



Chicken pox in pregnancy

- Maternal complications:
 - Pneumonia (10% - used to have 25% mortality; now mortality 1% - prob due to antivirals)
 - Hepatitis
 - Encephalitis
- Fetal complications
 - < 20w: FVS (skin scarring/ eye defects/ other congenital abnormalities)
 - 20 – 36w: little harm; neonatal shingles
 - > 36w: Disseminated VZ infection (20-30% mortality)
- Management
 - Any mother not immune (at any gestation) should receive VZIG (can wait for serology – but before rash – incubation 10 –20d)
 - If >20w & <24 hr of rash, give oral aciclovir.
 - Referral to (medical) hospital and IV aciclovir if unwell
 - No fetal benefit from VZIG in <20w
 - If infection at term, delay delivery by 5d for passive transfer of a.b.
 - If delivery within 5d of infection/mother develops rash <2d from delivery, give VZIG to neonate.