



Aneurin Bevan University Health Board

Guidelines on the Management of Genital Herpes

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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Executive summary:

This document should act as guidelines for the management of women diagnosed with primary or recurrent episodes of genital herpes in pregnancy. The opinions expressed in these guidelines are evidence based and reflects professional opinion. They are designed to support safe and effective practice.

Maternity Services

Scope of the guidelines:

- The guideline applies to all clinicians working within the maternity services.

Essential implementation criteria:

- Auditable standards are stated.

Aims

- To provide support to clinical decision making
- To provide support for evidence based management

Responsibilities

- The maternity management team

Training

- Staff are expected to access appropriate training where provided
- Training needs will be identified through appraisal and clinical supervision

Monitoring and Effectiveness:

- Local service improvement plan will guide monitoring and effectiveness. This policy has undergone an equality impact assessment screening process using toolkit designed by NHS centre Equality and Human rights.

Maternity Services

- Details of the screening process for this policy are available from the policy owner.

Implementation

- The guidelines will be implemented for the management of patients who have genital herpes and are pregnant

Standards for Health Services Wales

Has an equality impact assessment been carried out?

- YES

Has any adverse impact been identified?

- NO

Environmental Impact

- NO

Audit

- Audit tools have been incorporated in the protocol.

Review

- Protocol to be reviewed in 3 years.

Appendices

Maternity Services

Appendix 1 Protocol.

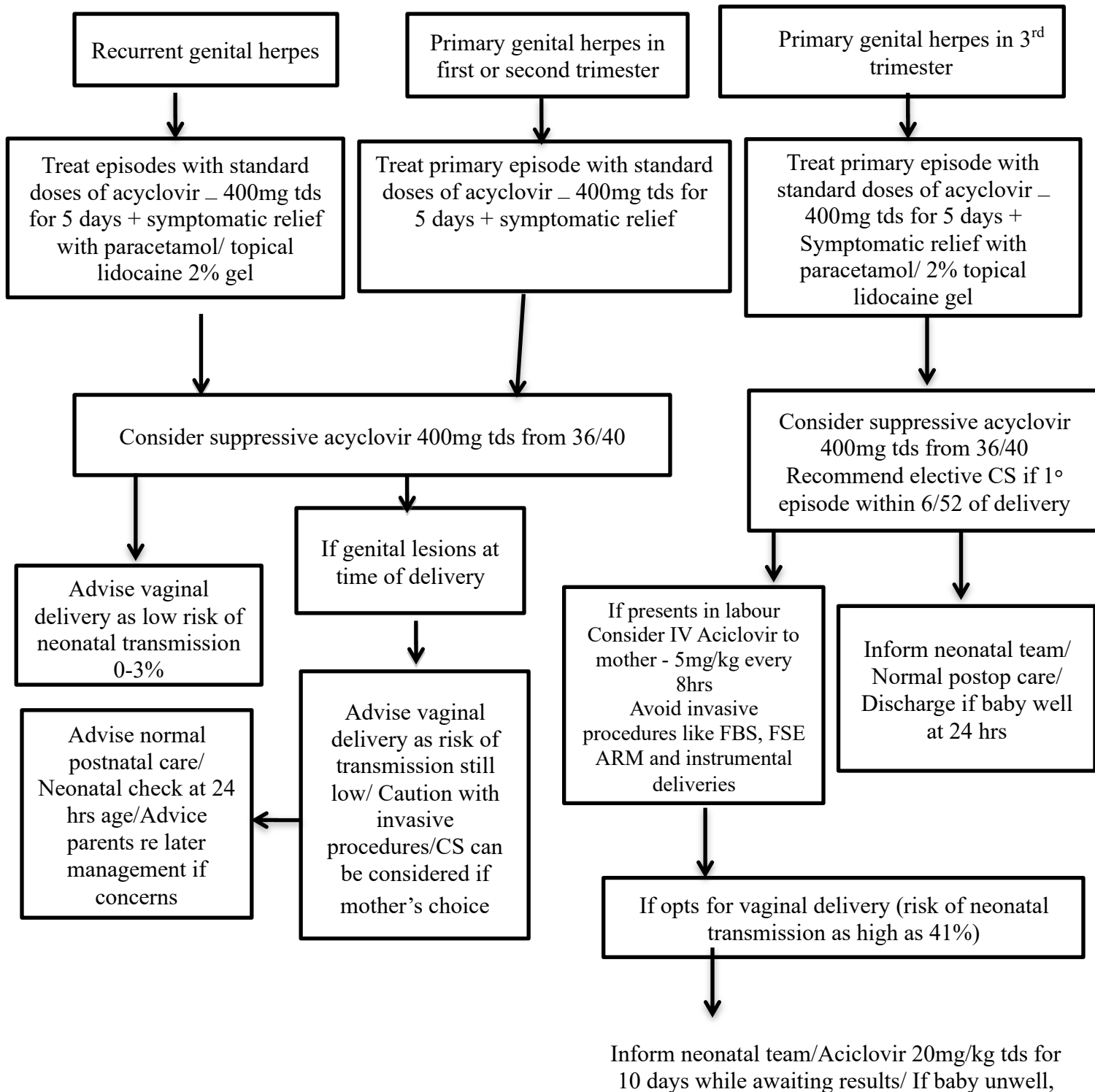
Appendix 2 Abbreviations.

Appendix 3 Auditable standards

Appendix 4 References

APPENDIX 5 EQUALITY IMPACT ASSESSMENT GUIDANCE

Maternity Services



In all cases parents should be

Educated regarding good hand hygiene and due care to reduce risk of postnatal infection.

Advised to seek medical help if concerns regarding their baby. In particular, they should be advised to look for - skin, eye and mucous membrane lesions, lethargy/irritability, and poor feeding.

- **Women who have had genital herpes in past but no reoccurrence in current pregnancy can remain Midwifery Led Care**

Genital Herpes in preterm prelabour rupture of membranes

Primary Genital Herpes in PPRM

- Limited evidence regarding the effect on risk of transmission.
- Multidisciplinary management involving Obstetricians, Neonatologists and Genito-urinary medicine physicians.
- If opting for conservative management, mother should be given IV Aciclovir 5mg/kg wt every 8 hours.
- If presents in labour and this is within 6 weeks of primary episode, LSCS may offer some benefit in spite of the PPRM.

Maternity Services

Recurrent Genital Herpes

Risk of neonatal transmission very small.

If < 34 weeks, expectant management with oral acyclovir 400mg tds for the mother.

If > 34 weeks, follow RCOG guidelines on PPROM and shouldn't be influenced by the presence of recurrent lesions.

Management of HIV positive women with genital herpes

Primary HSV infection

Management is in accordance to the recommendations for all women with primary HSV infection

Recurrent HSV infection

There is some evidence that HIV positive women with genital ulceration are more likely to transmit infection. Management should be based on multidisciplinary discussion.

In women with a history of genital herpes, consider daily suppressive acyclovir 400mg tds from 32 weeks onwards.

Auditable standards

1. The number of women who had swab for Herpes PCR for diagnosis
2. Documentation of the discussion of the mode of delivery

Maternity Services

3. Referral to GUM clinic in cases of primary genital herpes diagnosed in pregnancy
4. Provision of written information about genital herpes to all pregnant women with genital herpes

References

- 1) Management of Genital Herpes in Pregnancy, Joint BASHH and RCOG guideline, October 2014
- 2) Patel R, Alderson S, Geretti A, Nilsen A, Foley E, Lautenschlager S, et al. *2010 European guideline for the management of genital herpes*. International Union against Sexually Transmitted Infections; 2010