# National Neonatal Network Guideline: Blood Borne Virus during pregnancy

# Management of babies born to mothers with Hepatitis C

## Document Control Sheet

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## Disclaimer

The recommendations in this guideline represent the view of the National Neonatal Network Guideline Development Group, arrived at after careful consideration of the evidence available. When exercising their clinical judgement, healthcare professionals are expected to take this guidance fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to follow the guideline recommendations and it remains the responsibility of the healthcare professional to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

# Contents

# 1. Introduction

This guideline has been produced to ensure that all babies born to mothers with Hepatitis C across Scotland are managed and followed up appropriately.

### 1.1 Purpose

This guideline is aimed at all clinical staff in Scotland who are responsible for the care and management of babies born to mothers with Hepatitis C (HCV).

### 1.2 Background

HCV is recognized as a worldwide public health problem, the global prevalence of chronic HCV infection is estimated to be approaching 3%, with over 170million infected people. Prevalence of HCV in Scotland varies from 0.4 - 0.8%.

HCV is a blood-borne virus discovered that predominantly affects the cells of the liver. This can result in inflammation and significant damage to the liver. It can also affect a number of other areas of the body including the digestive system, the lymphatic system, the immune system and the brain.

Vertical transmission has been reported in 4-8% of pregnancies, but can be as high as 25% if the mother has other co-infections such as HIV.

# 2. Antenatal

Based on the last UK NSC review, universal screening for Hepatitis C in pregnancy is not currently recommended. However, HCV antibody testing is offered to pregnant women who self-identify or have been identified with risk factors. In the UK, most community hepatitis C infections occur in intravenous drug users. Identification of pregnant women considered to be at risk of Hepatitis C, and arrangements to offer screening to these women are dealt with in separate obstetric guidelines.

# 3. Perinatal considerations

If a pregnant woman is HCV antibody positive, it is important to determine the mother's HCV RNA status during pregnancy, as follow-up of her baby depends on this result.

Pregnant women who are **HCV antibody positive but HCV RNA negative** do not pose a risk of transmission to their baby therefore there is no need to test the baby after birth and no follow up of the baby is required. Infants born to women who are HCV antibody positive will test positive for HCV antibody at birth.

Babies born to **HCV RNA positive** mothers do require testing. Bloods are not required from the infant at birth. It is important to inform the mother of the need for follow-up. This should occur with a Specialist Infectious Diseases Paediatrician or Paediatrician with specialist interest. Generally, HCV RNA testing would be performed twice between 3 and 9 months and HCV antibody testing at 18 months.

The majority of infected infants are PCR positive at 3 months (occasionally negative due to intermittent viraemia), and will need regular Specialist paediatric follow up. An infant is defined as infected if there have been 2 positive PCR samples taken 2 months apart. A definitely non-infected infant has a negative antibody test at 18 months with 2 negative PCRs prior to this.

# 4. Breastfeeding

Transmission of HCV via breast milk has not been documented and therefore breast feeding is not contraindicated.

# 5. Communication & Follow up

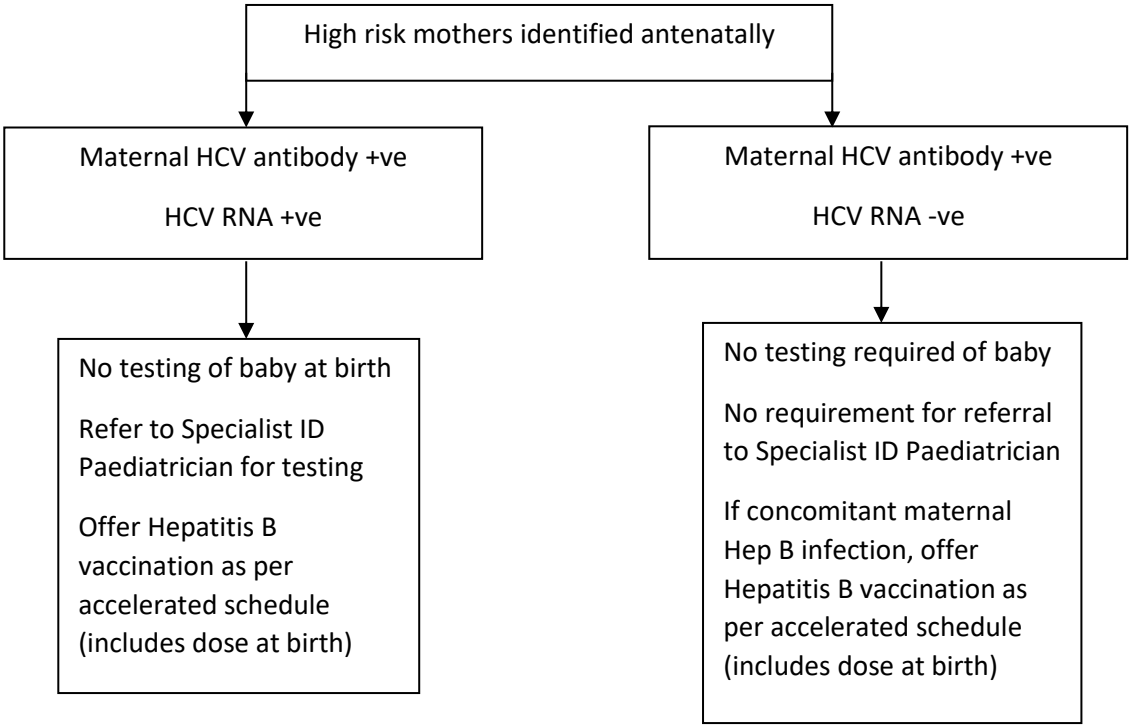
The parents / carers should be provided with an Information Sheet. In babies born to HCV RNA positive mothers, a referral letter must be sent to the Specialist Paediatrician with copies to the GP, Health Visitor and Public Health, in line with local policy. Information should also be entered on the TRAK postnatal discharge screen.

# 6. Immunisations

For infants whose mothers are PCR positive or where there is concomitant Hepatitis B infection in the mother, Hepatitis B vaccination should be offered at birth as per the accelerated schedule.

If there are any uncertainties at any time during the management of an infant exposed to HCV in pregnancy, contact the on-call Neonatal Consultant or local Paediatric Infectious Disease Consultant as appropriate.

# 7. Summary




# 8. Contributors

## 8.1 Key contributor

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## 8.2 Short life working group

National Neonatal Network Blood Borne Virus SLWG

## 8.3 Stakeholder group

National Neonatal Network Guideline Oversight Group