

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

Women and HCV: Reproduction Issues during Treatment

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There are two main reproduction issues associated with current treatment for hepatitis C virus infection (HCV). One is pregnancy, the other is breastfeeding. It is important to understand these issues before you begin treatment as these will affect you before, during, and after treatment.

Reproduction

When ribavirin was combined with interferon and tested on animals, it was linked to birth defects and fetal death. Because of this, the Food and Drug Administration (FDA) has strict requirements for companies selling ribavirin. Ribavirin is a category X drug. This means it may cause birth defects or death to a fetus. There are bold warnings printed on the labels for the two most frequently prescribed brands, Copegus™ and Rebetol®.

Your doctor or nurse should verify that you are not pregnant immediately before you start treatment. This means taking a pregnancy test. This also holds true if you are the female partner of a man planning to undergo

HCV treatment. If you or your partner have the starter kit that accompanies Copegus™, a urine pregnancy test is supplied to enable you to do this. If you don't have a starter kit or you have the kit that comes with Rebetol®, you can obtain a test through your doctor or drugstore.

Assuming pregnancy is ruled out, then the goal is to avoid pregnancy throughout treatment and for six months after treatment has been stopped. The guidelines are to use two reliable forms of birth control. Birth control should be used in situations where pregnancy is even remotely possible. This includes women who have had tubal sterilizations and men who have had vasectomies. Technically the only conditions in which pregnancy is technically impossible are for women who are post-menopausal or who have had a hysterectomy. According to the *Menopause Guidebook* published by the North American Menopause Society, menopause is defined as the permanent end of fertility marked by the absence of any menstrual bleeding for 1 year (assuming there are no other causes).

Notice the use of the word **reliable** when discussing birth control. **Reliable** means using medically accepted contraceptive methods and using them correctly. Whatever you choose, make sure you are well-informed on how to use the method correctly. Also, notice the word **two**. This means that if you use two forms of birth control and one fails, then you have back-up protection.

If pregnancy occurs during or six months after treatment has stopped, report this immediately. Tell your medical provider. All pregnancies should be reported to the Ribavirin Pregnancy Registry. You or your doctor can do this. This is confidential, free, and important. (See Resource Section)

Types of Birth Control (The higher percentage is with perfect use)

- Abstinence – 100% reliable, but since it's impractical, include a back-up method
- Tubal Sterilization – 99.5-99.9% reliable
- Vasectomy – 99.5-99.9% reliable
- IUDs 99 – > 99% reliable

- Birth Control Implant – > 99% reliable
- Emergency Contraception (Morning After Pill) – 98-99%
- The “Shot” – 97-99.7% reliable
- The “Patch” – 92-> 99% reliable
- The “Ring” – 92-> 99% reliable
- The “Pill” – 92-98% reliable
- Condom – 85-98% reliable, nearly 100% with withdrawal
- Diaphragm – 84-94% reliable
- Birth Control Sponge – 84-91% reliable
- Female condom – 79-95% reliable
- Fertility Awareness – 75-99% reliable when using a back-up method for fertile days
- Withdrawal – 73-96% reliable
- Cervical Cap – 71-86%
- Spermicide – 71-85% reliable

Below are examples of two reliable forms of contraception, where vasectomy is considered one method and tubal ligation another.

- A man with a vasectomy whose post-procedure infertility has been confirmed plus a correctly used condom
- A woman who underwent tubal sterilization whose partner uses a condom correctly
- A man who correctly uses a condom with a spermicidal
- A woman who correctly uses a diaphragm with a spermicidal
- A man with a vasectomy and a woman with a tubal ligation

For information about emergency contraception, talk to your medical provider or contact Planned Parenthood.

Important Points

- Rule out pregnancy prior to starting HCV treatment
- Use two reliable forms of birth control during and six months after treatment

- Whatever method you choose, know how to use it correctly
- Report any pregnancy immediately

Breastfeeding

Nursing mothers who want to undergo HCV treatment must choose either breastfeeding or treatment. They should not do both at the same time.


Resources

- Ribavirin: Pregnancy Registry 1-800-593-2214; www.ribavirinpregnancyregistry.com
- Planned Parenthood: 1-800-230-PLAN or 1-800-230-7526 www.plannedparenthood.org
- Hoffman-La Roche (Pegasys™ and Cogenus™): 1-877-PEGASYS (1-877-734-2797) www.pegasys.com
- Schering Plough (PegIntron® and Rebetol®): 1-888-HEP-2608 (437-2608) www.pegintron.com
- For more information, see the complete series on Women and HCV at: www.hcvadvocate.org/hepatitis/factsheets.asp
- Three Rivers Pharmaceuticals (Ribasphere® and Infergen®): 1-800-405-8506 <http://www.3riverspharma.com>

For more information about hepatitis C, hepatitis B and HCV coinfections, please visit www.hcvadvocate.org.

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