Herpes Zoster (Shingles)

This sheet is about having herpes zoster (shingles) in a pregnancy or while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

**What is herpes zoster (shingles)?**

Herpes zoster, commonly known as shingles, is a viral disease caused by the same virus that causes varicella (chickenpox), called varicella-zoster virus. Chickenpox happens when a person is first exposed to the varicella-zoster virus. For more information on varicella (chickenpox), please see the MotherToBaby fact sheet: https://mothertobaby.org/fact-sheets/varicella/.

After someone has recovered from chickenpox, the varicella-zoster virus can stay inactive in the body. If the inactive virus later becomes active again, it causes shingles. Shingles usually presents as a painful rash on one side of the face or body. People can also experience fever, headache, chills, upset stomach, and nerve pain. Rarely, hearing or vision problems can develop if the shingles outbreak affects the nerves on the face.

The shingles rash is contagious and people who have not had chickenpox before or have not been vaccinated against chickenpox, can get infected after direct contact with the blisters. If a person becomes infected, they will develop chickenpox, not shingles. The risk of spreading the virus is low if the rash remains covered. A person is no longer contagious once the shingles rash has scabbed over, which usually takes about 7-10 days.

**Can shingles be treated?**

If you are pregnant and develop shingles, talk to your healthcare provider about treatment. Shingles can usually be treated with antiviral medication during pregnancy. Antivirals are most effective when taken as soon as possible after the rash appears.

*I have shingles. Can it make it harder for me to become pregnant?*

Studies have not been done to see if shingles can make it harder to get pregnant.

**Does having shingles increase the chance for miscarriage?**

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if having shingles can increase the chance of miscarriage.

**Does having shingles increase the chance of birth defects?**

Every pregnancy starts with a 3-5% chance of having a birth defect. This is called the background risk. Shingles is rare in pregnancy. There are not a lot of studies that look at the effects of shingles on a pregnancy. However, shingles has not been seen to increase the chance of birth defects.

**Does having shingles increase the chance of other pregnancy related problems?**

Studies have not been done to see if having shingles in pregnancy could cause other pregnancy-related problems, such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces at birth).

**Does having shingles in pregnancy affect future behavior or learning for the child?**

Studies have not been done to see if having shingles in pregnancy could cause long-term problems in the child.

**Breastfeeding while I have shingles:**

The virus that causes shingles has not been found in breast milk. However, it is important to keep the baby from coming into direct contact with the rash or blisters to lower the chances of spreading the varicella-zoster virus, which could cause the baby to develop chickenpox. If lesions are present on the areola, the milk should be pumped and discarded until the rash has scabbed over. If you suspect your baby has any symptoms of chickenpox, contact the child’s healthcare provider.
If a person is taking antivirals to treat shingles while breastfeeding, please contact MotherToBaby to learn more about your medications while breastfeeding. Be sure to talk with your healthcare provider about all of your breastfeeding questions.

**If a male has shingles can it make it harder to get a partner pregnant or increase the chance of birth defects?**

There are no studies looking at possible risks to a pregnancy when a male has shingles. In general, exposures that males or sperm donors have are unlikely to increase the risk to a pregnancy. However, if a person is not immune to chickenpox and their intimate partner has shingles, there is a risk that the person who is pregnant could become infected with chickenpox from direct contact with the rash. For more information, please see the MotherToBaby fact sheet Paternal Exposures at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/).

Please click here for references.