

What is 'best practice' if I have hepatitis C as well as HIV?

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Treating your HIV with combination [ARV](#) [1]A medication or other substance which is active against retroviruses such as HIV. is definitely recommended if you have hepatitis C ([HCV](#) [2]Hepatitis C virus.), as HIV replication makes it more likely that you could transmit (HCV) to your baby.

Treating your HIV lessens the chance of HCV transmission (otherwise the chance of HCV transmission is estimated as up to 18%). The goal of therapy would be to keep HIV [viral load](#) [3]A measurement of the quantity of HIV RNA in the blood. Viral load blood test results are expressed as the number of copies (of HIV) per milliliter of blood plasma. below 50 copies/ml if possible.

However, **do not treat your HCV during, or up to six months before pregnancy.** One of the drugs used to treat HCV, [ribavirin](#) [4]An antiviral drug which is effective against a range of viruses including herpes, the hepatitis C virus and several strains of influenza. , is associated with birth defects and foetal death. Pregnancy does not affect HCV progression unless you have cirrhosis (scarring of the [liver](#) [5]A large organ, located in the upper right abdomen, which assists in digestion by metabolising carbohydrates, fats and proteins, stores vitamins and minerals, produces amino acids, bile and cholesterol, and removes toxins from the blood.).

During pregnancy, avoid invasive procedures like amniocentesis because this procedure could enable infection of your baby to occur.

Risk of HCV transmission is increased during delivery if your waters break more than six hours before delivery ('prolonged rupture of membranes', which also increases the chance of HIV transmission). For this reason having a pre-labour elective caesarean is often recommended, although there is no research actually showing that this decreases transmission (the studies have not been done). Any invasive monitoring procedures such as foetal scalp monitoring are also advised against.

Infant HCV

Hepatitis C antibodies will pass from the mother to the baby. These antibodies don't clear from your child's system until about 18 months of age. He or she can be tested for hepatitis C at that time, but if it is important to know before that time; a hepatitis C PCR test can be carried out at 1-2 months, and then repeated. If both of these are negative, your child does not have hepatitis C infection, even though antibodies will remain for some time.

If your child does have HCV don't be alarmed. Children are usually symptom free, and they have a better response to HCV treatment than adults, often experiencing few or no side effects.

Disease progression is usually minimal for the first 20 years. Children cannot undergo treatment for HCV until they are 18 years old.

[Other issues in delivery](#) [6][up](#) [7][Feeding your new baby](#) [8]

- [ANET resources](#)
- [hepatitis C](#)

Links:

[1] <http://www.napwa.org.au/glossary/term/122>

[2] <http://www.napwa.org.au/glossary/term/132>

[3] <http://www.napwa.org.au/glossary/term/416>

[4] <http://www.napwa.org.au/glossary/term/352>

[5] <http://www.napwa.org.au/glossary/term/102>

