Australian healthcare provider perspectives on managing hepatitis c treatment during pregnancy: current practices and pathways forward

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Background: Women with substance use challenges are significantly less likely to initiate treatment for hepatitis C virus (HCV) than men. Clinical data suggesting that treatment is safe and efficacious during the third trimester of pregnancy is increasing. Therefore, Australia could soon permit treatment during pregnancy. The aim of the *Bridging unified management of pregnancy care in hepatitis C* (BUMP-C) study is to qualitatively investigate healthcare provider acceptability of integrating HCV treatment and pregnancy care in Australia.

Method: Between September 2024 and January 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 analysis was informed by the Health Equity Implementation Framework, facilitating the identification and evaluation of factors that impact implementation and equity.

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 often recommended treatment post-partum. 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 treatment alongside pregnancy care.

Conclusion: Findings highlight discordant views among providers in delivering antenatal HCV treatment. Additional research, especially that which includes client perspectives, will enhance our understanding of factors that could impede/promote implementation of equitable HCV-pregnancy care models.

Disclosure of Interest Statement: GKBM, DR, NT, AH, KO, and AS have no disclosures of interest. ADM is a chief investigator on a Gilead Sciences grant. This research is funded by a Health Systems Research Theme 2024 Collaborative Grant (UNSW Sydney) and the National Health and Medical Research Council (Alison Marshall NHMRC EL1 Investigator Grant 2026888).