

# Hep C factsheet

## Pregnancy, babies & children



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### Introduction

This factsheet explores some common questions that arise about hepatitis C (hep C) and pregnancy, babies and children. It provides general information only and people are encouraged to discuss their specific circumstances with a medical practitioner to obtain more individualised information.

Within this factsheet, the term 'hep C positive' refers to people who have a chronic hep C infection and, thus, would test PCR positive for HCV (hep C virus).

**Can a woman with hep C have a baby?**

Yes, women who have hep C can get pregnant and have children. Chronic hep C does not usually affect the pregnancy, however cirrhosis may cause additional complications. Women who have been diagnosed with cirrhosis are strongly advised to discuss with a liver specialist their plans for children before they get pregnant.

**Does it make a difference if the mother has cleared her hep C?**

Yes, if the mother has hep C antibodies but is confirmed as having cleared the virus then she is not considered infectious. To confirm whether a person has cleared the virus they need to return two negative PCR tests at least six months apart.

**What are the chances of a child contracting hep C from the mother?**

There is a small risk of transmission from mother to baby (vertical transmission). Around one in 15 babies (seven per cent) born to hep C positive mothers will become infected with the virus. This means that more than nine in every ten babies born to mothers with hep C will not have the virus.

It is not yet known whether hep C is transmitted to babies during pregnancy or during childbirth.

If the mother has a high level of virus (high viral load) the risk of passing the virus on to the baby

may be increased. For hep C positive women who also have HIV or hep B, there is an increased risk of the baby contracting hep C.

Factors which do not affect the risk of transmission include: liver function test levels, hep C virus genotype, and current or past drug use. The risk of transmission does not increase by the number of pregnancies or births.

## **Can a father with hep C pass the virus on to his unborn baby?**

No, hep C is only transmitted via blood to blood contact. There is no evidence to show that it can be transmitted through the sperm of the father, either at conception or in the womb. If both partners have hep C, there is no increased risk that the baby will be born with the virus.

## **Contraception**

Generally, being infected with hep C does not reduce a woman's choice of contraceptive options. Although women who have severe liver damage should discuss contraception with their liver specialist.

## **IVF and ART (Assisted Reproductive Technology)**

Having hep C does not negatively affect a person's fertility. People who do have fertility problems may choose to access an IVF clinic. Initial screening questionnaires performed at the clinic will ask men about hep C infection and, if positive, men will not be able to donate semen. Such restrictions do not apply to the collection of ova (female eggs).

If pregnant or trying to conceive, it is important that neither the mother nor father (or donor if relevant), is undergoing interferon/ribavirin hep C treatment or has had treatment within the past six months. This is due to a potential risk of birth defects caused by the medication. People should consult their GP or hep C clinic staff for more information about this.

## **Health during pregnancy**

Regular liver function tests are recommended for all hep C positive people, including pregnant women. Liver function tests may normalise during pregnancy, however a small percentage of women may see an increase in their ALT levels.

Women should speak with their midwife, obstetrician, GP or liver specialist about individual aspects of their own health that should be considered.

Generally, a hep C positive woman does not need to take any additional measures to manage her health just because of hep C.

## **Prenatal Testing**

Women may be offered a hep C blood test during their pregnancy. The decision about whether to have a test is a matter for the woman and verbal consent should be obtained first. Pre-test counselling (information) should be provided by the health care worker.

The most common test used is the hepatitis C antibody test. If a person tests positive for antibodies, it is strongly recommended that the diagnosis be confirmed by having a PCR test. This is because false-positive test results can occur, and even more so for women when they are pregnant.

## **Childbirth**

People do not have to disclose their hep C status to health care workers. However it is advisable for the midwife and obstetrician to be aware of the mother's status as they may be able to take some additional steps to avoid the baby being unnecessarily exposed to the mother's blood. This could potentially occur through invasive testing such as use of foetal scalp sampling and/or electrodes for monitoring the baby during birth.

There is no known difference in transmission rates when comparing birthing methods – caesarean sections versus vaginal births. Avoiding the use of forceps during delivery may decrease the chance of transmission although, generally, the method of delivery does not affect the transmission risk.

## **Breastfeeding**

Mothers with hep C are encouraged, as are all mothers, to breastfeed their babies. Despite the hep C virus being detectable in small quantities in breast milk, it has not been linked with transmission to babies. It is considered highly unlikely that a baby will contract the virus from breastfeeding.

However, as a precaution, hep C positive breast feeding mothers should check their nipples before each feed and temporarily suspend breastfeeding

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from the nipple if it is cracked or bleeding. Mothers will need to express milk at this time and all expressed milk should be discarded and baby formula should be used to complement feed until the nipple heals. Nipples will usually heal within a day or two, and then breastfeeding can recommence.

The health benefits of breastfeeding far outweigh the risk of transmission. Mothers should not be taking hepatitis C treatment (interferon/ribavirin) if they are breastfeeding, due to the potential risk of the medication harming the baby's development.

For more information about drugs in pregnancy and lactation phone Mother Safe on 02 9382 6539 or 1800 647 848 (regional NSW). For further breastfeeding advice contact a community child health nurse, lactation consultant or phone Tresillian Parent Line (the support and information service for new parents) on 02 9787 0855 or 1800 637 357 (regional NSW).

### **When can a baby be tested?**

Generally, babies should be tested for hep C after 18 months. All babies with hep C positive mothers are born with their mother's hep C antibodies. However these antibodies will disappear by about 18 months in most babies (95 per cent of cases).

It is important that babies with hep C positive mothers are tested so their long-term health needs can be determined.

It is possible to test babies before 18 months using a PCR test. A baby who is hep C PCR-negative will carry his/her mother's antibodies but is considered uninfected. For more information about this, speak to your doctor or hep C clinic nurse.

### **When would a child with hep C start to become sick?**

Of babies who contract hep C, around one in four will clear the virus naturally in the first 12 months. Of those babies who don't clear the virus (and, thus, develop chronic hep C infection), it is not possible to predict in the early stages which will go on to be seriously affected.

Advanced liver disease is rare in small children, although it does occur. Disease progression in children occurs at a similar rate to that of adults with hep C. Therefore, information about adults with hep C can be applied to children, especially with regard to lifestyle management and potential health problems.

Generally, people do not develop any symptoms until 10-20 years after infection and some people will never show symptoms. In fact, children usually do not experience hep C symptoms. If symptoms do develop then common mild symptoms can include tiredness, flu-like symptoms, nausea, appetite loss and some muscle/joint aches.

### **Treatment options for children**

Treatment for hep C is rarely needed or offered to children. Presently there is limited research into treatment for children and inadequate evidence to provide general guidelines for their treatment. Although, where there is evidence of progressive liver injury and fibrosis in children, then treatment may be considered an option.

### **Monitoring a child's health**

Children with chronic hep C can benefit from seeing a GP and/or paediatrician who is familiar with the monitoring and management of hep C. Liver function tests once or twice a year and consulting a paediatric gastroenterologist every six to twelve months are recommended.

### **Vaccination for heps A and B**

It is important that all children receive all the routine immunisations recommended on the National Immunisation Program. In addition those with chronic hep C should also be vaccinated against hepatitis A to prevent additional liver injury which could arise from a hepatitis A infection.

### **Lifestyle management**

Lifestyle recommendations for children with hep C are the same as for adults with the condition and are similar to those recommended for the general

population. A healthy, well balanced diet including a variety of foods is important. Some people with hep C can experience nausea after eating particular types of food, especially foods high in fat. Avoiding fatty foods may reduce nausea and improve appetite. Regular mild exercise and not being overweight is also important for people who have hep C.

## Telling children they have hep C

Research suggests that parents tell a child about a chronic condition as soon as the child can understand the basic information. Around eight years old may be an appropriate age, or earlier if the child is asking specific health questions.

It is up to parents to weigh up the positive and negative consequences of telling their child about their hep C status. It may help to talk with someone about this, such as the *Hep C Helpline*. Regardless of whether a child is told or not, it is important to educate all household members of the need to treat all blood with caution. Encourage everyone not to share toothbrushes or shaving razors, and to practice basic first aid such as covering cuts and abrasions with plasters.

These hygiene practices will ensure that the risk of transmission is reduced for everyone, both within the home and elsewhere.

## Telling others about your child's hep C

There is no legal requirement for other people to be told about a child's hep C status, except in the case of some types of insurance policies. Therefore, it is not necessary to disclose a child's status to the following: family members, childcare centres or schools, babysitters, friends of the child, and sports or activity groups.

However, it is of benefit to a child's health if their GP or paediatrician is aware of their hep C.

Disclosure of a person's hep C status can lead to stigma and discrimination - which is often due to a general lack of knowledge about the virus and how it is transmitted. Because of this, it is advisable to weigh-up the perceived benefits and consequences before disclosing to others.

## First aid and standard precautions to reduce transmission of hep C

Hep C cannot be passed on through casual social contact, such as kissing, hugging, sharing cups/plates/cutlery, toilets, and playing sport. Hep C is only transmitted when infected blood gets in to another person's blood stream. The skin provides a natural protective barrier against blood borne viruses.

Standard first aid procedures recommend that everyone's blood is treated as potentially infectious. So it is not necessary for others to be aware of a person's hep C because if there is an incident involving blood, everyone should be treated in the same way.

People should wear disposable gloves when wiping up blood and attending to cuts and wounds (their own or anyone else's). Open cuts or sores should be covered with plasters.

As an additional precaution, toothbrushes and razors should not be shared by household members and friends.

## Further info

- For more information and support, phone the *Hep C Helpline* on 02 9332 1599 (Sydney callers) or 1800 803 990 (Freecall from outside of Sydney).

## Also see

*I Have Hep C: what could happen to me?* (booklet)

*What You Need To Know* (booklet)

*Women and Hepatitis C* (booklet)

- This factsheet was developed by the Hepatitis C Council of NSW. It was reviewed by the Hepatitis C Council of NSW Medical and Research Advisory Panel.