Herpes Simplex I (Cold Sores) and II (Genital Herpes)

The herpes virus, which is spread through contact with the sores, has proven fatal to newborn babies up to four weeks of age. Genital herpes sores can be transferred to the breast. A pregnant woman should talk to a doctor knowledgeable about herpes and breastfeeding to decide what precautions to take if she or her husband has recurrent herpes, either cold sores or genital sores.

When a new mother develops a herpes sore, breastfeeding can continue as long as the baby does not touch the sore. Any sores must be covered so that the baby does not touch them. Until all the sores are dried, the mother needs to follow strict precautions:

- wash her hands before holding the baby and after she touches the sores,
- put clean coverings over the sores, and
- avoid kissing the baby when she has a cold sore on or near her mouth.

A culture of the sore can confirm herpes within a few days.

A herpes infection is serious or life-threatening only if it is acquired in utero, at birth, or during the first few weeks of life (Sullivan-Bolyai 1983; Quinn and Lofberg 1978). Following the previously listed precautions can help avoid this possibility.

HIV (AIDS)

Human immunodeficiency virus (HIV) is transmitted through the exchange of blood and other body fluids. Infection with HIV usually results in the development of Acquired Immune Deficiency Syndrome (AIDS), because certain parts of the immune system are destroyed and that allows the invasion of opportunistic infections, which may be lethal.

Although most babies breastfed by HIV-positive women do not acquire the infection, breastfeeding is considered by many to be a possible route of transmission. One researcher isolated the HIV virus in human milk (Thiry 1985), but this research has not been replicated. A number of case reports document the possible transmission of HIV via human milk in mothers who acquired the virus after childbirth (Palasanthiran 1993; Van de Perre 1992; Malaviya 1992; Van de Perre 1991; Lepage 1985; Ziegler 1985). However, certain questions remain unanswered.

Unfortunately, it is impossible to predict with certainty at birth which babies have already become infected with HIV during pregnancy or during the process of birth. All babies whose mothers are HIV-positive during pregnancy are born with high HIV antibody levels, which makes it difficult to make an accurate diagnosis of the disease soon after birth. Most babies lose these antibodies within the first 15 to 18 months and those not infected will