WHO DEFINES GOOD CARE? COMPARING CLINICIANS' AND CLIENTS' 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 people from engaging with health services and treatment opportunities. This study aimed to compare the perspectives of clinicians and clients 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 clients. 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 clients participated. Many clinicians thought that if services were co-located (e.g., obstetric and infectious disease clinics), more people would receive treatment perinatally. Whereas some clients 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 clients described experiences of care they perceived as suboptimal, like staff overlooking clients' 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 clients' primary concerns. Improving perinatal HCV care and achieving health equity for pregnant people requires genuine partnership with people who have lived experience.

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