

Hepatitis C

Information for women who have hepatitis c during pregnancy or breastfeeding

The information provided below is for readers based in the United States of America. Readers outside of the United States of America should seek the information from local sources.

What is hepatitis C during pregnancy?

Hepatitis C virus (HCV) is one of a handful of viruses that causes inflammation of the liver, which can lead to severe liver damage. Similar to [hepatitis B virus \(HBV\)](#), HCV is often transmitted through blood and sharing of needles and is much more dangerous than [hepatitis A](#) virus, but in contrast with HBV, there is no vaccine available to prevent transmission of HCV infection. Also, in pregnancy, a mother can pass the virus to the baby (vertical transmission).

How common is HCV during pregnancy?

1 to 2.5 percent of pregnant women in the United States are infected with HCV.

How is HCV during pregnancy diagnosed?

As part of prenatal care, all pregnant women should be screened for HCV. Doctors can find out if you are infected by analyzing a sample of your blood with a technique called HCV RNA-PCR. This test works by amplifying and then identifying HCV genetic sequences. In the event that you have not been screened, initially, doctors may have a clue that you could be infected with HCV based on a history of risk of exposure, due to being a health care worker who may have been exposed, use of illicit drugs, [HIV](#) (the virus that causes AIDS), or tattoos and/or body piercings. On top of this, you may develop a range of non-specific symptoms and signs of infection and liver problems, such as easy bruising or bleeding, loss of appetite, weight loss, fatigue, [jaundice](#) (yellow discoloration of the skin and eyes), dark urine, itching, ascites (fluid buildup in the abdomen), swelling in your legs, drowsiness, confusion, slurred speech, and spider angiomas (spiderlike blood vessels on the skin).

If you are positive for HCV, various studies will be conducted to test your liver for damage, including blood tests and imaging, such as magnetic resonance imaging (MRI) and a type of ultrasonography called transient elastography, which determines how stretchy or still your liver is. If it is still, this

suggests a great deal of fibrosis, meaning a lot of damage. A liver biopsy (sample of the liver) may also be taken for laboratory analysis.

Does HCV cause problems during pregnancy?

Women with HCV have an elevated risk of developing [gestational diabetes](#). This can cause the fetus to grow very large, making it necessary for you to have a caesarian delivery. HCV infection also increases your risk of developing a pregnancy liver complication known as [intrahepatic cholestasis](#) of pregnancy (ICP). Over time, HCV infection can lead to [cirrhosis](#) (scarring of the liver) and liver failure, requiring liver transplantation. It also can lead to liver cancer.

Does HCV cause problems for the baby?

Although HCV in the mother is associated with gestational diabetes, which causes the fetus to grow very large, the same infection in the mother also is associated with fetal growth restriction and low birth weight (LBW). Additionally, it is associated with preterm delivery and birth defects. It is not clear whether these fetal problems are due to the virus itself, or to factors that are more likely in infected women, such as lifestyle factors. If you are infected with HCV, there also is a 6 percent chance that you will pass the infection to your baby. This may or may not result in the baby becoming ill and having serious liver problems due to the fact that you are making antibodies that help protect the baby against HCV. Then later, the baby's immune system learns to make antibodies against the virus.

What to consider about taking medications when you are pregnant or breastfeeding:

- The risks to yourself and your baby if you do not treat the HCV infection
- The risks and benefits of each medication you use when you are pregnant
- The risks and benefits of each medication you use when you are breastfeeding

What should I know about using medication to treat HCV during pregnancy?

HCV is treated with a combination of two antiviral medications: pegylated interferon-alpha (PEG-INF-a) and ribavirin (RBV). PEG is injected once per week, while ribavirin is in a pill form that you can take twice per day, and other drug regimens are becoming available. This therapy interferes with proteins that help the virus reproduce and is very effective. However, since the treatment is not well studied in the setting of pregnancy, it is recommended that pregnant women take the therapy, only as part of a clinical trial.

Who should NOT stop taking medication for HCV during pregnancy?

If you are taking antiviral treatment for HCV while you are pregnant, then most likely, you are in a clinical trial, in which case your medications and the schedule will be carefully controlled.

What should I know about choosing a medication for my HCV during pregnancy?

It is important to stay in communication with your health care provider as the release of new studies over time can change the outlook on the role of specific medications during pregnancy.

You may find Pregistrys expert reports about the medications to treat this condition [here](#). Additional information can also be found in the sources listed below.

What should I know about taking a medication for my HCV when I am breastfeeding?

Ribavirin is not thought to be dangerous in nursing mothers since it is given to infants to treat a different virus that infects the respiratory system. PEG-INF-a is known to enter breastmilk and is not well studied in neonates. For this reason, it may be wise not to breastfeed if you are on combination antiviral therapy for HCV.

What alternative therapies besides medications can I use to treat my HCV during pregnancy?

If the condition advances to the point of giving you severe liver damage, the definitive treatment will be liver transplantation, which can be performed only after you have delivered your baby. As of 2019, there are no vaccines available against HCV.

What can I do for myself and my baby when I have HCV during pregnancy?

Follow the instructions of your physician. Be assured that HCV can be treated and that an increasing number of drug therapies are likely in the near future.

Resources for HCV in pregnancy:

For more information about **HCV** during and after pregnancy, contact <http://www.womenshealth.gov/> (800-994-9662 [TDD: 888-220-5446]) or contact the following organizations:

- [Mayo Clinic. Hepatitis C](#)
- [Cleveland Clinic. Hepatitis C](#)

Last Updated: 16-12-2019

General information

It is very common for women to worry about having a miscarriage or giving birth to a child with a birth defect while they are pregnant. Many decisions that women make about their health during pregnancy are made with these concerns in mind.

For many women these concerns are very real. As many as 1 in 5 pregnancies end in a miscarriage, and 1 in 33 babies are born with a birth defect. These rates are considered the background population risk, which means they do not take into consideration anything about the health of the mom, the medications she is taking, or the family history of the mom or the baby's dad. A number of different things can increase these risks, including taking certain medications during pregnancy.

It is known that most medications, including over-the-counter medications, taken during pregnancy do get passed on to the baby. Fortunately, most medicines are not harmful to the baby and can be safely taken during pregnancy. But there are some that are known to be harmful to a baby's normal development and growth, especially when they are taken during certain times of the pregnancy. Because of this, it is important to talk with your doctor or midwife about any medications you are taking, ideally before you even try to get pregnant.

If a doctor other than the one caring for your pregnancy recommends that you start a new medicine while you are pregnant, it is important that you let them know you are pregnant.

If you do need to take a new medication while pregnant, it is important to discuss the possible risks the medicine may pose on your pregnancy with your doctor or midwife. They can help you understand the benefits and the risks of taking the medicine.

Ultimately, the decision to start, stop, or change medications during pregnancy is up to you to make, along with input from your doctor or midwife. If you do take medications during pregnancy, be sure to keep track of all the medications you are taking.