who will ensure that they receive a referral to our fetal medicine unit, at 16–20 weeks or 5 weeks after infection, for discussion and detailed ultrasound examination.

Breastfeeding

- Women who are vaccinated postpartum can be reassured that it is safe to breastfeed (RCOG, 2015).
- Women with chickenpox should breastfeed if they wish to and are well enough to do so (RCOG, 2015). However, if there are active chickenpox lesions close to the nipple, they should express breast milk from the affected breast until the lesions have crusted over. The expressed breast milk may be fed to the baby if they are receiving treatment with VZIG and/or aciclovir (RCOG, 2015).

References

Royal College of Obstetricians and Gynaecologists (RCOG) (2015), Chickenpox in Pregnancy – green top guideline no 13, London: RCOG