

Women with hepatitis C have a number of specialised needs related to their reproductive and sexual health. Women need accurate information to assist them to make informed decisions about their health care needs.<sup>1</sup> The impact of hepatitis C on the reproductive and sexual health of women is not well understood and warrants further research.

## Menstruation

Menstrual fluid contains blood and other body fluids. As hepatitis C is transmitted by blood-to-blood contact, there is in theory the possibility of transmitting hepatitis C through contact during menstruation. However, the risk of heterosexual or female-to-female sexual transmission is extremely low and there is no evidence that sex during menstruation increases risk of sexual transmission. In theory, having sex while menstruating can increase the risk of transmitting hepatitis C if your sexual partner has any open cuts, wounds or abrasions. Using dental dams for oral sex, and condoms with male partners will reduce the risk of blood to blood contact.

Following standard precautions for infection control will lower the risk of transmitting hepatitis C through menstruation. This includes disposing of used tampons and sanitary pads in hygienic disposal units or in leak proof plastic bags in the general rubbish.

Most women's periods do not change because they have hepatitis C, although some find they miss a period or have shorter periods. It is important to understand that any change in your menstrual cycle may not be related to having hepatitis C. Any change in a woman's menstrual cycle should be discussed with a doctor, as it may or may not be related to hepatitis C.

## Birth control

The oral contraceptive pill is fine for the vast majority of women with hepatitis C however if you have severe liver disease, you may not be able to tolerate the oestrogen hormones that are in the oral contraceptive pill or in HRT. This is because the liver may have problems breaking down these hormones. Please consult your doctor for further information on the use of the oral contraceptive pill or HRT.

Women with hepatitis C with severe liver damage, or who are experiencing significant symptoms, should discuss the use of the contraceptive pill with their doctor.

There are other forms of contraception that can be explored. This includes hormone injections or implants and barrier methods such as the diaphragm. It is important that all these options are explored with a trusted doctor to find what is best for your situation.

## Menopause

Just as oestrogen hormones in the oral contraceptive pill can cause problems for women with hepatitis C, hormone replacement therapy (HRT) may also not be well tolerated.

The hormonal changes that women with hepatitis C experience as part of menopause are not all associated with the virus—seek the advice of a doctor or an endocrinologist (a hormone specialist) for any problems experienced with menopause and HRT.

## Pregnancy

Hepatitis C does not reduce the likelihood of a woman becoming pregnant. The risk of hepatitis C transmission from mother to child is low, about 6%. Hepatitis C is more likely to be transmitted during birth than while the baby is inside the mother.

<sup>1</sup>Gifford, S. M., O'Brien, M. L., Bammer, G., Banwell, C. & Stooze, M. [2003]. Australian women's experiences of living with hepatitis C virus: Results from a cross-sectional survey. *Journal of Gastroenterology and Hepatology*, 18, 841–850.

Women with low levels of the virus in their blood are unlikely to transmit hepatitis C to their baby. Women with high levels of the virus, those with serious liver damage or those in the acute phase of infection, have a higher risk of transmitting hepatitis C to their baby.

A baby born to a mother with hepatitis C will inherit the mother's antibodies and test antibody positive until the child is about 15–18 months of age. In most cases, the child's hepatitis C antibodies naturally disappear after 18 months. Therefore, testing a baby for hepatitis C is not recommended until the baby is older than 2 years. In saying this though, infection can be detected by PCR testing as early as 2–3 weeks. So, if parents are concerned they can ask for this to be done after 4–6 weeks, with follow-up testing if negative.

Pregnancy is also not considered to cause deterioration of liver disease in women who have hepatitis C.

Women with hepatitis C on treatment (pegylated interferon and ribavirin) are required to use two forms of contraception (one for each partner) to ensure they do not become pregnant during their treatment, and for six months following the end of treatment. This is because pegylated interferon and especially ribavirin can cause birth defects.

### Breastfeeding

There are no confirmed reports of hepatitis C transmission from mother-to-baby by breast milk. Current scientific opinion remains that there is no significant evidence of HCV transmission through breast-feeding. Scientists have found traces of the virus in breast milk and colostrum (the breast fluid produced by the mother in the first few days of breastfeeding) but not enough to transmit hepatitis C. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists currently recommends that breastfeeding should not be discouraged, as no cases of hepatitis C transmission have been documented by this route.

Damage to the breast such as cracked nipples could pose a possible risk to the baby if blood-to-blood contact occurs through small tears or scratches in or around the baby's mouth. It is recommended that women with hepatitis C who are breastfeeding should express and discard their breast milk while their nipples are cracked. Treat cracked nipples so they do not bleed and seek help from a breastfeeding counsellor or nurse lactation consultant to discuss ways of preventing cracked nipples.

Breast milk supplies a balanced food supply for the baby, as well as protecting the baby from many illnesses especially in the first weeks, however, the final decision whether to breastfeed is entirely up to the mother.

### For more information

For further information on hepatitis C please contact the national infoline 1300 HEP ABC (1300 437 222). The infoline diverts to information and support lines at your local state or territory hepatitis council.

Some of the information above has been abridged from various resources, these resources include:

**Contact** (Hepatitis Australia)—can be ordered from your local Hepatitis Council (ph. 1300 437 222) or download PDF from [www.hepatitisaustralia.com](http://www.hepatitisaustralia.com)

**Women and Hepatitis C** (Hepatitis Australia)—can be ordered from your local Hepatitis Council (ph. 1300 437 222) or download PDF from [www.hepatitisaustralia.com](http://www.hepatitisaustralia.com)