



Chickenpox in Pregnancy

Conclusions

... s st ... ourt ... ton o t s u ... n or n ... pu ... s ... n ... n r v ... n ... n ... ,
un r t s ... tt

Executive summary of recommendations

... e ... e en, n

Conclusions on ... un ... o ... n ... un s pr or to pr ... n n or postn t ... \

Varicella vaccination pre-pregnancy or postpartum is an option that should be considered for

pro s t n n s n t s s s n t o u s , o u r s , o r t r s p p r s n
ont nu s to n t o u s u n t t v s s r u s t o v r , v s s u s u r u s t o v r t n s

C n p o r p r r Z n t o n s o n o o s s t t u s u s s
n t o n v r o n v u s o v r r s o n E n n n s r

... v r ... un st tus o, o n p nn n pr n n or r v n tr t nt , or
n rt t n t r n o t n n p st, stor o, n po n t st n
t s ru , or v r nt o s n t os , o, v no, stor or n un rt n, stor o,
pr vous n, ton In. t t n ton r n n Co, tt r v t v n , or
nt n t, s r n n , or sus pt t to v r ost r n, ton , o, tt on u
t t t r s nsu+ nt v n to support nt n t, s r n n us o, o,
r n, or ton on t tru n n o, Z n, ton n pr n n n on t out o, s
o o n tr t nt :

An ono o o postp rtu v n ton o, o n , o r s ron tv , or , n po
n t s t t t s ost , tv Ho v r t s s urr nt not st s n n ton , or
v r un st on n t n ton H t : rv n o n n t s t or , v
to s us t prov s on o, r v n ton t t r n r pr tt

Women should avoid contact with potentially susceptible individuals, e.g. other pregnant women and neonates, until the lesions have crusted over. This is usually about 5 days after the onset of the rash.



Symptomatic treatment and hygiene is advised to prevent secondary bacterial infection of the lesions.



Oral aciclovir should be prescribed for pregnant women with chickenpox if they present within 24 hours of the onset of the rash and if they are 20⁺⁰ weeks of gestation or beyond. Use of aciclovir before 20⁺⁰ weeks should also be considered.



Aciclovir is not licensed for use in pregnancy and the risks and benefits of its use should be discussed with the woman.



Intravenous aciclovir should be given to all pregnant women with severe chickenpox.



VZIG has no therapeutic benefit once chickenpox has developed and should therefore not be used in pregnant women who have developed a chickenpox rash.



Aciclovir should be given to pregnant women with chickenpox if they present within 24 hours of the onset of the rash and if they are 20⁺⁰ weeks of gestation or beyond. Use of aciclovir before 20⁺⁰ weeks should also be considered. Aciclovir is not licensed for use in pregnancy and the risks and benefits of its use should be discussed with the woman. Intravenous aciclovir should be given to all pregnant women with severe chickenpox. VZIG has no therapeutic benefit once chickenpox has developed and should therefore not be used in pregnant women who have developed a chickenpox rash.

Even
v...

Oral aciclovir should be given to pregnant women with chickenpox if they present within 24 hours of the onset of the rash and if they are 20⁺⁰ weeks of gestation or beyond. Use of aciclovir before 20⁺⁰ weeks should also be considered. Aciclovir is not licensed for use in pregnancy and the risks and benefits of its use should be discussed with the woman. Intravenous aciclovir should be given to all pregnant women with severe chickenpox. VZIG has no therapeutic benefit once chickenpox has developed and should therefore not be used in pregnant women who have developed a chickenpox rash.

Even
v...

Oral aciclovir should be given to pregnant women with chickenpox if they present within 24 hours of the onset of the rash and if they are 20⁺⁰ weeks of gestation or beyond. Use of aciclovir before 20⁺⁰ weeks should also be considered. Aciclovir is not licensed for use in pregnancy and the risks and benefits of its use should be discussed with the woman. Intravenous aciclovir should be given to all pregnant women with severe chickenpox. VZIG has no therapeutic benefit once chickenpox has developed and should therefore not be used in pregnant women who have developed a chickenpox rash.

Even
v...

VZIG should not be given to pregnant women with chickenpox. Aciclovir should be given to pregnant women with chickenpox if they present within 24 hours of the onset of the rash and if they are 20⁺⁰ weeks of gestation or beyond. Use of aciclovir before 20⁺⁰ weeks should also be considered. Aciclovir is not licensed for use in pregnancy and the risks and benefits of its use should be discussed with the woman. Intravenous aciclovir should be given to all pregnant women with severe chickenpox. VZIG has no therapeutic benefit once chickenpox has developed and should therefore not be used in pregnant women who have developed a chickenpox rash.

... en, e e e e ...

The pregnant woman with chickenpox should be asked to contact her doctor immediately if she develops respiratory symptoms or any other deterioration in her condition. Women who develop the symptoms or signs of severe chickenpox should be referred immediately to hospital.



A hospital assessment should be considered in a woman at high risk of severe or complicated chickenpox even in the absence of concerning symptoms or signs. This assessment needs to take place in an area where she will not come into contact with other pregnant women. Appropriate treatment should be decided in consultation with a multidisciplinary team that includes an obstetrician or fetal medicine specialist, a virologist and a neonatologist.

Women hospitalised with varicella should be nursed in isolation from babies, potentially susceptible pregnant women or non-immune staff.

point nous, s'rr... os not pp r to n r s... npo o urs n t +rst tr, str

F: s, r trs on or, or o t, o o n s ns rr n n r to str ut on... ts, rop t, or or tnts or tr ts, pop s o t... s n n uro o... nor... t s, ro p... ort... trop... nt r r t on or s un t on o, o... n... r sp n trs - It o s not o ur t t, o, nt, t, n, t on ut r su ts, ro... su s qu nt, rp s ost rr tv t on n ut ro n on o urs n, nor t o, n, t, tus s

F: s n r port to o p t, t rn, npo o urr n s r s, s n s t s... s o, st t on, oo... t, ro, n n o ort stu s t t, s s o, F: o, o n... s s o, t rn, npo o urr n, or... s o, st t on n n n o, r s pp r sto o r n t +rst tr, str... s o ort stu s nt+ on s o, F: o urr n, on ppro, t, o n, o v op... npo t n, n... s o, st t on. In t on t s r v nt+ s v n s r ports o, F: o, o n, t rn, n, t on, ro... s n on, r, t rn, n, t on o urr t... s... s s r ports prov no no n tors so n n n r t, or F: o, o n t s on tr, str n, t on nnot quot ut t... t po nt t t F: s not on+n to s s o, t rn, n, t on, or... s, o s rv t on, v n pr s nt n s t on, su sts t t post posur prop... s n sus pt, pr n nt o, n r u s t, r s o, v op n F:

... n, e, ne, n, ee, e, n e en.

Women who develop chickenpox in pregnancy should be referred to a fetal medicine specialist, at 16–20 weeks or 5 weeks after infection, for discussion and detailed ultrasound examination.

Given that amniocentesis has a strong negative predictive value but a poor positive predictive value in detecting fetal damage that cannot be detected by non-invasive methods, women who develop varicella infection during pregnancy should be counselled about the risks versus benefits of amniocentesis to detect varicella DNA by polymerase chain reaction (PCR).

Amniocentesis should not be performed before the skin lesions have completely healed.

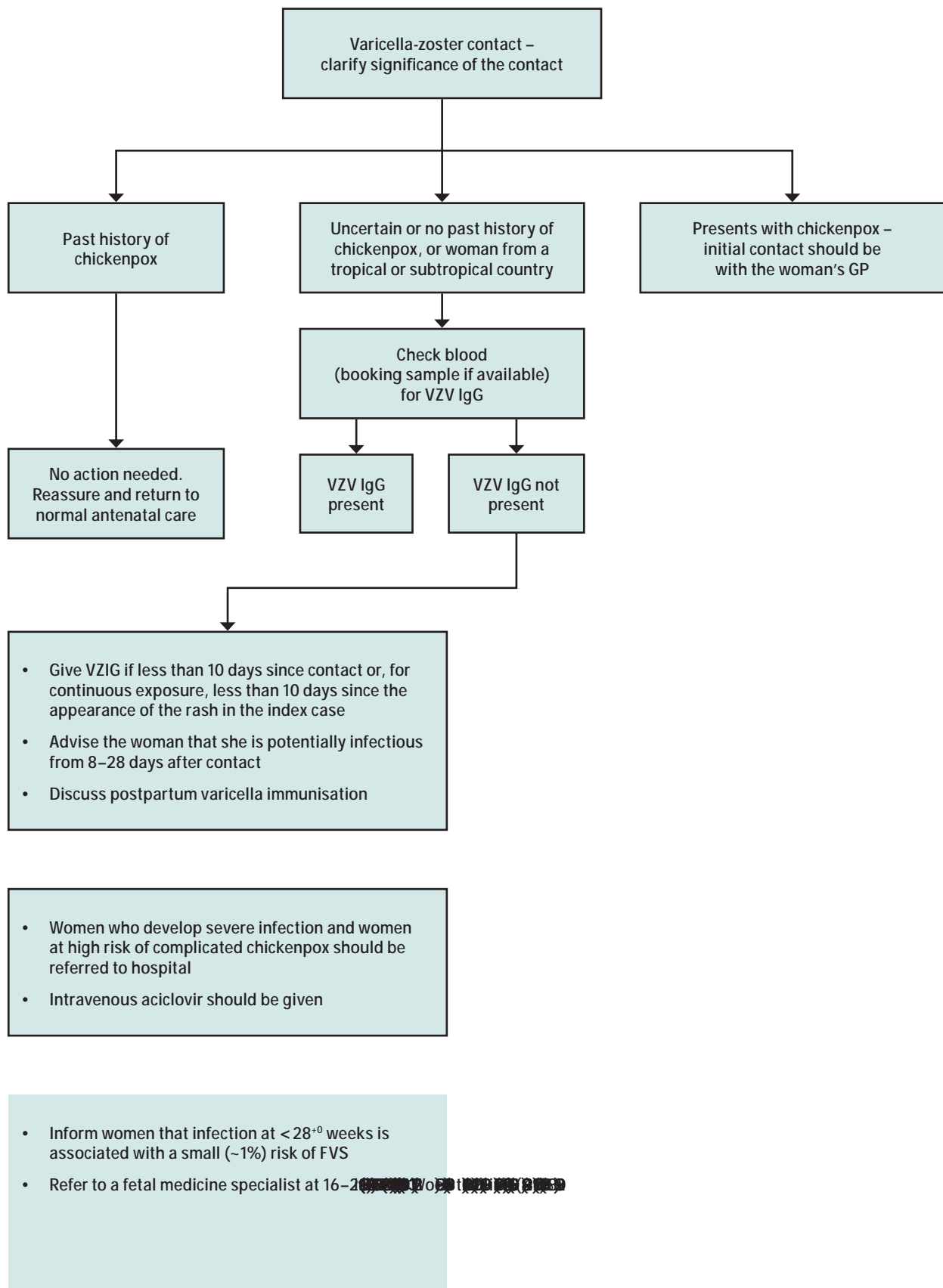
r n t... nos s o, F: s poss... ut r soun, n+n n s su, s... or t... ro p... ro p... us so t t ssu... + t on n, t... ro t r str t on n... t t At... o, t, st... s, t r t pr, r, t rn, n, t on s v s... us ut r soun p r, or... t... s, s... to t t t... nor... t s, F t... n t r son n... n... I... prov... t on, n, or, t on n s s, r ut r soun, s... nt+... orp o o... nor... t s

Z D A n... t t n, not... u... C... pr s n o, Z D A, s... s nst vt ut o sp + t, or t... v op, nt o, F: In on o s rv t on, stu... n n... out o, n, o v op... npo, or... s o, st t on, Z D A t t n t, not... u... A not... u... C, or, Z D A orr t... nt+ t... t o s s o, F: t to urr n t s s r s ut s post v n s v n o t r s s +v o, n n t, r t o, nor... on n t r n t on, r t r s no v n o, F: n t, tus n on, r ntr ut r n t o urr n... t tr po n no v n o, F:

tr soun... s... nt o o t, n n s s t post v, Z C... s, r F: s on+r... o, o n t r n t on o, pr n n n

∴ proportion of q_1 to q_2 is $q_1 : q_2$, or $q_1 : q_2$ to 1 .

En rs G ... r E ... r ... n , rp s ost r n
 pr n n n n t n orn In Arv n A G r s on AA
 tors . . . e . . . e . . . n . . . n . . .
 . . . n . e . en C . r . . . C . r . . . n v r s t . r s s
 ~ P 2 /
 stus A v . . . B Zu r C F . . . p
 G ston J t . . . ut o . . . t r . . . t m . v r . . .



... s u ... n s pro u ... on ... o ... Co. ... o ... st tr ... ns n G n ... o o sts
Dr BMP Byrne FRCOG, Dublin; Dr PA Crowley FRCOG, Dublin; and Dr C Aitken FRCPath, Glasgow

n p r r v
Dr H C ... ron F C G ... un r n ... rs AHD D ... C G B r nst p ... Dr ... Fo r t F C G Count Do n
... ro s sor ... H t ... tr In ... tous D s s s s r ... Group : t G or s ... n v r st o ... on on
Dr ... r F C G ... st r r ... t F C G ... n ... st r ... ro s sor E ... r ... BEF ... I ... un s t on
H p t t s n Boo ... t D p r t ... nt ... u ... H t ... En ... n Dr H ... r n F C G ... n on
Dr C ... u ... v n ... tr In ... tous D s s s s r ... Group : t G or s ... n v r st o ... on on C G ... o ... ns
... t or ... o ... Co. ... o ... tr s n C ... H t ... o ... Co. ... o ... t o o sts Dr ... r ... C G Br ... or
Dr ... r ... r F C G ... ou ... Dr JB ... r ... t F C G Br ... or Dr G Youn ... AF CG ... nr t

Co ... tt ... r v ... rs ... r
Dr ... Is ... C G Br ... ton Dr ... n F C G G s o ... n Dr AJ ... o ... son ... C G ... s

Con ... ts o ... nt r st non ... r

... +n ... v rs on s t ... r spons ... t o ... t ... Gu ... n s Co ... tt ... o ... t ... C G

Dr C Aitken

... o ... Co. ... o ... st tr ... ns n G n ... o o sts pro u s u ... n s s n u t on ... to o o ... n ... pr t
... pr s ntr o ns ... t o s n t ... n qu s o ... n ... pr t ... s on pu s ... v n ... or ons ... r ton
o st tr ... ns n ... n ... o o sts n o ... t r r ... v nt ... t ... t ... pro s son s ... ut ... t ... u ... ntr ... r n ... p r t u r
... n ... pro u r or tr ... t ... nt p n ... ust ... t ... o tor or o ... t r t n ... nt n ... t ... to ... n ... t pr s nt
... t ... p t nt n ... t ... nost ... n tr ... t ... nt opt ons v ...

... s ... ns t ... t C G Gu ... n s r un ... proto o s or u ... n s s u ... p o r s s t ... r not nt n ... to
pr s r pt v ... r t ons ... +n n ... sn ... ours ... o ... n ... nt D p r tur ... ro ... t ... o ... pr s r pt v proto o s
or u ... n s s ou ... u ... o u ... nt ... n ... t ... p t nts ... s not s t ... t ... t ... r ... v nt ... son s t ... n