Society for Maternal-Fetal Medicine

HEPATITIS C IN PREGNANCY

Consult Series #56

PREVALENCE: 1-4%
[antenatal]

TRANSMISSION

#1 percutaneous exposure to blood (injection of illicit drugs)

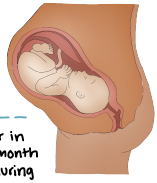
other
- sharing contaminated devices
- exposure to infected blood
- sex

LEADING CAUSE
of HCV infection in children

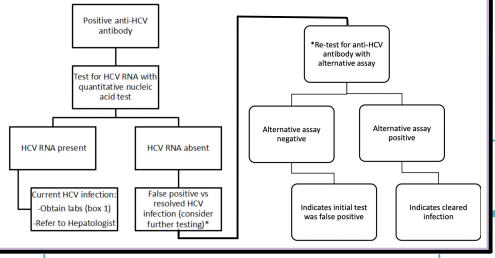
VERTICAL transmission

1/3 to 1/2 occur in-utero before the last month

1/2 to 2/3 occur in last month or during delivery

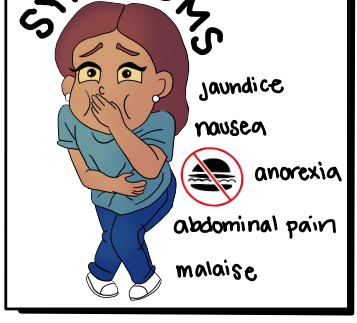


ALGORITHM to identify current HCV



acute HCV
1st 6mo. after infection

SYMPTOMS



DIAGNOSIS

Anti-HCV Ab
- develop 2-6mo after exposure
- persist throughout life

HCV RNA
- indicates active infection
- detectable 1-3w after exposure

SCREENING

test all pregnant pts. for anti-HCV Ab. in every pregnancy

additionally, screen for viral hepatitis in pts w/ dx of early ICP (<24w) or bile acids ≥100 μmol/L

if virus is
1. not cleared
OR
2. not treated

chronic HCV
(usually asymptomatic)

MANAGEMENT

ANTENATAL TESTING
- is not recommended for HCV dx

IF PRENATAL TESTING REQUESTED
- counsel patient that data regarding the risk of vertical transmission are reassuring but limited

MODE OF DELIVERY
- recommend AGAINST cesarean delivery solely for the indication of HCV

POSTNATAL CARE
- recommend that HCV status NOT ALTER standard breastfeeding recommendations UNLESS nipples are cracked or bleeding (in this case, express & discard)
- anti-HCV Ab can be transmitted across the placenta
  ∴anti-HCV Ab in neonate's serum ≠ neonatal infection
  – recommend screening of infants born to HCV+ women for anti-HCV ab >18mo. of age or for HCV RNA on 2 occasions >1mo. of age

INTRAPARTUM
- AVOID internal monitors & early artificial ROM unless necessary in the course of management
- AVOID expectant management of ROM at term
- usual management of PPROM

RECOMMENDED VACCINATION for active HCV
if not immune:
HAV
HBV

RECOMMENDED LABS for active HCV
liver fn. (ALT AST bilirubin)
albumin
platelet count
prothrombin time
quantitative HCV RNA
HCV genotype
STI screening

RECOMMENDED TREATMENT
- direct-acting antiviral (DAA) [1st line in nonpregnant people]
  – Should be initiated in pregnancy ONLY in clinical trial
  – Should be continued in people that become pregnant only after shared decision making