

## HEALTHCARE PROVIDER PERSPECTIVES ON MANAGING HEPATITIS C TREATMENT DURING PREGNANCY: CURRENT PRACTICES AND PATHWAYS FORWARD

### Authors:

Burton-McKeich GK<sup>1</sup>, Russell D<sup>1</sup>, Taylor N<sup>2</sup>, Havard A<sup>2,3</sup>, Overton K<sup>4,5</sup>, Shand A<sup>6,7</sup>, Marshall AD<sup>1,8</sup>

<sup>1</sup> Kirby Institute, <sup>2</sup> School of Population Health, UNSW, <sup>3</sup> National Drug and Alcohol Research Centre, UNSW, <sup>4</sup> School of Clinical Medicine, UNSW, <sup>5</sup> Prince of Wales Hospital, Sydney, <sup>6</sup> Faculty of Medicine and Health, The University of Sydney, <sup>7</sup> Royal Hospital for Women, Sydney, <sup>8</sup> Centre for Social Research in Health, UNSW

**Background:** Women with substance use challenges are significantly less likely to initiate HCV treatment than men. Increasingly, clinical data suggests that treatment for hepatitis c virus (HCV) is safe and efficacious during the third trimester of pregnancy, and hence, Australia may soon follow the USA in permitting antenatal HCV treatment. This study aimed to qualitatively investigate healthcare provider acceptability of integrating HCV treatment and pregnancy care in Australia.

**Method:** Between September 2024 and March 2025, in-depth, semi-structured interviews were conducted with Australian healthcare providers with experience in caring for pregnant women with/at risk of HCV. Data was analysed thematically with the Health Equity Implementation Framework, facilitating the identification of environmental and social factors that impact implementation of HCV-pregnancy care models.

**Results:** Among 27 providers interviewed (e.g., nurses, obstetricians, general practitioners, infectious disease specialists), most held senior positions (median: 24 years in practice; range:10-42). Preliminary analysis indicated that participants with extensive experience in caring for women with/at-risk of HCV viewed the “pregnancy window” as narrow (Patient Factors). They also seemed willing to manage treatment antenatally regardless of their specialisation (Provider Factors). Participants with less experience tended to feel that antenatal treatment was beyond their expertise, had fewer concerns about “loss to follow-up”, and that postpartum treatment was suitable. Some participants anticipated that greater integration of HCV-pregnancy care would be straightforward by adapting care pathways for hepatitis B in pregnancy (Inner Context Factor). However, others felt that electronic fragmentation, insufficient coordination between specialists, and limited service capacity to provide client follow-up would undermine the positive effects of integrating HCV and pregnancy care.

**Conclusion:** Findings highlight discordant views among providers in delivering antenatal HCV treatment. Continued insights from our Community Expert Panel and research exploring client perspectives will further enhance our understanding of factors that impede/promote implementation of equitable HCV-pregnancy care models.

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