Hepatitis C in Pregnancy

Hepatitis is a very serious and common infection in pregnant women. Hepatitis is caused by a virus that affects the liver and can cause damage to the liver, infection, cirrhosis (*disease that kills liver cells*), and even death. There are several types of Hepatitis: A, B, C, D, and E. Hepatitis C is the leading cause of liver disease in the United States. Hepatitis virus A and B have vaccines available to prevent the disease. The other types do not have a vaccine available yet.

A pregnant woman with HCV (*hepatitis C virus*) and who develops a viremia (*HCV with RNA virus gets into the bloodstream*) has a 2 to 8% chance of passing the infection on to the fetus. If there was no HCV RNA virus found in the blood, then the chance of infecting the fetus is rare.

The risk of infecting the fetus with hepatitis C is greater if the pregnant woman also has HIV (*human immunodeficiency virus*). Pregnant women with HIV have a 44% chance of infecting the fetus. There is also an increased risk of infection to the fetus in a mother with a high hepatitis C virus count in the blood, with prolonged rupture of the membranes (*water breaking, 6 hours or more*), and with using internal fetal monitoring (*electrode placed on the fetal scalp during labor*).

At this time there are no vaccines or treatments available to lower the risk of spreading HCV to the fetus. There is no evidence that a vaginal delivery will infect the baby with HCV. Therefore, there is no need to deliver the baby by Cesarean section (*C-section*) unless there is some other reason for the Cesarean delivery.

It is difficult to diagnose HCV in the newborn, because the mother's antibodies pass into the baby through the placenta. The only way is to do frequent PCR blood tests (*DNA tests*) on the baby, that look for the genetic material of the HCV. It is thought that babies can clear themselves of the HCV, because of the antibodies transferred to the baby through the placenta.

CAUSES AND RISK FACTORS

The direct cause of hepatitis is a virus. There are several risk factors, including:

- Blood transfusions.
- Intravenous illegal drug users.
- Tattooing, acupuncture, body piercing.
- Sharing drinks, straws, or toothbrushes.
- Scissors from barbers and hairdressers.
- People vulnerable to sexually transmitted disease.
- Hemophilia (*delayed blood clotting*), sickle cell disease (*abnormal red blood cells*).
- Organ and tissue transplant patients.
- Patients on dialysis.

The risk of infecting the fetus while doing an amniocentesis (*removing fluid from the baby's sac, with a needle*) in a pregnant woman with HCV is very low.

HCV screening is recommended in high risk pregnant women.

SYMPTOMS

Symptoms occur 30 to 60 days after exposure to the virus. 75% of patients may not have any symptoms.

- Tiredness.
- Loss of appetite.
- Nausea.
- Pain in the upper abdomen, over the area of the liver.
- Yellow color in the skin and whites of the eyes (*jaundice*).

- The urine is dark.
- The stool is a very light or gray color.

DIAGNOSIS

- Hepatitis is suspected during physical examination, when jaundice and the symptoms mentioned above are present.
- Doing a liver biopsy (*taking a tissue sample*), usually not done in pregnant women.
- Blood tests that show:
  - Increased bilirubin (*chemical in the blood and bile*).
  - Increased alanine aminotransferase (*ALT, enzyme in the liver*).
  - Increased aspartate aminotransferase (*AST, enzyme in the liver*).
  - Blood clotting abnormalities.
  - Finding the HCV antibody in the blood.

TREATMENT

Pregnant women with encephalopathy (*brain dysfunction*), with blood clotting problems or who are severely ill, should be put in the hospital and treated extensively with:

- Intravenous fluids.
- Correcting any electrolyte imbalance (*salts in the bloodstream*).
- Giving blood and platelets, for the blood clotting problems.
- Almost complete bed rest.
- Balanced and nourishing diet.

For pregnant women not severely ill:

- Avoid physical activity, exercise, and housework.
- Eat a balanced diet.
- Get plenty of rest and sleep.
- Protect your upper abdomen from injury (*trauma*). It could cause rupture of a swollen, enlarged liver.
- Avoid contact with sex partners.
- Avoid close and intimate contact with family and friends.

For pregnant women with chronic liver disease from HCV:

- An expert in liver disease should evaluate and treat the patient.
- Inform your family, friends, needle sharing and sex partners of your disease.
- Learn how to lower the risk of spreading and preventing HCV.

HOME CARE INSTRUCTIONS

- Follow your caregiver's instructions, and take the medicines as recommended.
- Avoid intimate contact with family, friends, and your sex partner.
- Inform your family, friends, and sex partner that you have HCV.
- Protect your abdomen from injury (*trauma*).
- Get plenty of rest and sleep.
- Eat a nutritious and balanced diet.
- Take your vitamins and supplements, as directed by your caregiver.
- Get someone to help you with your household and daily activities.

SEEK MEDICAL CARE IF:

- You have or think you have been exposed to hepatitis.
- You develop nausea, tiredness, and loss of appetite.
- Your urine is dark, and your stool is light or gray.
- You develop pain in your upper abdomen.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your skin and the whites of your eyes turn yellow.
- You have an oral temperature above 102° F (38.9° C), not controlled by medicine.
- You develop abdominal pain.
- You develop bruising or bleeding problems.
- You develop a severe headache.

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