

Women and Viral Hepatitis

Women experience hepatitis differently to men. This is both due to the effect of hormones, as well as practically, in regards to pregnancy, contraception and hormone replacement therapy.

Hepatitis C

The good news is that pre- menopausal women are more likely than men to clear hepatitis C if they are exposed to it. Furthermore, for women with chronic hepatitis C liver damage is slower, likely due to the protective factor of the oestrogen hormone.

Pregnancy

Viral hepatitis does not generally reduce the likelihood of a woman becoming pregnant. However cirrhosis may increase the risk of infertility and miscarriage.

Hepatitis A

Hepatitis A is usually an acute, short term infection which resolves without medical intervention and does not become chronic. It is transmitted via the faecal (poo) – oral route. It affects men and women in similar ways.

Hepatitis A infection during pregnancy is rare and transmission from mother to baby has not been reported. The course of infection is the same as in non-pregnant women and outcomes are positive for mother and baby. There have been reports of effects on pregnancy such as premature contractions and placental separation only in developing countries.

Hepatitis A vaccination is not usually recommended for women who are pregnant or breastfeeding. However in some circumstances it may be. It is important to speak to your doctor about if you are at risk of hepatitis A and not immune.

Hepatitis B

It is recommended that all pregnant women are tested for hepatitis B.

There is a risk of transmission during birth, however with specialist care this can be reduced. Some strategies may include antiviral therapy for the mother at certain times in the pregnancy to reduce her viral load and hepatitis B vaccination and immunoglobulin for the infant as soon as practical after birth.

It is important to then ensure the infant continues to receive hepatitis B vaccinations as per the current immunisation schedule.

Infants born to mothers with chronic hepatitis B should be tested at 9-12 months.

Hepatitis B vaccination for pregnant women is not routinely recommended, however may be appropriate if you are not immune and at increased risk. It is important to speak with your doctor if you think you are at risk of hepatitis B.

Hepatitis C

The risk of mother to child transmission for hepatitis C is low, about 5%. This is more likely to be during birth rather than pregnancy.

If the mother's viral load is high or there is existing HIV co-infection then transmission is more likely.

All babies born to mothers with hepatitis C will test positive for antibodies. This does **not** mean they have hepatitis C. Mostly their antibodies will disappear at 15-18 months of age.

It is important to remember that pregnancy must be avoided during and sometimes after hepatitis C treatment. It is not known what effect the medication has on babies in utero.

Hep B and C

Transmission during pregnancy is associated with invasive procedures such as amniocentesis (the collection of fluid from the womb for testing).

The risk of transmission during birth is increased with the use of invasive devices such as forceps and scalp electrodes as they may break the infant's skin. Therefore, unless clinically indicated these should be avoided.

There is no indication that caesarean sections are safer, the rates of hepatitis transmission are the same as vaginal births. No obstetric guidelines or the World Health Organisation recommend caesarean sections on the basis of hepatitis.

Breastfeeding

Studies have shown that breastfeeding does not transmit hepatitis and the benefits of breastfeeding outweigh the risks of transmission.

The exception to this is if the woman has bleeding or cracked nipples then breastfeeding should cease until it has healed.

Breastfeeding is not contraindicated in hepatitis A, however the woman should be conscious of washing their hands before breastfeeding.

Menstruation

The liver plays a role in regulating hormones. Hepatitis can disrupt this balance.

It is not uncommon for women living with hepatitis to report irregular periods with varying and more severe premenstrual symptoms. It is important to discuss this with your doctor as menstrual changes can occur for a number of reasons, it may not be due to hepatitis.

As blood to blood is a route of transmission for hepatitis, the risk of transmission to your sexual partner is higher whilst you are menstruating.

Contraception

Some women tolerate the oral contraceptive pill, while others don't. The same applies for women with hepatitis. If you are experiencing more severe levels of liver disease, you may not be able to tolerate hormones present in oestrogen-based contraceptive pills (the most common pill). This is because oestrogen is broken down by your liver. This impaired metabolism of the pill may also reduce its effectiveness.

In these cases, the progesterone-only pill ('mini pill') or Depo-Provera (3 monthly injection) may be preferable. In any case, women with hepatitis should consult a gynaecologist or women's health specialist to see which birth control methods are most suitable for them.

Hormone replacement therapy

It is important to discuss with your doctor if you should use hormone replacement therapy for menopausal symptoms. In some cases, doctors may recommend external vaginal creams and skin patches rather than pills.

To find out more, please call the Hepatitis Infoline on **1800 703 003**

This info sheet is intended as a general guide only. It is not intended to replace expert or medical advice.

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