Hepatitis C & Pregnancy

1. For women with ongoing exposure or exposure within the past 6 months (new or ongoing use of injected or intranasal drugs), repeat HCV antibody screen in third trimester.
2. To determine if false positive antibody screen or past infection, testing with another HCV antibody assay may be considered.

Unknown HCV

HCV antibody screen for all pregnant women at first prenatal visit

- **Nonreactive** → **STOP (1)**
- **Reactive** → **HCV RNA**
  - **Detected** → **Current HCV infection See management below**
  - **Not detected** → **No current infection** → **Additional testing as appropriate (2)**

HCV RNA positive

PRECONCEPTION

- Consultation with hepatologist
- Pregnancy not contraindicated
- Treatment is recommended **prior** to pregnancy to avoid vertical transmission

ANTEPARTUM

- Treatment during pregnancy is contraindicated unless in a clinical trial
- Abstain from alcohol use
- Check baseline LFT's and if abnormal refer to hepatologist
- Avoid amniocentesis and CVS, although if necessary would recommend amniocentesis due to lack of data regarding CVS
- Would have high index of suspicion for cholestasis with jaundice and pruritis

INTRAPARTUM

- Minimize interval from ROM to delivery
- Avoid placement of fetal scalp electrode
- Avoid episiotomy
- Cesarean delivery for obstetric indications only

POSTPARTUM

- Recheck HCV RNA
- If active infection, refer to hepatology for postpartum consult
- Breastfeeding acceptable with HCV infection unless with cracked, bleeding nipples
- Pediatric surveillance