

Engaging Mother-Infant Dyads in Hepatitis C Care through Perinatal Pediatric Infectious Diseases Consultation

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Disclosures



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

- No relevant disclosures

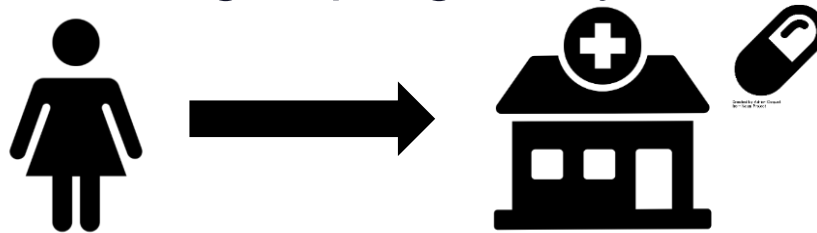
Background/Aims

- Opioid use disorder (OUD) prevalence among pregnant women in the United States quadrupled from 1999-2014¹
- 50-84% of pregnant women with OUD are HCV seropositive²⁻⁵



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- Yet few studies focus on HCV linkage and treatment following HCV testing in pregnancy



Background/Aims

- Boston Medical Center: ~75 HCV seropositive women deliver each year, 95% with documented opioid use

Recovery
Empowerment
Social Services
Prenatal Care
Education
Community
Treatment



SOFAR
(Supporting Our Families through
Addiction and Recovery)

Pediatric
Infectious
Diseases

Background/Aims

- Boston Medical Center: ~75 HCV seropositive women deliver each year, 95% with documented opioid use
- Study Aim: To evaluate whether a **maternal-child linkage consult** through pediatric infectious diseases improves **maternal HCV treatment rates**

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PROGRAM / INTERVENTION:

- Maternal-Child Health Coordinator Consult initiated in 10/2016 for all pregnant women identified as HCV seropositive
- Visit during delivery hospitalization, appointment coordination, contact during outpatient visits at BMC

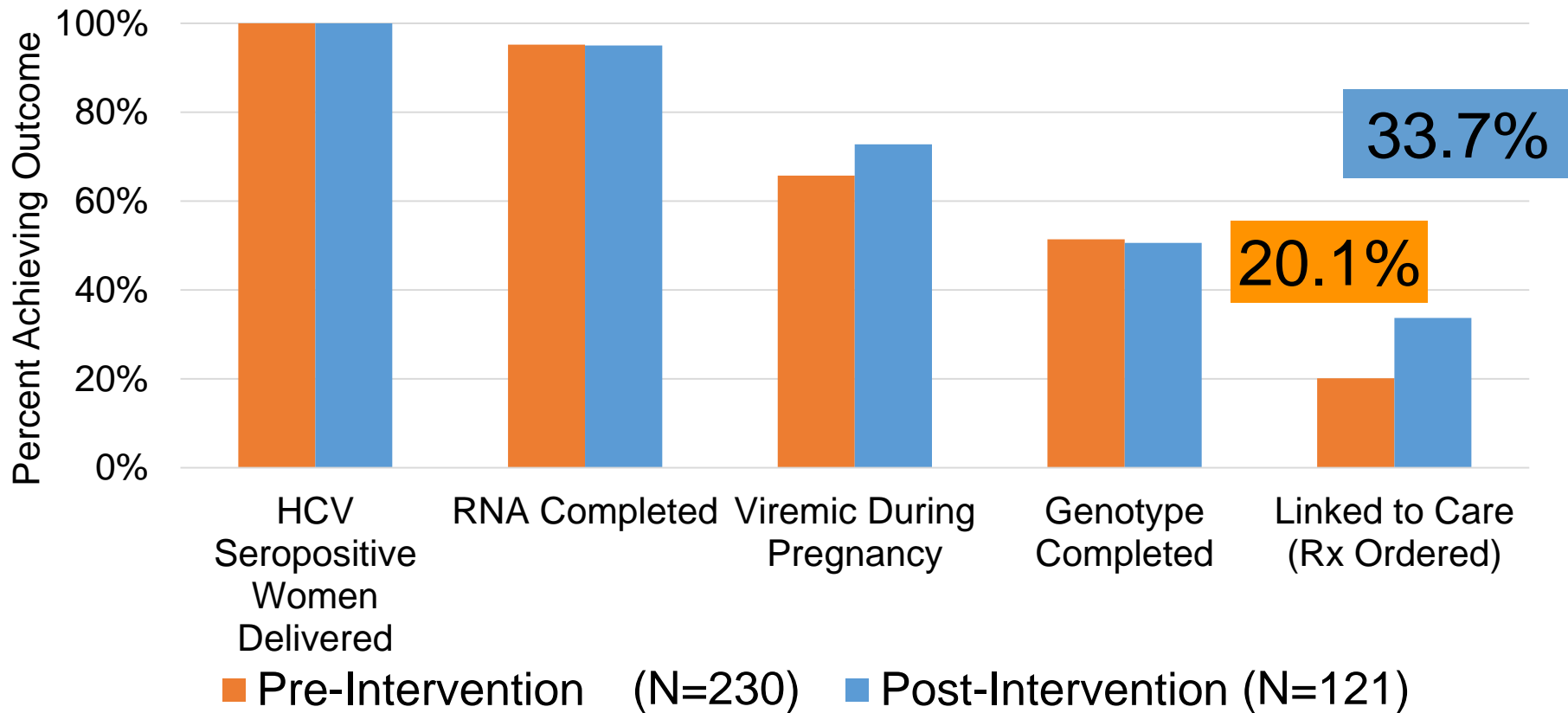
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ANALYSIS:

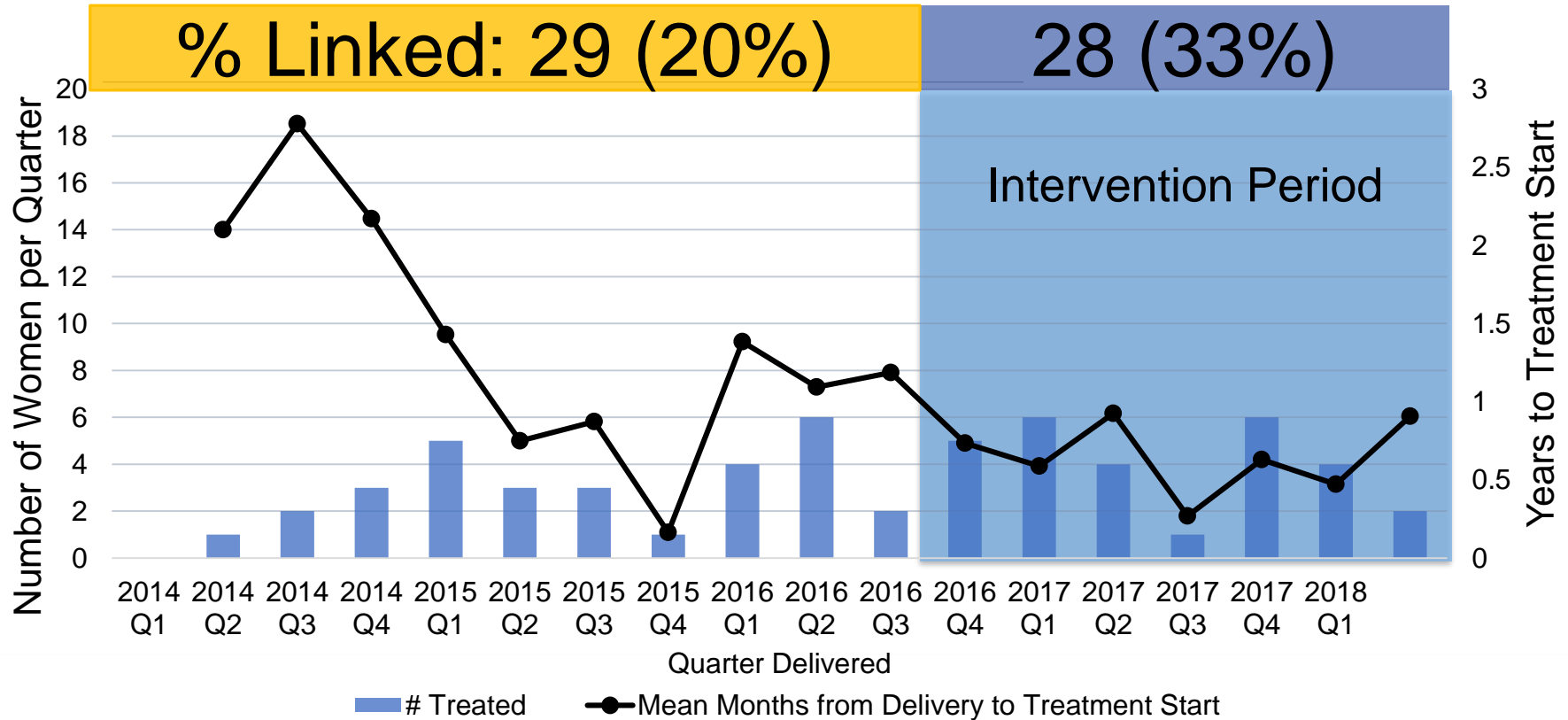
- ⦿ Retrospectively evaluated HCV+ women delivering at BMC 1/2014 - 5/2018
- ⦿ Primary Outcome: Linkage to HCV treatment (by medication prescribed), time to Rx

HCV Care Cascade



*Percentages all conditional on the prior cascade step, except Linked to Care (/Viremic)

Mean Days to HCV Treatment Prescription from Delivery Date, by quarter of delivery



Conclusions/implications

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- Over half - 57% - were treated in primary care by internists trained in HCV care
- Perinatal care may represent a unique opportunity to link women and infants to HCV cure

Acknowledgements



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- Jake Garfinkel, Elisha Wachman, and Davida Schiff