

PROTOCOL FOR: Herpes Simplex Virus (HSV): Care of Infant Born to Mother with HSV at Time of Delivery

- POLICY:
1. Infants born vaginally to mothers with active genital HSV lesions are to be admitted to NICU. These infants have the highest risk of HSV infection.
 2. Otherwise healthy infants born by c-section to mothers with active HSV lesions and rupture of membranes prior to delivery are best isolated by continuous rooming in with the mother.
 3. Infants who have lesions for which HSV is a differential diagnosis are to be transferred to the NICU.
 4. Infants with positive viral cultures for HSV will be transferred to NICU.

SUPPORTIVE DATA: The greatest risk of neonatal HSV occurs when the mother has a primary infection at the time of delivery. Recurrent maternal infection is less likely to result in neonatal HSV infection (about 3-5% risk with lesions and vaginal delivery).

Most cases of neonatal HSV occur in infants whose mothers are asymptomatic and who report no history of HSV infection.

DESIRED

PATIENT OUTCOMES: 1. Infants at risk for HSV infection will be appropriately cultured and assessed for signs of infection.

CLINICAL
ASSESSMENT

- AND CARE:
1. Check material history for reported history of herpes.
 2. Assess for and report general signs of sepsis: temperature instability, irritability or lethargy, respiratory distress, changes in vital signs, color or perfusion, poor feeding or signs of feeding intolerance or unexplained jaundice.
 3. Assess for and report any signs of conjunctivitis.
 4. Assess for and report any localized rashes or vesicular lesions around scalp, mouth, or other sites.
 5. Culture any suspicious lesions immediately. The culture should be obtained by scraping the base of the lesion, not just swabbing vesicular fluid.
 6. When active lesions are present at delivery, culture the

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following sites at 24 to 48 hours of life. Note: cultures obtained before 24 hours may only reflect colonization and not true infection.

- a. Obtain viral cultures (check for proper viral media) of conjunctiva, nasopharynx, and skin at the base of the umbilical cord.
7. Prophylactic antiviral eye ointment will be ordered to infants whose mothers have active lesions at delivery.
8. Circumcision may be delayed for one month for infants at highest risk of HSV (primary maternal infection or vaginal delivery).
9. Educate families to call their baby's doctor immediately if there are signs (up to 6 weeks of life) of conjunctivitis, blisters on the scalp, mouth or other areas of the body, fever, lethargy, and poor feeding.

APPROVAL: Nursing Standards Committee

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