

# Chickenpox in pregnancy: what you need to know

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Setting standards to improve women's health

The patient information review process will commence in 2014  
unless otherwise indicated.

## What is chickenpox?

Chickenpox is a very infectious illness caused by a virus called herpes zoster (part of the herpes family). The medical name for chickenpox is varicella. Most people in the UK get chickenpox in childhood, when it is a mild infection causing a rash. Once you have had chickenpox, you cannot catch it a second time. This is called being immune to it (your body produces antibodies, which are the body's defence system against infection). Nine out of ten pregnant women (90%) in the UK are immune to chickenpox. If you are infected for the first time as an adult, it tends to be more serious.

If you grew up in a tropical or subtropical area, you are less likely to have had chickenpox in childhood. If you subsequently move to the UK, you have a greater risk of catching chickenpox than women who were born and grew up in the UK. Your doctor or midwife may discuss testing your immunity while you are pregnant.

## What are the symptoms of chickenpox?

The symptoms of chickenpox take between 10 days to 3 weeks to appear. This is the incubation time – the time from when you catch it to when the symptoms start to show.

The first signs are fever and feeling unwell. This is followed by the formation of watery blisters which can appear anywhere over the body. The blisters itch. After a few days the blisters burst, crust over and then heal. This may take up to 2 weeks.

## Is shingles the same as chickenpox?

Shingles is related to chickenpox but the symptoms are different. After you have had chickenpox, the virus stays in your body and can become active again later and this time it causes shingles. Shingles is a patch of itchy blisters on the skin

that dry out and crust over in a few days. It can be very painful (see section [What should I do if I come into contact with shingles during pregnancy?](#)).

## How do you catch chickenpox?

You catch chickenpox from someone who currently has it. A person is contagious from 2 days before the rash appears to when all the blisters have crusted over. During this time, you can catch chickenpox by being:

- in close contact with them
- face to face with them for at least 5 minutes
- in the same room with them for at least 15 minutes.

## Is there a chickenpox vaccination?

If you have not had chickenpox, you can be vaccinated against it when you are not pregnant. The chickenpox vaccination is effective in making nine out of ten women (90%) immune.

The vaccination cannot be given in pregnancy and you should avoid getting pregnant for 3 months after the injection. If you have been vaccinated and develop a rash you should avoid contact with pregnant women or women trying to get pregnant who have never had chickenpox.

If you find out you are not immune to chickenpox during pregnancy, your doctor may discuss vaccination after the birth of your baby.

## What if I come into contact with chickenpox when I am pregnant?

If you have had chickenpox, you are immune and there is nothing to worry about. You do not need to do anything.

If you have never had chickenpox, or are not sure, see your GP as soon as possible. You can have a blood test to find out if you are immune.

If you develop a rash in pregnancy always contact your GP or midwife.

## What if I come in contact with chickenpox when I am pregnant and I am not immune?

If you are not immune to chickenpox and you come into contact with it during pregnancy, you may be given an injection of varicella zoster immune globulin (VZIG). This is a human blood product which strengthens the immune system for a

short time but does not necessarily prevent chickenpox developing. VZIG can make the infection milder and not last for as long. The injection can be given for up to 10 days after you come into contact with chickenpox and before any of your symptoms appear. VZIG does not work once you have blisters.

### **What if I have had VZIG and come into contact with chickenpox again?**

A second dose of VZIG should be given if you have come into contact with chickenpox again and it is 3 weeks or longer since your last injection.

## **What could chickenpox mean for my baby during pregnancy and after birth?**

Only a very small number of women (3 in every 1000 or 0.3%) catch chickenpox in pregnancy in the UK. Even fewer babies are affected in the uterus. The risk of a baby catching chickenpox depends on what stage in pregnancy you catch it.

If you catch chickenpox:

- **up to 28 weeks of pregnancy**

There is no evidence that you are at an increased risk of early miscarriage because of chickenpox.

Damage can occur to the eyes, legs, arms, brain, bladder or bowel in 1-2 of every 100 babies (1-2%). You will be referred to a fetal medicine specialist for ultrasound scans and discussion about possible tests and their risks (see RCOG patient information '[Amniocentesis: what you need to know](#)')).

- **between 28 and 36 weeks of pregnancy**

The virus stays in the baby's body but will not cause any symptoms. The virus may become active again causing shingles in the first few years of the child's life.

- **after 36 weeks and to birth**

The baby may become infected and could be born with chickenpox.

- **around the time of birth**

If the baby is born within 7 days of your chickenpox rash appearing, the baby may get severe chickenpox. The baby will be treated.

- **up to 7 days after birth**

The baby may get severe chickenpox and will be treated. The baby will be monitored for 28 days after you became infected.

It is safe to breastfeed if you have or have had chickenpox during pregnancy.

After birth, the baby will have an eye examination and blood tests. When the baby is 7 months of age, a blood test can check if the baby has antibodies (immunity) to chickenpox. The test can also show if the baby caught chickenpox before birth.

If you catch chickenpox in pregnancy or when you are trying to become pregnant, you should avoid contact with other pregnant mothers and new babies until all your blisters have crusted over.

## Can I be treated if I develop chickenpox during pregnancy?

You can be given an antiviral drug called aciclovir within 24 hours of the chickenpox rash appearing. This will reduce fever and symptoms. Aciclovir is only recommended when you are more than 20 weeks pregnant. No medication during pregnancy is without its risks and these will be discussed with you.

Once you have chickenpox, there is no treatment that can prevent your baby from getting chickenpox in the uterus.

## What could chickenpox mean for me in pregnancy?

Chickenpox can be serious for your health during pregnancy. Complications can occur such as chest infection (pneumonia), inflammation of the liver (hepatitis) and inflammation of the brain (encephalitis). Very rarely, women can die from complications.

You are at greater risk of complications if you catch chickenpox when you are pregnant if you:

- smoke cigarettes
- have a lung disease such as bronchitis or emphysema
- are taking steroids or have done so in the last 3 months
- are more than 20 weeks of pregnancy.

If any of these apply to you, you may need to be referred to the hospital.

## When should I be referred to hospital if I have chickenpox?

Your GP should send you to hospital if you have chickenpox and develop any of the following:

- chest and breathing problems
- headache, drowsiness, vomiting or feeling sick

- vaginal bleeding
- a rash that is bleeding
- a severe rash
- if you are immune suppressed (your immune system is not working as it should be).

These symptoms may be a sign that you are developing the complications of chickenpox.

If you need to be admitted to hospital, you will be nursed in a side room away from babies and pregnant women.

## **When should I give birth if I have chickenpox in pregnancy?**

The timing will depend on your own individual circumstances. It is best to wait until the chickenpox is over, to let you recover. This will also give a chance for your immunity to pass to the baby. If you are very ill with chickenpox, particularly with any of the complications, your obstetrician will discuss whether you should have the baby early.

## **What if my newborn baby has come into contact with chickenpox?**

If your newborn baby has come into contact with chickenpox in the first 7 days of life and you are immune, then the baby will be protected by your immunity and there is nothing to worry about.

If you are not immune, then the baby may be given VZIG.

## **What should I do if I come into contact with shingles during pregnancy?**

If you are immune to chickenpox you do not need to worry. If you are not immune, then the risk of getting chickenpox from someone with shingles present on a covered part of the body, is very small. If the shingles is widespread or exposed (such as the face or eye) there is a risk of chickenpox infection to you when the blisters are active and until they are crusted over. See your doctor for advice about treatment.

# What should I do if I develop shingles during pregnancy?

If you get shingles while you are pregnant, it is usually mild and there is no risk for you or your baby.

A glossary of all medical terms is available on the RCOG website at [www.rcog.org.uk/index.asp?PageID=1107](http://www.rcog.org.uk/index.asp?PageID=1107).

## Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline *Chickenpox in Pregnancy* (originally published by the RCOG in July 2001 and revised in March 2007). This information will be reviewed again, and updated if necessary, once the guideline is reviewed. The guideline contains a full list of the sources of evidence we have used. You can find it online at: [www.rcog.org.uk/resources/Public/pdf/greentop13\\_chickenpox0907.pdf](http://www.rcog.org.uk/resources/Public/pdf/greentop13_chickenpox0907.pdf).

Clinical guidelines are intended to improve care for patients. They are drawn up by teams of medical professionals and consumers' representatives, who look at the best research evidence there is about care for a particular condition or treatment. The guidelines make recommendations based on this evidence.

This information has been developed by the Patient Information Subgroup of the RCOG Guidelines Committee, with input from the Consumers' Forum and the authors of the clinical guideline. It has been reviewed before publication by women attending clinics in East Sussex, South Yorkshire and London. The final version is the responsibility of the Guidelines and Audit Committee of the RCOG. The RCOG consents to the reproduction of this document providing full acknowledgement is made.

## A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. This is based on guidelines which present recognised methods and techniques of clinical practice, based on published evidence. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available.