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Acyclovir (Zovirax[®])/Valacyclovir (Valtrex[®]) and Pregnancy

This sheet talks about the risks that exposure to acyclovir or valacyclovir can have during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What is acyclovir?

Acyclovir, or Zovirax[®], as it is commonly known, is an antiviral medication used to treat cold sores and genital herpes caused by the herpes virus. It is also prescribed to treat chickenpox and shingles. It is given as a cream or ointment (topical use), oral tablets, or intravenous liquid.

Acyclovir can help relieve the pain and help the healing of sores or blisters. It is not a cure for herpes and infections can return at a later time.

Is valacyclovir the same as acyclovir?

Valacyclovir is very similar to acyclovir and is often used to treat the same types of infections. A common name for it is Valtrex[®]. Since valacyclovir is changed to acyclovir once in the woman's body, the effects during pregnancy and breastfeeding are thought to be the same.

I take acyclovir/valacyclovir as needed to treat herpes. Should I stop using it before I try to get pregnant?

No. You should not stop taking any medications without first talking with your doctor. As with any medication that is taken during pregnancy, the benefits to the mother and baby should be weighed against the possible risks when deciding whether to continue using it.

Will taking acyclovir/valacyclovir increase the chance for miscarriage?

The available pregnancy studies have not found an increased risk for miscarriage following acyclovir use.

I have been taking acyclovir/valacyclovir for genital herpes and just found out that I am pregnant. Could it cause birth defects during the first trimester?

Acyclovir/valacyclovir is not thought to increase the risk for birth defects. The manufacturer, in combination with the Centers for Disease Control, looked at the effects of acyclovir on the developing baby. No increase in birth defects was seen in over 500 births. Additionally, a separate study found no increase in birth defects in over 1,500 infants exposed to acyclovir or over 200 infants exposed to valacyclovir during the first trimester.

I have a cold sore on my lip – could acyclovir ointment cause birth defects?

Topical use of acyclovir ointment is not suspected of causing birth defects. When applied on the skin, acyclovir does not enter the body in large amounts. In addition, higher, oral doses of acyclovir have not been associated with birth defects.

Can acyclovir/valacyclovir cause other problems during pregnancy?

Like with many medicines, the main focus of pregnancy studies with acyclovir has been to look for birth defects following first trimester exposure. However, limited information suggests there is no increased risk for other problems such as low birth weight, preterm delivery, or stillbirth.

Are there any situations in which using acyclovir/valacyclovir during pregnancy is necessary for the health of the mother and baby?

Yes. Acyclovir is often prescribed during pregnancy when the mother has a primary genital herpes infection. A “primary” infection means it is the first time for the infection. Primary infection can be life threatening or lead to severe complications in the pregnancy. A rare but serious infection called varicella pneumonia also requires treatment with acyclovir.

Can I use acyclovir/valacyclovir while breastfeeding my baby?

Yes. The American Academy of Pediatrics has approved the use of acyclovir while breastfeeding. Acyclovir enters breast milk, but the amount of medication the baby receives is very low. Acyclovir is commonly given to newborns and does not typically cause problems for babies. If you are applying acyclovir cream or ointment directly on your breast, clean the area prior to nursing.

What if the father of the baby takes acyclovir/valacyclovir?

Possible effects on sperm have not been well studied in men. One study in 20 men did not find lower sperm production when they were given high doses of acyclovir for six months.

Exposure of the father is unlikely to increase the risk to a pregnancy because, unlike the mother, the father does not share a blood connection with the developing baby. For more information, please see the OTIS fact sheet [Paternal Exposures and Pregnancy](#).

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*If you have questions about the information on this fact sheet or other exposures during pregnancy, call **OTIS** at 1-866-626-6847.*