

HEP C, PREGNANCY, BIRTH & BEYOND

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ACKNOWLEDGEMENTS

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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 (HCV PCR+). Having hep C will not generally affect your pregnancy,

and being pregnant will not generally affect your hep C.

Having cirrhosis, though, may involve infertility and an increased rate of miscarriage. If you have cirrhosis, discuss your plans to have children with your liver specialist before you get pregnant.

Most babies are not at risk of catching their mum's hep C. In fact, there is only 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 he or she will clear their infection naturally within the first 12 months.

Children with chronic hep C will benefit from seeing a paediatrician (children's health specialist) who is familiar with monitoring and management of hep C. Childhood hep C appears to be mild with very little liver inflammation. 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 to prevent the additional liver injury that could arise from a hep A infection.

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

CAN A FATHER PASS ON HEP C TO A BABY?

There is no evidence to show that hep C can be transmitted from a father, through his sperm, either at conception or in the womb. There is no increased risk that the baby will be born with the virus if both partners have hep C.

HEP C TREATMENT AND AVOIDING PREGNANCY

Because of limited safety data, pregnancy should be avoided during hepatitis C treatment. Pregnancy must be strictly avoided by both men and women treated with Daklinza® (during treatment and for 5 weeks after). Talk to your doctor about treatment with Sovaldi® or Harvoni® in pregnancy.

IVF AND ART

Having hep C does not affect your fertility (unless you have cirrhosis). If you do have fertility problems Assisted Reproductive Technology services may help. Initial screening questionnaires for men performed at the clinic will ask about hep C. If you have hep C, you will not be able to donate semen unless it is to be used in artificial insemination for your spouse. Such restrictions do not apply to the collection of a woman's eggs.

PRENATAL TESTING

It is likely that you will be offered a range of blood tests during your pregnancy and these will probably include a hep C test. It is your decision whether to have a hep C test and your verbal consent should be obtained first. Test discussion should be provided by a health care worker so that you can make an

informed decision. If you test hep C antibody positive while pregnant, it is strongly recommended that the diagnosis be confirmed by having a PCR test. This is because false-positive test results can occur with the basic antibody tests, especially with women who are pregnant.

CHILDBIRTH

You do not have to disclose your hep C status to health care workers at your birthing clinic. However, it is advisable for the midwife and obstetrician to be aware of your status as they may be able to take some additional steps to prevent your baby being unnecessarily exposed to your blood. This relates to invasive testing such as foetal scalp sampling and/or electrodes for monitoring your baby during birth.

BREASTFEEDING

Mothers are encouraged to breastfeed whether or not they have hep C. There is no documented evidence that breastfeeding spreads hep C. Because hep C is spread by blood, if your nipples are cracked and bleeding, you should stop nursing temporarily. Instead, express and discard your breast milk until your nipples are healed. Once your breasts are no longer cracked or bleeding, you can fully resume breastfeeding.

WHEN CAN A BABY BE TESTED?

Babies can be tested after eight weeks following birth using the PCR viral detection test. This should be followed 4-6 weeks later with another PCR test and then later, a hep C antibody test when the baby is 18 months old. 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 18 months old.

TELLING CHILDREN THEY HAVE HEP C

Research suggests that a parent may tell their child that he or she has 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 your child is asking specific questions.

CHILDREN AND TREATMENT

The PBS listing of direct acting antivirals from 1 March 2016 is for Australian adults only. Children with hepatitis C should be seen and assessed by a paediatrician experienced in viral hepatitis.

Hepatitis ACT is Canberra's community hepatitis organisation, funded by ACT Health to deliver a comprehensive range of hepatitis-related programs and no-cost supports.



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