

transmission occurs during passage through the birth canal ([Shet, 2011](#)). The risk of transmission of genital herpes during vaginal birth is estimated to be between 30% and 50% with active primary infection at term ([Gardella and Brown, 2011](#)). However, in up to 80% of cases of neonatal herpes simplex virus (HSV) infection, the mother has no history or symptoms of infection at the time of birth, but serologic testing reveals evidence of the herpes virus ([Gardella and Brown, 2011](#)).

Neonatal herpes manifests in one of three ways: (1) with skin, eye, and mouth (SEM) involvement; (2) as localized central nervous system (CNS) disease; or (3) as disseminated disease involving multiple organs. In skin and eye disease, a rash appears as vesicles or pustules on an erythematous base. Clusters of lesions are common. The lesions ulcerate and crust over rapidly. Up to 17% of neonates with disseminated disease do not develop a skin rash ([Berardi, Lugli, Rossi, et al, 2011](#)). Ophthalmologic findings include keratoconjunctivitis, chorioretinitis, cataracta, and retinal detachment; neurologic involvement (such as, microcephaly and encephalomalacia) may also develop ([Berardi, Lugli, Rossi, et al, 2011](#)). Disseminated infections may involve virtually every organ system, but the liver, adrenal glands, and lungs are most commonly affected. In HSV meningitis, infants develop multiple lesions with cortical hemorrhagic necrosis. It can occur alone or with oral, eye, or skin lesions. The presenting symptoms, which may occur in the second to fourth weeks of life, include lethargy, poor feeding, irritability, and local or generalized seizures.

Nursing Care Management

Neonates with herpesvirus or suspected infection (as a result of exposure) should be carefully evaluated for clinical manifestations. The absence of skin lesions in the neonate exposed to maternal herpesvirus does not indicate absence of disease. Contact precautions (in addition to standard precautions) should be instituted according to the [American Academy of Pediatrics and American College of Obstetricians and Gynecologists \(2012\)](#) guidelines or hospital protocol. It is recommended that swabs of the mouth, nasopharynx, conjunctivae, rectum, and any skin vesicles be obtained from the exposed neonate; in addition, urine, blood, and cerebrospinal fluid (CSF) specimens should be obtained for culture.