Hepatitis C and Women
Hepatitis C and women

A growing number of young women are living with hepatitis C. Hepatitis C progresses slowly and often has no noticeable symptoms. Most people with hepatitis C don’t know they have it.

It is especially important for young women to know if they have hepatitis C. Approximately 1 in 20 women living with hepatitis C will pass the virus on to their baby during pregnancy and birth. The chances increase to 1 in 5 if the mother also has HIV.

Because it is important to you that you and your baby are healthy, learn the facts about hepatitis C.
Thinking about having a baby?

Think about hepatitis C.

If you have ever injected or snorted drugs, even once, you should ask to be tested, treated and cured for hepatitis C before becoming pregnant. Treating and curing hepatitis C will protect you and your baby.

If you are concerned about becoming pregnant while taking hepatitis C treatment, talk with your health care provider about treatment options and pregnancy planning. Some treatments may interact with hormones, including birth control pills.

If you are already pregnant and living with hepatitis C, talk to your health care provider to be sure you and your baby get the care that you need.
Hepatitis C is a virus that can cause serious health problems, like liver cancer, liver failure and even death.

Hepatitis C is spread when the blood of someone who has hepatitis C enters the body of someone who does not have the virus, through:

- injecting drugs, even once.
- tattoos or body piercings from an unlicensed tattoo artist or piercer.

The risk of getting hepatitis C from sex is low. The risk increases if you:

- have sex with many people;
- have a sexually transmitted disease (STD);
- have rough sex; or
- if you have HIV.

Hepatitis C is not passed through casual contact, such as kissing, hugging, touching, or sharing food.
Hepatitis C is curable.

Treatment is easy to take.
Most people have few-to-no side effects.
Treatment during pregnancy is not recommended. Certain treatments may cause birth defects.
Women with hepatitis C should be treated before becoming pregnant.
Step 1: Hepatitis C antibody test

The hepatitis C antibody test looks for hepatitis C antibodies, the body’s attempt to fight off the hepatitis C virus. This test can be done by collecting a blood sample and sending it to a lab, or by a fingerstick using a hepatitis C rapid antibody test.

The hepatitis C antibody test will tell you if you have ever had hepatitis C, but it cannot tell if you have hepatitis C now.

A non-reactive or negative antibody test means that you do not have hepatitis C. However, if you have shared injection drug equipment in the last 6 months, you will need to be tested again.

A reactive or positive antibody test means that you have antibodies to hepatitis C in your blood. You were exposed to hepatitis C at one time. You may have hepatitis C. You will need a second test to know for sure.
Step 2: Hepatitis C RNA test

The hepatitis C RNA test checks for hepatitis C virus in your blood. The result can either be undetectable or detectable. Sometimes the result may also be reported as a viral load (the amount of virus in your blood).

An **undetectable** test result means you don’t have the virus in your blood and do not currently have hepatitis C.

A **detectable** test result means that hepatitis C virus was found in your blood. This means that you have hepatitis C, and should talk to your health care provider about treatment for hepatitis C.

If you learn you have hepatitis C, take steps to stay healthy and protect your liver.

- Stop or cut back on drinking alcohol.
- Make sure you are vaccinated against hepatitis A and B.
- Eat healthy, exercise and get enough rest.
- Ask your health care provider before taking any prescription, over-the-counter medications, supplements or vitamins.
Regular checkups help keep you and your baby healthy, spot problems if they occur, and prevent problems during delivery.

It is important that you receive proper medical care while you are pregnant. Talk to your prenatal care provider about your hepatitis C diagnosis. They may choose to avoid certain procedures, such as amniocentesis, and interventions during labor and delivery, like fetal scalp monitoring and episiotomies, to reduce the risk of passing the virus to your baby.

Although treatment for hepatitis C is not recommended during pregnancy, you and your health care provider can make a plan for hepatitis C treatment after your baby is born.
You can safely breastfeed your baby even if you have hepatitis C.

However, breastfeeding is not recommended if you also have HIV.

If your nipple becomes cracked or bleeds, temporarily stop breastfeeding with that breast while it heals. You can continue to breastfeed using the unaffected breast. If you need to temporarily bottle-feed your baby, consider pumping and discarding the milk to maintain your supply of milk. Ask your provider about support for breastfeeding.
Talk to your baby’s pediatrician about your hepatitis C diagnosis, so your baby gets appropriate follow-up care.
Your baby will have your hepatitis C antibodies at birth. This does not mean your baby has hepatitis C. It takes time for the immune system of your baby to develop.

Up to half of children born with hepatitis C at birth will ‘clear’ or get rid of the virus on their own by the time they are three years old.

Your baby should be tested with a hepatitis C antibody test at 18 months of age. If your child needs to have blood drawn for another reason, ask that the medical provider include the hepatitis C antibody test on the lab order.

If the test is reactive or positive, your child should be tested with a hepatitis C RNA test after the age of 3 years. Treatment for hepatitis C is generally delayed until your child is older.
For more information about hepatitis C or to find a syringe exchange program or a drugstore that sells syringes without a prescription, call 1-800-522-5006 or visit www.health.ny.gov.

To find help for drug use, alcoholism or problem gambling, call 1-877-8-HOPENY or 1-877-846-7369.