



The American College of  
Obstetricians and Gynecologists

# FAQ

FREQUENTLY ASKED QUESTIONS  
FAQ054  
GYNECOLOGIC PROBLEMS

## Genital Herpes

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### What is genital herpes?

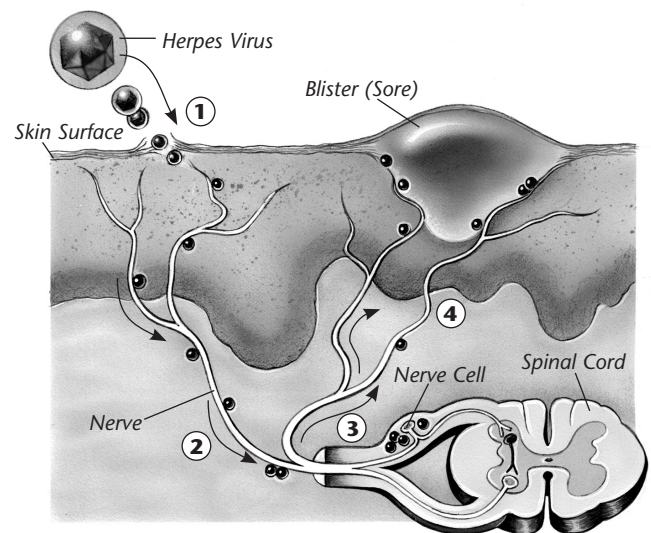
Genital herpes is a **sexually transmitted disease (STD)**. Genital herpes is probably best known for the sores and blisters it causes. These sores can appear around the lips, genitals, or anus. The place where the sores appear is the original site where the virus entered your body. Genital herpes can be spread through direct contact with these sores, most often during sexual activity. However, it also can be spread even if you do not see a sore.

### How does genital herpes infection occur?

The herpes virus can pass through a break in your skin during vaginal, oral, or anal sex. It can enter the moist membranes of the penis, vagina, urinary opening, cervix, or anus.

Once the virus gets into your body, it infects healthy cells. Your body's natural defense system then begins to fight the virus. This causes sores, blisters, and swelling.

Besides the sex organs, genital herpes can affect the tongue, mouth, eyes, gums, lips, fingers, and other parts of the body. During oral sex, herpes can be passed from a cold sore around the mouth to a partner's genitals or vice versa. You even can reinfect yourself if you touch a sore and then rub or scratch another part of your body, especially your eyes.



The herpes virus passes through your skin (1). It travels through your body (2) and settles at nerve cells near your spine (3). When something triggers a new bout of herpes, the virus leaves its resting place and travels along the nerve, back to the surface of the skin (4).

## What are the symptoms of genital herpes?

Many people infected with herpes have no symptoms. When symptoms do occur, they can be mild (only a few sores) or severe (many sores). Symptoms usually appear about 2–10 days after the herpes virus enters your body. You may feel like you have the flu. You may get swollen glands, fever, chills, muscle aches, fatigue, and nausea. You also may get sores. Sores appear as small, fluid-filled blisters on the genitals, buttocks, or other areas. The sores often are grouped in clusters. A stinging or burning feeling when you urinate also is common.

The first bout with genital herpes may last 2–4 weeks. During this time, the lesions break open and “weep.” Over a period of days, the sores become crusted and then heal without leaving scars.

## How is genital herpes diagnosed?

Several tests can be used to diagnose herpes. The most accurate way is to obtain a sample from the sore and see if the virus grows in a special fluid. Test results may take about 1 week. A positive result confirms the diagnosis, but a negative result does not rule it out. Blood tests also can be helpful in some cases. These tests check for the **antibodies** that the body makes to fight the virus. This test can help show if it is a new infection or a repeat outbreak.

## How is genital herpes treated?

Oral medications help control the course of the disease. Medication can shorten the length of an outbreak and help reduce discomfort.

## Can I get rid of herpes?

There is no cure for genital herpes. Although herpes sores heal in days or weeks, herpes does not leave your body. The virus travels to nerve cells near your spine. It stays there until some event triggers a new bout. The virus then travels along the nerves, back to where it first entered the body, and a new outbreak may occur. Sometimes the virus is present even when you do not see any sores.

## What happens when lesions recur?

If lesions recur, you may feel burning, itching, or tingling near where the virus first entered your body. You also may feel pain in your lower back, buttocks, thighs, or knees. These symptoms are called a **prodrome**. A few hours later, sores will appear. There is usually no fever and no swelling in the genital area. Sores heal more quickly—within 3–7 days in most cases. Also, repeat outbreaks usually are less painful.

## Is there any treatment that prevents repeat outbreaks?

If you have repeat outbreaks, taking medication on a daily basis can greatly reduce the symptoms. In many cases, it can prevent outbreaks for a long time. It also reduces the chance that you will give herpes to someone else.

## How can I prevent transmission of genital herpes?

If you or your partner has oral or genital herpes, avoid sex from the time of prodromal symptoms until a few days after the scabs have gone away. Be sure that lesions and their secretions do not touch the other person's skin. Wash your hands with soap and water after any possible contact with lesions. This will keep you from reinfecting yourself or passing the virus to someone else.

It is possible for you to pass herpes to someone else even when you do not have sores because the virus can be present without causing any symptoms. Using a condom may reduce your risk of passing or getting genital herpes, but does not protect against all cases. Although the virus does not cross through the condom, lesions not covered by the condom can cause infection. But using a condom will help protect you from other STDs.

## How can having genital herpes affect pregnancy?

If you are pregnant and have herpes, tell your health care provider. During pregnancy, there are increased risks to the baby, especially if it is the mother's first outbreak. Women who are infected for the first time in late pregnancy have a high risk (30–60%) of infecting the baby because they have not yet made antibodies against the virus. Although rare, when a newborn is infected, it most often occurs when he or she passes through the mother's infected birth canal. A herpes infection can cause serious problems in newborns, such as brain damage or eye problems.

If you are infected with the herpes virus for the first time during pregnancy, there are medications you can take to reduce how severe the symptoms are and how long they last. If you have herpes but it is not your first infection, your health care provider may give you medication that makes it less likely that you will have an outbreak of herpes at or near the time your baby is born.

## What if I have sores at the time I give birth?

If you have sores or prodromal symptoms at the time of delivery, you will need to have a **cesarean delivery**. A cesarean delivery may reduce the chance the baby will come in contact with the virus.

Rarely, a baby can be infected without passing through the vagina. This can occur if the **amniotic sac** has broken a few hours before birth. If a woman does not have sores or prodromal symptoms at the time of delivery, a vaginal birth may be possible.

## Can women with herpes breastfeed?

A woman infected with genital herpes usually can breastfeed without infecting her child. The herpes virus cannot be passed to a baby through breast milk. However, the baby could get infected by touching a blister or sore on the mother's breast.

If you have sores on your nipple, you should not breastfeed your baby on that breast. Pump or express your milk by hand from that breast until the sore is gone. Be sure the parts of your breast pump that touch the milk do not touch the sore while pumping. If this happens, the milk should be thrown away.

## Glossary

**Amniotic Sac:** Fluid-filled sac in the mother's uterus in which the fetus develops.

**Antibodies:** Proteins in the blood produced in reaction to foreign substances.

**Cesarean Delivery:** Delivery of a baby through an incision made in the mother's abdomen and uterus.

**Prodrome:** Symptoms that precede the onset of a disease.

**Sexually Transmitted Disease (STD):** A disease that is spread by sexual contact, including chlamydia, gonorrhea, genital warts, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

## If you have further questions, contact your obstetrician–gynecologist.

**FAQ054:** Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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