

Referring pregnant women who present with their first episode of genital herpes

If a pregnant woman presents to the GP with their **first episode of genital herpes** please refer her directly to the GUM clinic (in working hours contact the GUM advisor and direct the woman to the Hathersage Centre* with a covering letter). The GUM specialist will then confirm the diagnosis, advise on the management plan and screen for other sexually transmitted infections. They would also inform the obstetrician.

Our practice is based on the guidelines issued by the British Association for Sexual Health and HIV (BASHH) and the Royal College of Obstetricians & Gynaecologists (RCOG) in 2014 – ‘Management of Genital Herpes in Pregnancy’

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/genital-herpes/>

***Northern Sexual Health, Contraception, and HIV Service (Central)**
The Hathersage Centre, 280 Upper Brook Street, Manchester, M13 0FH
Call 0161 701 1555 for opening times or to make an appointment

Neonatal herpes

Neonatal herpes may be caused by herpes simplex virus type 1 (HSV-1) or herpes simplex virus type 2 (HSV- 2). Neonatal herpes simplex virus infection although relatively rare (approximately 1 in 60,000 births), is associated with significant morbidity and mortality. Almost all cases of neonatal herpes occur through direct contact with infected maternal secretions, although cases of postnatal transmission have been described.

Neonatal Presentation

Neonatal presentation is typically at 7-14 days with initially non-specific symptoms such as irritability, fever, lethargy or poor feeding. There are three classic presentations:

- Skin-eye-mouth disease localised to mucous membranes and may progress to encephalitis or disseminated disease (~30% of cases)
- Encephalitis may be isolated or associated with skin-eye-mouth or disseminated disease. It is present in 70% of neonatal herpes and carries a 6% mortality rate with treatment and a high rate of neurological impairment (70%)
- Disseminated disease with multi-organ involvement. There are frequently no skin lesions and carries a 30% mortality with treatment and 17% neurological sequelae

References

British Association for Sexual Health and HIV / Royal College of Obstetricians & Gynaecologists (2014), Management of Genital Herpes in Pregnancy, London; RCOG