



## **Cold sores in Pregnancy and Breastfeeding**

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

### **What are cold sores?**

Cold sores occur commonly and are blisters that generally develop around the mouth. They are caused by the herpes simplex virus. Many people carry the virus but do not regularly suffer from cold sores. However, during pregnancy it is quite common for women who have been unaffected for many years to start experiencing outbreaks of cold sores again.

Herpes can also affect other parts of the body including the genital tract (see below).

### **Issues for pregnancy**

#### **Why treat?**

Although cold sores commonly occur during pregnancy, they are generally not thought to affect the unborn baby. Nonetheless, cold sores are uncomfortable and infectious so it is advisable to treat.

#### **Medicines recommended**

Cold sores are often treated with aciclovir cream, which is a specific antiviral medication. This is applied to the affected area. It is considered safe at all stages of pregnancy. If the cold sores are severe, aciclovir or valaciclovir tablets may be prescribed by your GP. These medications are also considered safe at all stages of pregnancy. Other medicines are available to treat herpes but there is not sufficient scientific evidence to indicate safety in pregnancy.<sup>1</sup> If in doubt, phone MotherSafe for specific medication advice.

Lysine tablets are often used to prevent or treat cold sores. There is little scientific data to support the use of lysine for this purpose. Nonetheless, it is thought to be safe in pregnancy and breastfeeding.

Other treatment includes patches that act locally but do not have an active ingredient. These are also safe to use and have the added benefit of covering the cold sore.

**Ask your midwife, doctor or pharmacist for the brand names of these medicines.**

### **Breastfeeding and cold sores**

Herpes can be a serious, life-threatening infection for a newborn. Thus it is important to treat cold sores aggressively to prevent transmission to a newborn baby. Aciclovir cream, aciclovir or



valaciclovir tablets are all considered safe while breastfeeding.<sup>2</sup> Outbreaks however, may require treatment with tablets rather than cream. If uncertain, discuss with your doctor.

**There is limited safety information to support other related over the counter medications, so for advice about specific medications, please call MotherSafe to discuss with one of our counsellors.**

Strict hygiene is necessary to prevent transmission of the herpes virus from cold sores. These measures include covering the cold sore, avoiding kissing your baby if you have cold sores, avoiding touching cold sores with your hands and washing hands carefully before touching your baby. Other people with cold sores who may come in contact with your baby must also use strict hygiene measures to avoid spreading the herpes virus.<sup>3</sup>

### **Genital herpes**

Genital herpes needs to be treated during pregnancy to prevent transmission of the herpes virus to the baby at birth. When this occurs, it is most commonly due to transmission in the birth canal. A primary or initial infection (infection acquired for the first time during pregnancy) has the highest rate of transmission to the baby. Women with recurrent outbreaks of herpes infections have a much lower rate of transmission. This is because women with recurrent outbreaks have had time to develop antibodies to the virus. These antibodies transfer across the placenta to the baby and provide some protection.

It is important that if you have had herpes in the past or are having a first infection that your obstetrician, GP and midwife are aware of this and have a specific plan of management around your delivery. This may include the use of medications such as aciclovir or valaciclovir prior to delivery. If there is active genital herpes at the time of delivery or a primary infection in the last 6 weeks of pregnancy, a caesarean is usually advised.<sup>4</sup>

**Ask your midwife, doctor or pharmacist for the brand names of these medicines.**

### **References**

1. Kang S et al. Safety of antiviral medication for the treatment of herpes during pregnancy. Motherisk. April 2011. Available <http://www.motherisk.org/women/index.jsp>. Accessed November 2015.
2. Lactmed; Dug and Lactation Database. National Library of Medicine. Available at <http://toxnet.nlm.nih.gov/> Accessed February 2016.
3. The NewZealand Herpes Foundation. Herpes and Pregnancy. [http://www.herpes.org.nz/files/3113/9960/3984/Herpes\\_and\\_Pregnancy.pdf](http://www.herpes.org.nz/files/3113/9960/3984/Herpes_and_Pregnancy.pdf). Accessed December 2015
4. Runnegar N. HSV in pregnancy. *O and G Magazine*. Summer 2012;14(4):18-19.

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