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

Women and HCV:

Pregnancy, Childbirth, and Breastfeeding

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Hepatitis C viral infection (HCV) is a medical problem that can be an emotional issue. It becomes even more emotional when we think that babies are at risk. The overall risk of mothers infecting their unborn is about 4 to 7%. This rate increases when women also have HIV. The rate may be higher for those women who have a higher viral load (a higher amount of virus in their blood).

Pregnancy should not occur while a patient is being treated for HCV. Ribavirin, one of the drugs used for HCV treatment, has been linked to birth defects and miscarriages. There are strong warnings against this that apply both to female patients and female partners of male patients. Patients are told to use two reliable forms of birth control during HCV treatment and for 6 months after treatment has stopped.

There are no recommendations against pregnancy for women with HCV who are not on HCV treatment and whose partners are not on treatment. If an HCV+ woman does become pregnant, she should inform her medical team of her HCV status. There are no recommendations against amniocentesis. There are no recommendations regarding vaginal versus caesarean Section delivery. There may be a higher mother-to-infant transmission risk for those with both HCV and HIV. Some doctors believe that a caesarean may decrease this risk, but there are no specific recommendations for this.

After the birth, the mother should tell her infant's pediatrician. The Centers for Disease Control (CDC) recommends testing for children born to HCV + mothers. Some babies may be born with the HCV antibody but they may actually lose this by the time they are 18 months old. It is advised to wait for 18 months after the birth before doing this test.

Pregnancy does not change HCV progression except if cirrhosis is present. Lab tests measuring liver function (liver enzymes) may fluctuate during pregnancy and post-partum. The amount of virus in the blood (viral load) may also fluctuate during pregnancy. It is recommended that women needing a viral load test should wait until after the postpartum period.

Women should not breastfeed during HCV treatment. Otherwise, there are no recommendations against breastfeeding for HCV+ women. During this time, practice good nipple care. If your nipples are cracked or bleeding, stop breastfeeding until you are healed.

One question that HCV+ women ask is should they become pregnant first or have HCV treatment first. There is no clear answer to this. The rate of successful HCV treatment is around 80%. Women have a slightly higher successful outcome than men. Those who are younger also have an advantage. Treatment lengths vary, but if your treatment duration is 48 weeks, that means you need to prevent pregnancy for at least 48 weeks plus

another 6 months. Some people don't want to wait that long.

Women who start their family first might want to postpone treatment until their children are older. Current HCV treatment has side effects, such as fatigue and depression. It can be hard to take care of young children if you aren't in good physical and emotional condition. No matter what age your child or children are, get support while you are undergoing treatment.

For more information see the HCSP Fact Sheet HCV and Women: Reproduction Issues during Treatment.

For more information see the complete series on Women and HCV at www.hcvadvocate.org/hepatitis/factsheets.asp

- *Women and Hepatitis C: An HCSP Guide*
- *Women and HCV*
- *Women and HCV: Treatment*
- *Women and HCV: Being a Positive Mother*
- *Women and HCV: Transmission*
- *Women and HCV: Supplements Commonly Used by Women*
- *Women and HCV: The Cosmetic Side Effects of HCV Treatment*
- *Women and HCV: Reproduction Issues during Treatment*

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The information in this fact sheet 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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