Should pregnant women be routinely tested for HCV?
Yes. CDC guidance recommends universal HCV screening for all pregnant persons during each pregnancy, even if there is no history of other risk factors.

When should children born to HCV-infected mothers be tested to see if they were infected at birth?
Perinatally exposed children at age 2 to 6 months should be tested with a nucleic acid test (NAT) for HCV RNA. A NAT for HCV RNA is recommended for perinatally exposed infants and children aged 7–17 months who previously have not been tested, and a hepatitis C virus antibody (anti-HCV) test followed by a reflex NAT for HCV RNA (when anti-HCV is reactive) is recommended for perinatally exposed children aged ≥18 months who previously have not been tested.

What is the risk that an HCV-infected mother will spread HCV to her infant during birth?
The risk of transmission from mother is child is 6% to 7%. Transmission typically occurs in utero but can occur during delivery, and no prophylaxis is available to prevent it. The risk is increased by the presence of maternal HCV viremia at delivery and is two to three times greater if the woman is coinfected with HIV. Most infants infected with HCV at birth have no symptoms and do well during childhood. More research is needed to find out the long-term effects of perinatal HCV infection.

Should a woman with HCV infection be advised against breastfeeding?
No. There is no evidence that breastfeeding spreads HCV. However, HCV-positive mothers may want to consider abstaining from breastfeeding if their nipples are cracked or bleeding.