

Are we leaving pregnant women behind? Hepatitis C management cascade of care during pregnancy at a metropolitan obstetric centre in Melbourne

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Background:

The availability of direct-acting antivirals (DAAs) for hepatitis C (HCV) has been a key strategy in progressing the WHO and National goals for HCV elimination by 2030. Currently DAAs are not approved in pregnancy due to lack of safety data with treatment deferred to post-partum which risks loss to follow up. This represents a missed opportunity for treatment of a vulnerable population while they are engaged in healthcare for their pregnancy and to reduce the risk of perinatal transmission.

Methods:

A retrospective audit was conducted at a tertiary maternity hospital in Melbourne. Pregnant women with positive HCV antibodies between 2011 and 2023 were identified from the Birthing Outcomes System. Medical records were assessed for antenatal testing and review, postpartum linkage to care, and infant testing, prior to and following availability of DAAs in 2016.

Results:

A total of 753 pregnancies were analysed. 88% (660/753) had a HCV polymerase chain reaction (PCR) available, with rates of positivity declining from 51% pre-2016 to 40% post-2016 ($p=0.002$). 60% (211/350) of women with positive HCV PCR were reviewed antenatally or postpartum for HCV and 20% had documentation of treatment post-partum. Only 29% (103/350) of infants born to HCV PCR positive mothers had appropriately timed testing while 9% (67/753) of infants underwent blood tests that were not indicated.

Conclusion:

Despite the welcome decline in HCV prevalence, this study reveals substantial gaps in the cascade of care for pregnant women and their infants. With emerging evidence for safety of DAAs in pregnancy, linkage and retention in care must be improved. Identifying these gaps provides the ability to leverage unique opportunities in pregnancy to advance the elimination agenda.

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