



Herpes in Pregnancy

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White Papers

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Unfortunately, in our society, sexually transmitted diseases carry an awful stigma. For many, a diagnosis of genital herpes is the worst news they have ever received. While responses vary, women commonly experience shock, embarrassment, guilt, fear, and anger. Of extreme concern is the effect the disease will have on their lives—how will I tell my friends, family, and sexual partner, how will I be viewed by them, whether I will be rejected. There is the fear of infecting others, and for the pregnant woman, this one fear is enough to raise stress levels. If my baby is born with a herpes infection, how can I tell others, how can I bear the guilt? It can be an emotional time. Gather your support network around you.

Genital herpes is a chronic lifelong virus that affects 20 to 25% of pregnant women. Less than 0.1 percent of babies contract neonatal herpes. If you have a history of herpes before your pregnancy, your body had time to build up natural immunity to the virus, and your baby is at less risk of contracting the virus. Herpes contracted during pregnancy puts the baby at a higher risk, but still is not common. If you had outbreaks prior to becoming pregnant, your body produces antibodies which then cross the placenta and give the baby a natural immunity. In this case it is highly unlikely the baby will contract the illness even if there is an active outbreak during the birth.

Traditional Medicine: Herpes is not treatable with antibiotics. Ask your doctor or midwife for a prescription for a prescription viral suppressant for your last trimester, thus helping to avoid an outbreak at term.



Natural treatments for suppressing herpes outbreaks include a focus on stress levels, diet and exercise, which could help you have fewer outbreaks. First, avoid stress. An outbreak much more likely to occur if you are ill, tired, or physically or emotionally stressed. Practice yoga, meditation, deep relaxation, regular exercise and get fresh air. Studies indicate that more outbreaks occur in the last trimester of pregnancy, than the first. The hormones, emotions, and stress of the pregnancy can trigger an outbreak. Secondly, look at the diet. There are two amino acids that have an influence over the outbreak of infections- lysine and arginine.

Lysine can inhibit attacks while arginine predisposes the mother to them. It is therefore advisable to eat foods high in lysine and low in arginine.

Lysine rich foods include: potatoes, cottage cheese, yogurt, milk, prawns, fresh vegetables, legumes, beans, sprouts, soy beans, eggs, meat, brewer's yeast, poultry and fish. Foods rich in arginine (and therefore should be avoided) include: chocolate, cocoa, brown rice, raisins, sesame seeds, eggplant, green peppers (capsicum), cashews, almonds, coffee, coconut, hazelnuts, brazil nuts, peanuts, carob, oatmeal, sunflower seeds, popcorn, tomatoes, mushrooms, pecans, sugar, tea, chick peas and walnuts.

You can buy supplements of lysine (the recommendation is 500 mg daily to keep the infection away and 500-1000 mg 2-3 times daily when it is active). Look at adding in other vitamins and resistance to infection.

Exercise in moderation, rest is important also.

Order the Midwifery Today conference tape "Herpes" (Item No. 941T79). 1-800-743-0974. Andrea Dixon discusses symptoms, how to help infected women avoid outbreaks, and what conditions may activate the virus.

ACOG recommends performing cultures during pregnancy to confirm diagnosis. If there are no



lesions during labor, vaginal delivery is not contraindicated. Amniocentesis to rule out intrauterine HSV infections is not recommended. Antiviral suppressive therapy useful during pregnancy to avoid a cesarean section and to avoid transmission to the baby.

The baby is most at risk if the mother has her first outbreak during pregnancy or childbirth. If she has had outbreaks prior to becoming pregnant, she produces antibodies, which then cross the placenta and give the baby a natural immunity. In this case, it is highly unlikely the baby will contract the illness even if there is an active outbreak during the birth. With this in mind, some doctors and midwives will cover a sore or lesion that is far enough away from the birth canal with a 4x4 pad during the delivery.

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