

Who defines good care? Comparing clinicians' and mothers' perspectives on the management of perinatal hepatitis C using care ethics

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Background: Australia could soon permit direct-acting antivirals for hepatitis C virus (HCV) treatment in pregnancy as evidence of their prenatal safety, efficacy, and acceptability increases. Meanwhile, pre-pregnancy or postpartum treatment is recommended. However, barriers, like stigma, deter pregnant/postpartum women from engaging with health services and treatment opportunities. This study aimed to compare the perspectives of clinicians and women who inject/ed drugs with recent or anticipated pregnancy on perinatal HCV management to identify opportunities for improvement.

Method: Between September 2024 and May 2025, in-depth, semi-structured interviews were conducted with Australian clinicians who support pregnant people with/at risk of HCV and with women. Data were deductively coded according to five values in a *care ethics* framework (attentiveness, responsibility, competence, responsiveness, solidarity). Iterative categorisation facilitated comparative analysis and theme construction.

Results: 30 clinicians representing nine specialities (e.g., obstetricians, infectious disease specialists) and 19 women participated. Many clinicians thought that if services were co-located (e.g., obstetric and infectious disease clinics), more women would receive treatment perinatally. Whereas some women felt that truly responsive models would have multiple options from where they could receive HCV treatment pregnant/postpartum (e.g., at methadone clinics, delivered to their home). Many women described experiences of care they perceived as suboptimal, like staff overlooking women's knowledge of their HCV status. Some clinicians were aware of such issues and were passionate about educating their peers on delivering stigma-free care. They also acknowledged that system-level interventions could facilitate access to perinatal treatment (e.g., definitive wording in guidelines, changes to clinical education curricula).

Conclusion: Our findings have implications for the implementation of perinatal HCV treatment. What clinicians perceive as problematic with how perinatal HCV is managed may not reflect women's primary concerns. Improving perinatal HCV care and achieving health equity for pregnant people requires genuine partnership with women who have lived experience.

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