

Chickenpox in pregnancy: what you need to know



Royal College of
Obstetricians and
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Setting standards to improve women's health

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Key points

- Once you have had chickenpox you cannot catch it a second time. This is known as being immune to it.
- Most UK adults are immune to chickenpox.
- Chickenpox is very rare in pregnant women in the UK.
- Although it affects very few babies in the womb, it can be very serious for them and/or their mother.
- If you are not immune to chickenpox, or you are not sure whether you are immune, while you are pregnant do all you can to avoid coming into contact with people who may have it.
- If you have chickenpox, avoid contact with other pregnant women and new babies until at least five days after the rash appears, or until all the blisters have crusted over.

About this information

This information is aimed at you if you are pregnant or are thinking of becoming pregnant.

It tells you:

- what chickenpox is;
- why it is important for you to avoid contact with chickenpox while you are pregnant;
- about the most effective treatments available in the UK for you and your baby if you come into contact with chickenpox while you are pregnant.

It aims to help you and your health care team to make the best decisions about your care. It is not meant to replace advice from a doctor or nurse about your own situation.

It does not look at how to deal with chickenpox in small children.

- Some of the recommendations here may not apply to you; this could be because of some other illness you have, your general health, your wishes, or some or all of these things. If you think the treatment or care you get does not match what we describe here, talk about it with your doctor or with someone else in your healthcare team.

What is chickenpox?

Chickenpox is a very infectious illness and is caused by a herpes virus called **Herpes zoster**. The medical name for chickenpox is **varicella**.

Most people in the UK get chickenpox in childhood and are immune to it after that. Being immune means you cannot catch it again.

A small number of adults, however, are not immune.

If you catch chickenpox as an adult it can be more serious. If you are pregnant there may be risks for your baby, too.

You usually catch chickenpox by being in the same room as an infected person for at least 15 minutes, or being face to face with them for at least five minutes.

You can have chickenpox for ten days to three weeks before any symptoms appear:

- the first signs are a fever and feeling unwell

- an itchy rash of watery blisters will appear
- after a few days the blisters will burst, form a crust and finally heal over.

You can pass chickenpox on to other people from up to two days before the rash appears until all the blisters have crusted over.

After you have had chickenpox the virus stays in your body and can become active again later. This time it causes shingles. Shingles appears as a patch of itchy blisters which dry out and crust over after a few days. It can be painful. If you have never had chickenpox you can catch it if you come into close contact with the fluid from the blisters of someone with shingles.

What should I do if I come into contact with chickenpox?

If you have already had chickenpox, you are immune and there is nothing to worry about. You do not need to do anything.

If you have never had chickenpox, or you are not sure whether you have had it:

- See your GP as soon as possible. They can give you a blood test to find out if you are immune (eight or nine out of every ten women in the UK turn out to be immune and have nothing to worry about).
- If you develop a rash, contact your GP immediately.

If you catch chickenpox:

- Tell your doctor immediately.
- Tell your doctor if you get breathing problems or any new symptoms.
- Avoid contact with other pregnant women and new babies until at least five days after the rash appears or until all the blisters have crusted over.

What could chickenpox mean for my baby?

If you have already had chickenpox, your baby will have the benefit of your immunity during the pregnancy and for the first seven days after it is born. You have nothing to worry about.

If you get chickenpox in the first three months of your pregnancy this does not seem to increase the risk of a miscarriage.

Only a very small number of pregnant women (about three in every thousand) catch chickenpox in the UK. An even smaller number of babies are affected in the womb.

The risks to an unborn baby depend on when its mother catches chickenpox.

If she catches it:

- ... up to the 20th week of pregnancy - the baby may be infected. In just 1 to 2 of every 100 cases the baby gets shingles later in the pregnancy; this can cause damage to the eyes, legs, arms, brain, bladder or bowel. If a baby is infected, an ultrasound scan may show up some of the problems if it is done at 16-20 weeks or five weeks after the mother has caught the virus. The baby's eyes should usually be tested shortly after it is born.
- ... between the 20th and 36th week - the baby will have no problems in the womb. The virus will stay in its body, however, and may show up as shingles in the first few years of its life. It will be no worse than for any other child.
- ... after the 36th week and between one and four weeks before birth - the baby may get chickenpox in the womb.
- ... and the baby is born within seven days of the mother's rash appearing - the baby may get severe chickenpox; some babies may die as a result.

The birth may be more risky for a mother and her baby if she develops the rash of chickenpox within seven days of the birth.

If you get shingles while you are pregnant it is usually mild and there is no risk for you or your baby.

How can my baby be treated?

Two anti-viral drugs are available to treat chickenpox.

- **Varicella-zoster immune globulin (VZIG)** strengthens the immune system for a short time. It is made from human blood, given by donors. It does not necessarily prevent chickenpox developing but it may make the attack less serious. It is used before any symptoms appear; it does not work afterwards.
- **Aciclovir** may reduce fever and symptoms if it is started within 24 hours of the rash developing. There is not enough evidence to show whether it can prevent serious complications for mother or baby.

If you get chickenpox within five days of giving birth, or if you show symptoms within two days, your newborn baby will be given **VZIG**. This will not necessarily stop it getting chickenpox, but it should reduce symptoms and the risk of complications. Your baby will be checked for signs of chickenpox for about another two weeks.

If your baby is born with chickenpox it will usually be given **aciclovir** by injection; this should help to support the baby's immune system and make the rash heal more quickly.

If your baby comes into contact with chickenpox within the first seven days after the birth it will be protected by any immunity you have. If you are not immune, or if you have given birth early, your baby will usually be given **VZIG**.

What could chickenpox mean for me?

Although chickenpox is very rare in pregnant women in the UK it can be very serious.

You can get complications such as pneumonia. Very occasionally women can die from complications, but such deaths are very rare now (nine were reported in the eleven years from 1985 to 1996).

You are at greater risk of complications if you catch chickenpox when you are pregnant if:

- you smoke; or
 - you have a lung disease such as bronchitis or emphysema; or
 - you are taking steroids or have done so in the last three months; or
 - you are in the second half of your pregnancy.
- If any of these apply to you, and you are not immune and you think you have been in contact with chickenpox, see your GP immediately. You may have to spend some time in hospital.
- You cannot be vaccinated against chickenpox in the UK. If you are not immune to chickenpox, or you are not sure whether you are immune, try to avoid coming into contact with people who may have it.

Adults from tropical or subtropical areas are less likely to have had chickenpox in childhood. If you have moved to the UK you have a greater risk of catching chickenpox than women who have grown up here.

What treatment can I get?

Your GP should send you to hospital if you catch chickenpox and develop any of the following:

- Chest and breathing problems
- Headache, drowsiness, vomiting or feeling sick
- Bleeding
- A bleeding rash
- A dense rash

If you are not immune to chickenpox you can be treated with **VZIG**, usually by injection, up to ten days after you come into contact with chickenpox. If you take **VZIG** more than ten days after you come into contact with chickenpox it will not prevent it from developing, but your symptoms should be milder and last less time than usual.

It is not yet clear whether taking **VZIG** will prevent your unborn baby from catching the chickenpox virus. One study of 97 pregnant women who had chickenpox and were given **VZIG** showed that all their unborn babies stayed free of the infection. In another case, however, a baby developed complications in the womb even though the mother was given **VZIG**.

Aciclovir can reduce your fever and symptoms if you develop a rash **and** you are seen within 24 hours of it appearing. It is not usually prescribed for chickenpox if you are less than 20 weeks pregnant. You will usually be given aciclovir by mouth.

Aciclovir is no use for chickenpox if you take it more than 24 hours after the rash appears, so it is important to get to your GP quickly.

Once you have given birth you are no longer considered to be at serious risk if you come into contact with chickenpox, but if you are not immune your doctor may give you aciclovir.

- If you develop the rash, try not to scratch. Take extra care with hygiene to prevent your skin getting infected or turning septic; your GP can tell you more about how to do this.

Are there any risks in treatments?

If you take **aciclovir** after the 20th week of your pregnancy it does not seem to harm your unborn baby.

Your doctor can tell you more about the risks of **VZIG** as a human blood product.

Is there anything else I should know?

- Hospitals and GP surgeries take all reasonable steps to avoid contact between pregnant women and staff with chickenpox.
- No treatment can be guaranteed to work all the time for everyone.
- You have the right to be fully informed about your health care and to share in making decisions about it. Your health care team should respect and take your wishes into account.

Other organisations

This organisation offers support.

National Childbirth Trust
Alexandra House, Oldham Terrace
LONDON W3 6NH
Tel: 0870 444 8707
www.nctpregnancyandbabycare.com

Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline **Chickenpox in Pregnancy** (published by the RCOG and revised in July 2001). The guideline contains a full list of the sources of evidence we have used. You can find it online at: www.rcog.org.uk/mainpages.asp?PageID=498

Clinical guidelines are written for health practitioners. They are drawn up by teams of medical professionals and consumers' representatives who look at the best research evidence there is about care for a particular condition or treatment. The guidelines make recommendations based on this evidence.

This information has been developed by the Patient Information Subgroup of the RCOG Guidelines and Audit Committee, with input from the Consumers' Forum and the authors of the clinical guideline. It was reviewed before we published it by 31 women attending antenatal clinics in London and Dublin. The final version is the responsibility of the Guidelines and Audit Committee of the RCOG.

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