

Hepatitis C factsheet: Pregnancy, babies and children



For more information phone the *Hepatitis Infoline*
on 1800 803 990 or go to www.hep.org.au

For more about monitoring and treating hepatitis C in children contact
the Clinical Nurse Specialist, Department of Gastroenterology and Liver,
The Children's Hospital at Westmead on 02 7825 3999

Introduction

This factsheet answers some common questions about hepatitis C (hep C) and pregnancy, babies and children. This is general information only and people are encouraged to speak with their doctor or specialist about their own situation.

In this factsheet, 'hep C positive' refers to people who have a current hep C infection (HCV PCR+).

Can hep C cause complications in pregnancy?

It is a good idea to get treated and cured before getting pregnant.

Having hep C during pregnancy comes with a higher chance of some complications*. Having cirrhosis may increase infertility and miscarriage. So, before you get pregnant, it's important to discuss your plans to have children with your doctor or liver specialist.

If you're pregnant and have hep C, there is a 4-6% chance of your baby being born with hep C. If your baby is born with a hep C infection, there is a 50% chance that your baby will clear the infection naturally within the first 12 –18 months. If your baby does NOT clear their hep C, it is very rare to have any serious liver damage in early childhood. Children may be eligible for treatment from as young as 3 years old.

What vaccinations should my baby/child have?

It is important that all children receive all the routine immunisations recommended on the [National Immunisation Program](#). Hep B immunisation is included in this program. Children with chronic hep C should also be vaccinated against hep A. This is because hep A and hep B infection can cause extra damage to the liver.

Do I need to tell anyone my child has hep C?

Except in the case of some types of insurance policies, there is no need to tell other people your child has hep C. This means you do not need to tell your child's friends, other family members, childcare staff, schools, babysitters or sports and activity groups.

Can a father pass on hep C to an unborn baby?

There is no evidence to show that hep C can be transmitted from a father to a foetus. If the father has hep C, there is no extra hep C risk for the unborn baby.

Hep C treatment and avoiding pregnancy

Talk to your doctor about hep C treatment, contraception and pregnancy.

It is a good idea to get treated and cured before getting pregnant.

Pregnancy should be avoided during hep C treatment. It is recommended that you wait at least 4 weeks after treatment before trying to become pregnant. Talk to your doctor and, if necessary, your partner/s, about contraception.

If you do become pregnant while you are on hep C treatment, your doctor will usually recommend that you stop treatment and start again later. It is also recommended that you don't breastfeed while on hep C treatment. It's important to talk to your treating doctor if you become pregnant while on hepatitis C treatment so they can talk to you about options.

IVF and ART

Having hep C does not affect your fertility, unless you have cirrhosis. If you do have fertility problems Assisted Reproductive Technology (ART) services may help. Initial clinic screening questions for men will ask about hep C. Men who have hep C are not able to donate semen unless it is to be used in artificial insemination for their partner. These restrictions do not apply to the collection of a woman's eggs. If you're thinking of planning a pregnancy, it's best to get treated and cured well before starting IVF.

Prenatal testing during pregnancy

You will be offered a range of blood tests during your pregnancy, including a hep C antibody test. It is your decision if you want to have a hep C test. A health care worker should talk to you about testing, so you can make an informed decision. It is recommended that you do get tested for hep C, so your doctor can help you make the best decisions for the health of your pregnancy.

The first hep C test (antibody test) will tell if you have ever had hep C. If the first test comes back positive, you will be asked to take another test. The second hep C test is a PCR test, and it will tell if you have hep C now. Your doctor or nurse will then work with you to keep you and your baby as healthy as possible during your pregnancy and birth.

Childbirth

You do not have to tell any health care workers at your birthing clinic about your hep C. But, it is recommended that you tell your midwife and obstetrician, so they can help to lower the risk of hep C being passed on to your baby. This will help them to make the best choices to reduce your baby's risk of hep C from blood-to-blood exposure during the birth.

Breastfeeding

Mothers are encouraged to breastfeed whether or not they have hep C. There is no evidence that breastfeeding is a significant risk for hep C transmission to infants.

However, because hep C is spread by blood, if your nipples are cracked and bleeding, you should stop breastfeeding until they are healed. Instead, express and discard your breast milk until your nipples are healed.

Once your breasts are no longer cracked or bleeding, you can go back to breastfeeding.

If you are on hep C treatment, it is recommended that you don't breastfeed while on treatment, so discuss this with your midwife, nurse or doctor.

When can a baby be tested?

Babies [can be PCR tested](#) for hep C from 8 weeks old. This will show if your baby has hep C at the time of the test. Babies born with hep C have a 50% chance of clearing it in the first year. In babies that test PCR positive, follow-up testing with both antibody and PCR at 12-18 months can be done to check if they have cleared the virus.

All babies whose mothers are hep C positive will be born carrying their mum's hep C antibodies. If mother-to-child transmission hasn't occurred, these "maternal" antibodies should clear by the time the baby is 12 months old.

Telling children they have hep C

Research suggests that a parent can tell their child that he or she has a chronic condition as soon as the child can understand the basic information. As children may be eligible for treatment as young as 3 years old, this may not be necessary.

Children and treatment

Children with hepatitis C can be treated with the new DAA cures. They should be seen and assessed by a paediatrician experienced in viral hepatitis. Children may be eligible for treatment from as young as 3 years old.

To find out more about monitoring and treating hepatitis C in children, contact Gastroenterology and Liver, The Children's Hospital at Westmead on 02 7825 3999.

More information?

For more information contact the Clinical Nurse Specialist in the Department of Gastroenterology and Liver, The Children's Hospital at Westmead on 02 7825 3999 or go to:

www.schn.health.nsw.gov.au/gastroenterology-and-liver-childrens-hospital-westmead

** Hep C during pregnancy comes with a higher chance of some complications.*

Complications may include:

- *4.55 times increased chance of intrahepatic cholestasis of pregnancy.*
- *84% increase in preterm delivery*
- *78% increase in postpartum haemorrhage*
- *If the birth mother has a high viral load there could be a 3.38 times higher rate of mother to baby transmission*

If you have any questions or need more information about anything in this factsheet, phone the Hepatitis Infoline on 1800 803 990 or go to www.hep.org.au

This factsheet was developed by Hepatitis NSW. It was reviewed by the Hepatitis NSW Medical and Research Advisory Panel and the CNS, Department of Gastroenterology, Children's Hospital at Westmead.

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