



## Local Maternity System – Urgent Safety Alert

Following **three cases of Neonatal Deaths from severe Disseminated Herpes Simplex Infections** in new-borns, the following summary recommendation from the ODN must be urgently shared with all staff in Maternity and Neonates.

*‘Disseminated HSV or meningitis may present with refractory low-grade symptoms of sepsis. There should be a low threshold for adding in acyclovir where sepsis is not improving even where there is no history of herpes in either parent. When taking a history from parents about risk factors for sepsis this should include questions specifically on herpes infections. Consider the possibility of HSV infection in cases of skin lesions/blisters even where there is no history of infection in the parents’.*

The three cases and the need for sharing information and antenatal discussions was highlighted at the HCV LMS PQSAG (Perinatal Quality, Safety & Assurance Group) meeting on 21/07/21.

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**Although rare, the infection has severe consequences in the neonate.**

Please share this safety alert and use the guideline and leaflet linked to below more widely.

- RCOG **Management of Genital Herpes in Pregnancy guideline** can be accessed [here](#).
- RCOG standardised patient information leaflet for **Genital Herpes in Pregnancy** can be accessed [here](#). Colleagues to especially note the last paragraph in the patient information leaflet regarding antenatal risks from partners.

### **If my partner has HSV but I do not, what can I do to reduce the risk to my baby?**

During pregnancy, if your partner has an episode of HSV (cold sores, genital herpes or herpetic whitlows), you should avoid skin-to-skin contact with the affected area.

There is a very small risk that a sexual partner who has genital herpes can pass on the infection even when there are no signs or symptoms. You may consider using condoms throughout your pregnancy, particularly in the last 3 months.

After your baby is born, make sure that you wash your hands after touching any sores.

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