
a series of fact sheets written
by experts in the field of liver
disease

Women and HCV: Being a Positive Mother

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A DIAGNOSIS OF HEPATITIS C (HCV)

can be distressing; add pregnancy to the equation and the distress multiplies. This fact sheet addresses three situations that HCV-positive women may confront: 1) considering pregnancy, 2) currently pregnant, or 3) have already had children.

The technical term for an infection passing from mother to unborn offspring is *vertical transmission*. *Horizontal transmission* refers to household members passing an infection to each other during their daily routines. Theoretically, HCV can be passed horizontally, say if an uninfected person cuts himself or herself with a razor that has HCV-positive blood on it. However, the circumstances for HCV to be transmitted between household members have not been proven and are so unusual that we say that HCV is not passed horizontally.

Vertical transmission is also uncommon, but it does occur. The prevalence of HCV is low among women of childbearing age (1.2%). The Centers for Disease Control and Prevention (CDC) does not recommend routine HCV testing for pregnant mothers. Among HCV-positive women, the CDC estimates that the rate of vertical transmission is 4% to 7%. Pregnancy for HCV-positive mothers is NOT discouraged. *Note: HCV vertical transmission risk appears to be higher for those with high viral loads. The rate climbs to 25% for women who are HIV/HCV co-infected.*

There are no universal guidelines for labor and delivery regarding HCV-positive women. Some obstetricians avoid performing *amniocentesis* during pregnancy. This procedure tests for fetal abnormalities by inserting a long slender needle into the pregnant woman's abdomen and withdrawing *amniotic fluid*. This fluid surrounds the fetus. Some experts discourage the use of *fetal scalp monitoring*. This procedure records the fetal heartbeat by threading a thin wire into the soon-to-be-born infant's scalp. Alternative monitoring techniques are available. Some experts raise concerns about the *prolonged rupture of membranes* (more than 6 hours). In simpler terms, this refers to the length of time the bag containing the amniotic fluid is broken before delivery occurs. There are no recommendations advising the use of Caesarean section rather than vaginal delivery.

Women should never become pregnant during and for six months after the completion of HCV treatment. Current HCV treatment may cause birth defects and fetal death.

All major medical guidelines recommend routine testing of children born to HCV-positive mothers. Infants can begin life with their mother's HCV antibodies but this does not mean they are HCV-positive. Since infants' immune systems take time to develop, testing should not occur until they are at least 18 months old, as recommended by the American Association for the Study of Liver Diseases (AASLD).

HCV-positive children usually have little or no symptoms. According to the AASLD, disease progression is minimal for the first 20 years of a child's life. Children can be treated with antiviral therapy. The response rate for children is better than the adult rate. Children usually tolerate treatment well, some having little or no side effects. At this point, what the long-term effects are on adults who underwent treatment during childhood is unknown.

Approximately ninety-five out of a hundred times, an HCV-positive woman will give birth to an HCV-negative baby. Statistics may be reassuring, but the reality is that motherhood is a complicated role. Worry is a frequent companion for mothers. A woman who is considering pregnancy is probably going to have some fears about this.

If you go ahead with a pregnancy, it will be a long time before you will know if your baby is one of the 95% or the 5%. You may fret about this. Since worrying does more harm than good, it is wise to keep anxiety to a minimum. Try to think positively. Learn how to relax and manage stress. Take good care of yourself. As an HCV-positive mother, your child will need you to be well. Motherhood lasts a long time and learning how to maintain your health and sanity will benefit your and your family.

After your child is 18 months old, you can request HCV testing. This is a blood test and children do not like to have their blood drawn. If your child needs to have blood drawn for another reason, ask the medical provider to include an HCV antibody test on the lab order.

If your child is one of the 5%, then you will probably experience strong emotions. This is normal. Worry, grief, fear and guilt are common reactions. Start by getting good information and support. Other women have children with HCV or other chronic diseases, so learn from their experiences. Lean on others until you are strong enough to cope. Learn how to manage worry and guilt. These two emotions can do more harm than good.

Request a referral to a pediatric hepatologist or gastroenterologist. If your child's primary care provider does not know much about HCV, you may want to see if he/she attempts to learn about it. If you are not satisfied, find another provider.

You may find out you have HCV long after your children are grown. You may be a grandmother. Experts recommend testing for your children. It may not be easy to discuss this with them, even if they are adults. Reassure them that their chances of having HCV are very low. If you acquired HCV via injection drug use, you do not have to disclose this or other details to your children.

Above all, take care of yourself. If you feel guilty, forgive yourself. You did not intend for this to happen. Learn how to live with a chronic disease. Join a support group. Seek professional counseling if you have trouble coping or experience depression. Be a role model. Show your child how to live well.

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Below are just some of the publications and services you can find at www.hcvadvocate.org:

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