

Hepatitis C treatment in pregnancy: implementation of a shared decision-making care model

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Background:

Hepatitis C virus (HCV) infection among pregnant people in the United States has increased dramatically since 2000, and is associated with adverse maternal, fetal, and neonatal outcomes including perinatal transmission. In 2022, Infectious Diseases Society of America and American Association for the Study of Liver Diseases guidelines endorsed antepartum HCV treatment through shared decision making (SDM), but this has not been adopted.

Description of model of care/intervention/program:

In March 2024, our academic infectious diseases clinic in St. Louis, Missouri, USA began offering antepartum HCV treatment with direct acting antivirals (DAAs) through SDM. Initial visits occur anytime in pregnancy where risks and benefits of antepartum and postpartum treatment are discussed. If patients desire postpartum treatment, this is arranged at delivery regardless if breastfeeding. Patients choosing antepartum treatment can start DAAs in the second trimester. On-treatment safety labs with liver function and HCV RNA testing, and sustained viral response at 4 and 12 weeks are obtained.

Effectiveness:

36 pregnant patients with HCV in our health system were identified with 16 (44%) attending an SDM appointment. 14 (88%) reported intranasal or injection drug use and 14 (88%) were seen via telemedicine. 11 (69%) agreed to antepartum treatment and were prescribed DAAs, initiated at 21-31 weeks gestational age. Two patients stopped DAAs after <3 doses for reasons unrelated to treatment. 3/5 patients who chose postpartum treatment were lost to care.

Conclusion and next steps:

The majority of pregnant patients opted for antepartum HCV treatment when offered an informed choice. All were prescribed DAAs with only 2 stopping treatment after minimal exposure. Most patients pursuing postpartum treatment were lost to care before starting treatment. Innovative strategies to reach women diagnosed with HCV during pregnancy are urgently needed. Next steps include partnering with obstetricians to prescribe DAAs in pregnancy and developing a shared decision aid.

Disclosure of Interest Statement: See example below:

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