



Information for you

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Genital herpes and pregnancy

About this information

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

This information aims to help you better understand your health and your options for treatment and care. Your healthcare team is there to support you in making decisions that are right for you. They can help by discussing your situation with you and answering your questions.

Within this information we may use the terms 'woman' and 'women'. However, we know that it is not only people who identify as women who may need to access this information. Your care should be appropriate, inclusive and sensitive to your needs whatever your gender identity.

A glossary of all medical terms is available on the RCOG website at:

<https://www.rcog.org.uk/for-the-public/a-z-of-medical-terms/>.

Key points

- Genital herpes is a common sexually transmitted infection (STI) caused by the herpes simplex virus (HSV).
- Genital herpes can be safely treated in pregnancy and during breastfeeding.
- If you have had genital herpes in the past, you will be offered treatment from 32 weeks of pregnancy until you give birth, or earlier from 22 weeks if you are at a high risk of giving birth before 37 weeks.
- If genital herpes occurs for the first time after 28 weeks, and particularly within six weeks of your due date, a planned caesarean birth is recommended. This is because there is a high chance of passing the virus to your baby if you have a vaginal birth.

What is genital herpes?

Genital herpes is a common sexually transmitted infection (STI) 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 cause cold sores around the mouth and nose, and blisters or sores on the fingers and hands (herpetic whitlows).

In women, genital herpes can occur on:

- the skin in and around the vagina,
- the vulva (the lips around the opening of the vagina)
- the urethra (the tube through which urine empties out of the bladder)
- and the anus (back passage).

In men, it can occur on the skin of the penis, the scrotum, the urethra and in 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 sharing sex toys.

What are the symptoms of genital herpes?

The typical symptoms are blisters or sores on the skin of the genital area.

If it is your first episode, these can be very painful. You can also feel unwell with flu-like symptoms and can have difficulty passing urine due to the pain. However it is possible to have no signs or symptoms at all.

Flare-ups are usually much milder. You may first feel a tingling sensation, and then have a few blisters, which are not very painful.

Symptoms can start within a short time of coming into contact with the virus. However it may take many weeks, months or even years before any signs or symptoms appear.

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

Contact your doctor or a sexual health clinic. You will be offered testing, treatment and advice.

It is possible to have more than one STI 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?

You will be referred to a specialist sexual health clinic and 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?

- Having a first episode of genital herpes should not affect your baby's growth or development before birth and does not increase your risk of miscarriage. Your immune system will develop antibodies that protect your baby.
- If you give birth vaginally there is a risk of your baby catching the herpes virus at the time of birth. If you go into labour less than six weeks after a first episode of genital herpes, your immune system won't have time to produce [antibodies](#) to protect your baby. Therefore, there is a high chance of passing the virus to your baby if you have a vaginal birth.
- 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 (up to 7 out of every 100,000 newborn babies). Your baby will be looked after in a neonatal unit by a specialist team of doctors.

How can I reduce the risk to my unborn baby?

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

- If your first episode is before 28 weeks of pregnancy you will be offered anti-viral treatment at that time and again from 32 weeks of pregnancy until your baby is born.
- Antiviral treatment will be offered from 22 weeks of pregnancy if you are at a high risk of giving birth before 37 weeks.
- If your first episode is 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 (after 28 weeks, and particularly within six weeks of your due date) your healthcare team may recommend a planned caesarean birth. This is to prevent the virus being passed to your baby if you have a vaginal birth. Your obstetrician will discuss the benefits and risks with you.

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 any 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, as your antibodies will pass through the placenta to your baby. Flare-ups of genital herpes during pregnancy do not affect your baby.

- Even if you have a flare-up when you go into labour and give birth, the risk to your baby is extremely low. Most women who have recurrent genital herpes can have a vaginal birth. Your doctor or midwife will discuss this with you.
- If you are known to have had herpes or have frequent flare-ups during pregnancy, you will be offered anti-viral treatment from 32 weeks of pregnancy to birth. This is to reduce the chance of a flare-up at the time of birth.
- If you are at a high risk of giving birth before 37 weeks, you will be offered anti-viral treatment from 22 weeks of pregnancy.

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

During your pregnancy, if your partner has an episode of HSV (cold sores around the mouth and nose, and blisters or sores on the fingers and hands), you need to avoid skin-to-skin contact with the affected area during the flare-up and avoid having sex.

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.

Care for my baby after birth

Your baby will be protected by your antibodies. Breastfeeding can help provide protection against infections, but it is your choice how to feed your baby, depending on your circumstances and preference.

It is safe to take anti-viral medication while breastfeeding.

To stop your baby from getting herpes infection after they are born, make sure that:

- Everyone who has contact with your baby washes their hands.
- Avoid contact with anyone who has cold sores apart from immediate carers with very careful hand hygiene.
- Only parents or carers should kiss your baby, and it is best to only kiss on the top of the head, avoiding near your baby's mouth, nose or eyes.
- Seek urgent medical help if there are any concerns regarding your baby in the first 6 weeks of life, or if they develop symptoms of being very sleepy or irritable, not feeding well, a fever or a skin rash.
- If your baby is unwell, it is important to inform the healthcare professional about your previous herpes infection so that your baby can be tested if needed.

Further information

British Association for Sexual Health and HIV bashh.org

Herpes Virus Association herpes.org.uk


A glossary of all medical terms is available on the RCOG website
rcog.org.uk/for-the-public/a-z-of-medical-terms

Making a Choice

Making a choice

Ask 3 Questions

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



1. What are my options?
2. How do I get support to help me make a decision that is right for me?
3. What are the pros and cons of each option for me?

Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

<http://aqua.nhs.uk/resources/shared-decision-making-case-studies/>

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the *National UK Guideline for the Management of Genital Herpes Simplex Virus (HSV) in Pregnancy and the Neonate (2024 Update)*, a consensus document by the Royal College of Obstetricians and Gynaecologists (RCOG) and British Association for Sexual Health and HIV (BASHH). This paper contains a full list of the sources of evidence we have used. You can find it at: https://www.bashh.org/resources/24/guidelines_herpes_in_pregnancy_2024