

For media interviews, contact:

Kerri Wade for SMFM

kwade@smfm.org

+ 1 (202) 517-6121

Leading Medical Organizations Issue Recommendations Regarding Hepatitis C in Pregnancy

High-Risk Pregnancy Experts Published Eight Specific Recommendations for Screening, Treatment and Management of Hepatitis C in Pregnancy

Washington DC, October 19, 2017 – Hepatitis C (HCV) during pregnancy is associated with serious, adverse outcomes. Infants born to women with HCV are more likely to experience fetal growth restriction and low birth weight. For women, chronic HCV is associated with progressive liver damage and, during pregnancy, can be transmitted from the mother to the fetus (called vertical transmission).

Highly effective treatments for HCV now exist, but none are currently approved for use during pregnancy. Yet, up to 8% of pregnant women worldwide are infected with HCV.

The Society for Maternal-Fetal Medicine (SMFM) today released new clinical guidance regarding HCV in pregnancy entitled, "[SMFM Consult Series #43: Hepatitis C in pregnancy: screening, treatment, and management](#)." The recommendations are currently available on the SMFM website, will be published in the November issue *American Journal of Obstetrics and Gynecology*, and are endorsed by the American College of Obstetricians and Gynecologists (ACOG).

The "SMFM Consult Series #43: Hepatitis C in pregnancy: screening, treatment, and management," recommends that obstetric care providers should:

- **Screen women who are at increased risk for HCV** at their first prenatal visit. Risk factors include the use of injected or intranasal (snorted) illegal drugs; long-term hemodialysis; women who have received a tattoo or medical procedure in an unregulated setting; being the recipient of an organ transplant or blood products; a history of incarceration; women seeking care related to other sexually transmitted infections (STIs); and chronic liver disease.

If the initial screening results are negative, **screening should be repeated later in pregnancy for women with persistent or new risk factors**. HCV-positive pregnant women should be screened for other sexually transmitted infections and vaccinated for Hepatitis A and B during pregnancy.

- **Manage HCV during pregnancy, labor, and birth to decrease the risk of transmission of vertical transmission**. Recommendations include: 1.) if invasive prenatal diagnostic testing is requested, women should be counseled that data on risk is limited and amniocentesis is preferred over chorionic villus sampling; 2.) HCV alone is not an indication for cesarean birth; and 3.) providers

should avoid internal fetal monitoring, prolonged rupture of membranes, and episiotomy in HCV-positive women.

- **Treat HCV in the postpartum period.** HCV positive women can breastfeed.

“Not enough is known about the effect of most drugs on a woman and her pregnancy, or the ways in which pregnancy may alter the uptake, metabolism and effectiveness of medications,” said lead author and SMFM member, Brenna Hughes, MD, MSc. “The treatments currently available for HCV are no exception.”

“More research on HCV during pregnancy is needed to further our understanding of the virus and its treatment,” said ACOG Vice President of Practice Activities, Christopher M. Zahn, MD. “With further information, obstetric care providers will be able to adequately screen for HCV and counsel pregnant women who are HCV-positive.”

SMFM and ACOG recommend more research on HCV during pregnancy to further limit vertical transmission of the virus and to better understand the impact of HCV treatment during pregnancy. The [Task Force on Research Specific to Pregnant Women and Lactating Women](#) is beginning to address these gaps in knowledge so that obstetric care providers can counsel women about the safest possible treatment options to improve health and minimize risk.

ACOG is participating in the [National Viral Hepatitis Action Plan for 2017 – 2020](#) (NVHAP) to prevent/reduce viral hepatitis in the U.S., including HCV.

For no-cost, companion patient education materials on HCV, visit [SMFM's website](#).

###

About SMFM

The Society for Maternal-Fetal Medicine (est. 1977) is a non-profit membership organization representing the interests of obstetricians/gynecologists who have additional formal education in maternal-fetal medicine. The Society is devoted to reducing high-risk pregnancy complications by providing continuing education to its more than 2,000 members on the latest pregnancy assessment and treatment methods. It also serves as an advocate for improving public policy, and expanding research funding and opportunities for maternal-fetal medicine. SMFM hosts an annual scientific meeting in which new ideas and research in the area of maternal-fetal medicine are unveiled and discussed. For more information, visit www.smfm.org.

About ACOG

The American College of Obstetricians and Gynecologists (The College), a 501(c)(3) organization, is the nation's leading group of physicians providing health care for women. As a private, voluntary, nonprofit membership organization of more than 58,000 members, The College strongly advocates for quality health care for women, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women's health care. The American Congress of Obstetricians and Gynecologists (ACOG), a 501(c)(6) organization, is its companion organization. www.acog.org