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Chickenpox and Breastfeeding

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Mothers who contract chickenpox can breastfeed as normal. Any vesicles on the breast should be covered to minimise the risk of transmission from virus within vesicles. If symptoms of chickenpox appear in the mother less than 5 days before and 2 days after delivery the baby should be seen urgently by health professionals and should receive VZ immunoglobulin and IV acyclovir.

Chickenpox (Varicella Zoster) is transmitted by inhaled droplets, direct contact with the liquid within the vesicles and also via the placenta. In babies older than 3 weeks it is a mild and self-limiting condition. The incubation period is generally 14-16 days after exposure.

The most infectious period is 1-2 days before the rash appears, but continues until all the lesions have crusted over (usually about 5 days after the onset of the rash). During this time, anyone with chickenpox should avoid contact with:

- People who are immunocompromised (for example those receiving cancer treatment or high doses of oral steroids, or those with conditions that reduce immunity).
- Pregnant women.
- Infants aged 4 weeks or less (CKS)

Chickenpox in pregnancy

It is estimated that 95% of women of childbearing age in the UK have immunity having contracted chickenpox during childhood (Ainsworth). Mothers who contract chickenpox in pregnancy are rare (3 in every 1000) but should seek urgent medical attention (RCOG) and discuss the risk of foetal varicella syndrome (FVS) and treatment with acyclovir. If symptoms appear 5 days before delivery or up to 2 days after maternal antibodies will not have had

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sufficient time to transfer across the placenta or via breastmilk and the baby may need immunoglobulin and acyclovir (Merewood).

Immunity

The amount and type of antibodies passed to the baby depends on the mother's immunity. If the mother has had chickenpox, she will have developed immunity against the condition and some of the chickenpox antibodies will be passed to the baby. However, if the mother hasn't had chickenpox, the baby will not be protected. (NHS Choices). One episode of chickenpox normally provides life-long protection (Merewood)

Passage of varicella zoster virus via breastmilk

No evidence of the varicella zoster virus was found in the breastmilk of 2 mothers with chickenpox (Frederick). One case of suspected transfer via milk was reported but could also have occurred via droplet passage or contact with vesicle contents. DNA from varicella zoster was identified in the mother's breastmilk (Yoshida)

There is no reason to prevent normal breastfeeding, although lesions on the breast should be covered until they are crusted over (Ainsworth).

Symptoms

Chickenpox presents as a low grade fever, headache and general feeling of being unwell before the rash appears (Merewood).

Treatment

- Paracetamol 2 x 500mg four times a day
- Fluids and rest
- Calamine lotion may relieve itching but can also feel very dry. The effect may be due to the cooling effect (Allen, 2006; Tebruegge et al, 2006; Gould, 2014)
- Crotamiton lotion or cream (Eurax®) (CKS)
- Baths with sodium bicarbonate or oatmeal (CKS)
- Chlorpheniramine (Piriton®) when itching is unbearable- but see fact sheet on antihistamines and breastfeeding
- DO NOT take ibuprofen or other non-steroidal drugs as that can increased risk of severe skin and soft tissue infections (usually caused by group A streptococcus and Staphylococcus aureus) (UKMi, 2016). Studies have only looked at use in children but is recommended to be avoided in adults too (Gould, 2014)
- Your doctor may prescribe acyclovir 800mg five times a day if you are seen within 24 hours of rash onset. This reduces the time to full crusting of lesions and reduces

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the number of lesions. If you see your doctor more than 24 hours after rash onset, no significant difference has been shown in time to full crusting of lesions or time to no new lesions. Acyclovir is safe to take when breastfeeding (Hale, LactMed, Jones)

- Keep nails short to minimize damage from scratching.

Shingles

Following chickenpox, the Varicella zoster virus remains dormant in sensory nerve root ganglia but can be reactivated to cause shingles . See fact sheet on shingles and breastfeeding

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