

Obstetric Guideline 3

HERPES IN THE PERINATAL PERIOD

1. INTRODUCTION

Knowledge regarding management of HSV during the perinatal period is evolving. The information contained in this guideline is compiled from two national guidelines, current research literature and current clinical practice recommendations:

1. Health Canada, (1998). Canadian STD Guidelines. HSV, pages 160-164.
http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/std-mts98/pdf/std98_e.pdf
2. SOGC Committee Opinion No. 2, 1992, entitled: **Toward the Rational Management of Herpes Infection in Pregnant Women and their Newborn Infants.**
http://www.sogc.org/SOGCnet/sogc_docs/common/guide/pdfs/co2.pdf

The SOGC 1992 guideline is in process of being revised, and an updated guideline will be available in 2004. Clinical practice recommendations that will be reflected in the new guideline and highlighted here include:

1. Women with known recurrent genital HSV infection can be offered acyclovir suppression near term (36 weeks gestation to delivery) to decrease the risk of viral shedding at the time of delivery. Acyclovir 400 mg bid is recommended. Acyclovir suppression may also decrease the need for cesarean delivery.^{1,2,3}
2. Woman with primary herpes in the third trimester of pregnancy have a high risk of transmission of HSV to their neonate and should be counseled accordingly and offered a cesarean section to decrease this risk.
3. For clinical suspicion or culture evidence of neonatal infection, antiviral therapy should be initiated as soon as possible in consultation with a pediatrician or pediatric infectious disease expert. The recommended therapy is intravenous acyclovir 60 mg/kg/day for 14 days (SEM disease) or 21 days (CNS or disseminated disease).⁴

REFERENCES

1. Scott L, et al., Acyclovir suppression to prevent caesarian delivery after first-episode genital herpes. *Obstet Gynecol*, 1996;87, 69-73.
2. Acyclovir pregnancy registry: International final study report, 1 Jun 1984 through 30 Apr 1999. Glaxo Wellcome Inc., 1999.
3. Watts DH, Brown ZA, Money D, Selke S, Huang ML, Sacks SL, & Corey L. A double-blind, randomized, placebo-controlled trial of acyclovir in late pregnancy for the reduction of herpes simplex virus shedding and cesarean delivery. *Am J Obstetr Gynecol*: 2003;188 (3), 836-43.
4. Health Canada, (1998). Canadian STD Guidelines. HSV, pages 160-164.