

CHILDREN'S SERVICES

Mothers who are Hepatitis C Positive

Background

Hepatitis C virus (HCV) is thought to infect between 1-3% of the adult population although true incidence is difficult to establish. The majority of infected people are asymptomatic and population studies have not been performed.

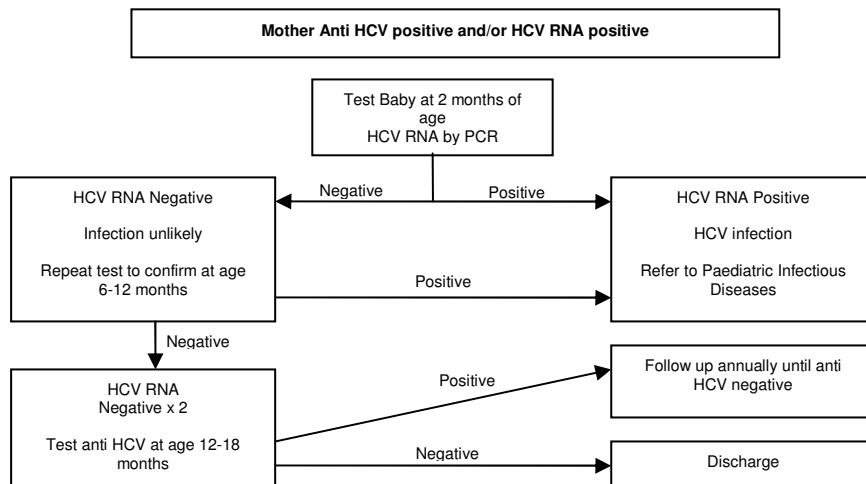
Hepatitis C is not routinely screened for in antenatal clinics. Approximately 5% of pregnant women with chronic HCV infection will transmit the virus to their infants. There are no specific interventions known to decrease perinatal transmission (e.g. elective Caesarean section).

Associated Risk Factors

- HIV positive
- Current or previous IV drug user
- Sexual partner of IV drug user
- Cocaine use
- Sexual partner of someone with HCV
- Blood transfusion in UK pre 1991, blood product pre 1996
- Medical/Dental treatment in country where infection control measures may be poor
- Tattoos, piercings, acupuncture or electrolysis where infection control procedures are poor

Management of the Baby

- Breastfeeding can be established providing there are no other contra-indications (see above)
 - Feeding should be stopped if mum develops:
 - A flare up of the HCV infection with postpartum jaundice
 - Cracked bleeding nipples
- Otherwise routine normal care
- Give Hepatitis B vaccination as per [Hepatitis B Guideline](#)
- Baby will need blood test for **HCV RNA by PCR** done at 2 months of age
 - Book appointment on Oak Ward (x2712)
 - Give parents the blood test form which they will need to take with them
 - This should be coordinated with HIV bloods tests if appropriate
 - Results to go to Dr Otunla
- Arrange outpatient follow up with Dr Otunla at 4 months of age to discuss results
 - Dr Otunla to be informed about baby



Follow up

- Babies whose PCR is positive or whose serology remain positive after 18 months should be referred to Dr Sharland, Paediatric Infectious Disease Consultant, St George's Hospital for further management and review
- They will need 6 monthly HCV RNA and ALT/AST levels
- Approximately 25% will clear the virus spontaneously

References:

1. Vertical transmission of the hepatitis C virus: Current knowledge and issues. Position statement (ID 2008-05), Canadian Paediatric Society. Paediatric Child Health Vol 13 No 6 July/August 2008
2. Rosenthal P. Hepatitis C in Children Update 2006, The HCV Advocate, www.hcvadvocate.org March 2006
3. Davison S., Mieli-Vergani G., Sira J., and Kelly D. Perinatal hepatitis C virus infection: diagnosis and management, Archives of Disease in Childhood 2006;91;781-785
4. Hepatitis C Strategy for England, August 2002, Department of Health
5. Hepatitis C – Quick Reference Guide for Primary Care, 2009, Department of Health

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Review: Feb 2012