**Hepatitis C in Pregnancy**

**Transmission**
- Percutaneous exposure to blood (injection of illicit drugs)
- Sharing contaminated devices, exposure to infected blood, sex

**Leading Cause in Children**
- Of HCV infection

**Algorithm to identify current HCV**
- Positive anti-HCV antibody
- Test for HCV RNA with quantitative nucleic acid test
  - HCV RNA present
  - Current HCV infection
  - Give counseling + refer to hepatologist
  - HIV co-infection? Consider further testing
  - HCV RNA absent
  - No test for anti-HCV antibody with alternative assay
  - Alternative assay negative
  - Indicates initial test was false positive
  - Alternative assay positive
  - Indicates cleared infection

**Acute HCV**
- 1st (6 mo. after infection)
- Jaundice, nausea, anorexia, abdominal pain, malaise

**Symptoms**
- Abdominal pain, nausea, anorexia, jaundice, malaise

**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 at neonatal infection
- Recommend screening of infants born to HCV+ women for anti-HCV Ab >1mo. of age, or for HCV RNA on 2 occasions >1mo. of age

**Screening**
- Test all pregnant pts. for anti-HCV Ab in every pregnancy
- Additionally, screen for viral hepatitis in pts ml dx of early ICP (424w) or bile acids ≥100 umol/L

**Recommendations**

**Recommended Labs**
- For active HCV
  - Liver fn. (ALT AST bilirubin) albumin
  - Platelet count
  - Prothrombin time
  - Quantitative HCV RNA
  - HCV genotype
  - STI Screening

**Recommended Vaccination**
- For active HCV
  - If not immune:
    - HAV
    - HBV

**Recommended Treatment**
- Direct-acting antiviral (DAA) [1st line in non-pregnant people]
  - Should be initiated in pregnancy ONLY in clinical trial
  - Should be continued in people that become pregnant only after shared decision making