

Baby Talk

Pregnancy is an exciting time, but it can also be a time full of uncertainties. Professor Ed Gane tells you what you need to know if you are pregnant and have hepatitis C.



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About 40 per cent of the estimated 50,000 New Zealanders living with chronic hepatitis C infection are women. The majority were infected prior to having children. Understandably, most women with hepatitis C are very concerned about the risk of transmitting hepatitis C to their children during pregnancy or birth.

What is the risk of transmission from mother-to-baby?

The spread of infection from mother-to-baby, either during pregnancy, at the time of delivery, or through breast feeding, is called vertical transmission.

For mothers who have hepatitis B, the risk of vertical transmission to an unvaccinated baby is almost 100 per cent; and mothers with HIV infection have a 20 per cent risk of vertical transmission. In comparison, the risk of vertical transmission of hepatitis C from mother-to-baby is much lower, around five per cent (one in 20 cases). This figure is the same across different studies from UK, Europe, and USA.

Key point: Women with hepatitis C have a very low risk of passing hepatitis C on to their baby before or during birth - only one in 20 cases.

When does transmission occur?

Vertical transmission of hepatitis C occurs at the time of delivery.

The risk of vertical transmission is not determined by the genotype of hepatitis C (strain of the virus), or the

type of delivery. The risk of vertical transmission is similar in babies born through vaginal delivery, emergency caesarean section, or elective caesarean section. Therefore, caesarean section will not reduce the risk of vertical transmission.

The risk is increased if the mother also has HIV infection because this increases the concentration of hepatitis C in the mother's blood. The risk is also increased if the mother injects recreational drugs during pregnancy. Certain obstetric complications, such as prolonged rupture of membranes, scalp electrodes, and intrauterine fetal transfusions, also increase the risk of transmission.

There is no risk if the mother has had hepatitis C in the past but has either spontaneously cleared the virus or has been treated and cured (positive hepatitis C antibody test but a negative HCV PCR/RNA test).

Key point: The risk of transmission is similar for those who have a vaginal birth compared to a caesarean section. A caesarean section will not reduce the risk of vertical transmission.

Is it safe to breast feed?

Breast feeding does not increase the risk of mother-to-baby transmission of hepatitis C. Although very low concentrations of hepatitis C can be detected in breast milk, this is rapidly destroyed in the baby's stomach. The only situation where breast feeding may carry a potential risk of transmission is when the mother has cracked or bleeding nipples.

Key point: You can safely breast feed your baby, but temporarily stop breast feeding if you have cracked or bleeding nipples.

When should the baby be tested for hepatitis C?

When testing the baby for hepatitis C, it is important to understand the mother's hepatitis C antibody will always be detected in the baby's blood. The mother's antibody passes freely across the placenta and 100 per cent of babies born to mothers with hepatitis C will be antibody positive at birth. This does not mean the baby is infected. The antibody can last for more than 12 months in the baby. Therefore, testing the baby to find out if he/she is infected with hepatitis C should be delayed until at least 18 months old.

Although active hepatitis C infection in the baby can be detected earlier with the blood test HCV PCR/RNA, this should not be encouraged because some babies will eradicate hepatitis C spontaneously in the first year.

Treatment is never considered in young children. The rate of liver scarring in children is extremely slow (if they are infected with hepatitis C) and by the time the child is old enough to consider treatment

new drugs will be available (short course of eight to 12 weeks, all oral, interferon and ribavirin-free) which will be very well tolerated and have almost 100 per cent success rates.

Key point: Your hepatitis C antibodies will pass across the placenta to your baby. This does not mean your baby is infected with hepatitis C. Your baby should be tested to find out if he/she is infected with hepatitis C at 18 months old.

Summary

With the increased understanding of the risks of injecting drug use, through programmes such as needle exchange and other harm-reduction initiatives, the rate of hepatitis C from injecting drug use has fallen dramatically. As a result, vertical transmission is likely to become one of the leading causes of new hepatitis C infections around the world.

Currently, all pregnant mothers in New Zealand are tested for hepatitis B and will soon also be tested for HIV. However, there are no plans to test routinely for hepatitis C. Until this happens, the recommendations are that all pregnant women at risk of hepatitis C exposure (currently or previously injecting drugs) should be offered testing. All women who test positive to the hepatitis C antibody test must have a HCV PCR/RNA test. If this test is positive it confirms active infection and should be offered follow-up support.

Finally, both interferon and ribavirin can seriously harm the growing baby and should never be prescribed to either the mother or her partner during pregnancy or breast feeding. For this reason, all men and premenopausal women should be counselled about reliable contraception before starting treatment.

Key points:

- Hepatitis C should not affect your pregnancy if you keep your liver healthy.
- Your baby cannot get hepatitis C from your partner during pregnancy.
- You should never be treated for hepatitis C if you are trying to get pregnant, are pregnant, or breast feeding. The medications used to treat hepatitis C have been associated with severe birth defects. Avoid pregnancy if your partner has been on hepatitis C treatment within the last six months.

Talk about hepatitis C with your midwife, or call The Hepatitis Foundation of New Zealand on 0800 33 20 10 for more information.