

Plain language summary

Varicella in pregnancy

Who is this summary for?

This summary is relevant to all pregnant women, and those parents/carers whose young infants are exposed to or infected with varicella.

What is this summary about?

The National Women and Infants Health Programme have developed a number of clinical guidelines. One of these guidelines is a national guideline on varicella in pregnancy. The plain language summary will describe the key points and important take home messages from the Guideline.

This summary advises around antenatal screening for varicella, management of exposures and clinical infection, as well as vaccination for non-immune women. The guideline also gives advice on how to manage neonates who are exposed to varicella or develop varicella.

What is Varicella?

Varicella zoster virus is a viral infection that causes the clinical condition commonly known as varicella or “chickenpox” and can also cause herpes zoster or “shingles” in people with a prior history of infection. Although most infections are self-limiting, it can be associated with complications in at-risk groups such as pregnant women and their babies.

Should women be routinely screened for varicella immunity in pregnancy?

Routine antenatal screening of all women for varicella is not recommended

Should women screened for varicella immunity if exposed to someone with varicella?

Women who are unsure of their immunity, but are exposed to varicella, can be offered a blood test to check for antibodies to varicella (Varicella IgG). For women with clinical disease, testing is not often required as the diagnosis can be made clinically, however molecular tests can be done on the fluid in the lesions to be certain about the diagnosis.

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology>

What will happen:

If a pregnant woman is exposed to varicella or her baby is exposed to varicella in the first month of life?

Women will be asked about their prior history of varicella infection at booking.

When a woman is exposed to varicella she may require a blood test to confirm that she is immune, and thus no further action is needed.

If the woman is non-immune an antiviral prophylaxis drug (aciclovir) can be offered to reduce the risk of severe disease. This is a change from previous practice where a specific antibody injection (VZIG was used). The change has been made as the oral antiviral drugs are easier to arrange and have equivalent efficacy.

For babies there can be a risk of developing varicella if they are preterm or if they are term and their mother has no varicella immunity. These cases should be discussed with the local neonatology/paediatric units.

If a pregnant woman develops varicella or her baby develops varicella?

Pregnant women or postpartum mothers who develop varicella should contact their healthcare provider as antiviral medication may be required, and this is outlined in the guideline. Neonates who develop varicella should attend their local hospital for assessment and treatment if required

For further information visit:

[HSE website on varicella \(chickenpox\) Chickenpox - HSE.ie](https://www.hse.ie)

<https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/>

<https://www.rcpi.ie/Faculties-Institutes/Institute-of-Obstetricians-and-Gynaecologists/National-Clinical-Guidelines-in-Obstetrics-and-Gynaecology>