

HEP C AND PREGNANCY



Reducing the Risk of Transmission During and After Pregnancy

A woman living with Hep C who wishes to become pregnant may be worried about the health of her baby. The chance of the virus being transmitted to the baby is 0-10%, but higher in persons who have HIV or use IV drugs. If a mother also has AIDS, the chances can increase up to 36 in 100. The risk may be even greater in mothers who are infected with both Hep B and Hep C.

Transmission to the baby can happen before or during birth.

Present information shows that transmission may be slightly more likely in infants born to mothers with genotype 1.

Most doctors and midwives will be helpful and supportive to a woman with Hep C who wants a child. Pregnancy with Hep C is not officially discouraged.

A woman may wish to take treatment for hepatitis C before becoming pregnant. She **MUST** wait at least 6 months after stopping treatment before getting pregnant, to avoid birth defects. Infected men on treatment should use birth control during, and for at least 6 months after treatment for the same reason.

Having a Caesarian section does not usually reduce the risk of transmission. However, it is possible that if a woman has an acute case of Hep C or is co-infected with HIV, there is more of a risk of her baby being infected.

Viral Load and Mother-to-Baby Transmission

Viral load is the amount of Hep C in the blood. If a woman with Hep C has low viral load (less than 1 million copies/mL), it is less likely that the virus will be passed to her baby than if she has high viral load, but there is still a chance that Hep C will be transmitted. If the mother has no virus, the baby will not be infected.

Breast Feeding

It is not yet known whether the breast milk of a woman with Hep C contains enough virus to infect a baby during breast feeding. Generally, women with Hep C are not advised to avoid breast feeding. No studies have documented transmission of Hep C infection to infants by breast-feeding. One study showed breast-fed infants were slightly less likely to have HCV. Mothers should not breastfeed when their nipples are cracked or bleeding, just in case.

Children with Hep C

In children, viral infection is usually silent, although children as young as 8 years old can become quite ill from HCV.

Children are less likely than adults to have symptoms of infection with Hepatitis C, and thus may be able to transmit the virus unknowingly.

Having hepatitis C does not seem to affect a child's growth.

All children, with or without hepatitis C, should be taught proper hygiene.

Children and Advanced Liver Disease

Chronic hepatitis C eventually causes cirrhosis or cancer, however, it can take 10 to 20 years or more before cirrhosis may occur. Liver cancer rarely occurs in children.

Treatment in Children

The AASLD recommends:

1. Diagnosis, testing, and liver biopsy of children thought to have HCV.
2. Because of the high spontaneous clearance rate during the first year of life, children of HCV-infected mothers should be tested at 18 months or later.
3. Healthy children with HCV ages 3-17 may be given interferon alfa-2b and ribavirin by specialists in treating children
4. Children under the age of 3 should not be treated.

There are still many questions about Hepatitis C in children. More studies are necessary to learn more about how the disease progresses and about different treatments.



For Further Information,
contact your public health nurse
or family doctor. Your nearest
hepatitis C support group office
is:

HepCBC
306-620 View St.
Victoria, BC V8W 1J6

On the Net:
info@hepcbc.ca
www.hepcbc.ca

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The information in this brochure is designed to help you understand and manage HCV and is not intended as medical advice. All persons with HCV should consult a medical practitioner for diagnosis and treatment of HCV

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