Over 25% of Women With Hep C Were Diagnosed During Pregnancy

Despite new guidelines, too few infants born to mothers with hepatitis C were screened for the virus.

November 20, 2020 By Sukanya Charuchandra

In a study presented at the AASLD Liver Meeting Digital Experience, researchers reported that more than a quarter of pregnant women with hepatitis C virus (HCV) were diagnosed during a pregnancy screening. But less than one third of infants born to women with hep C were appropriately tested for the virus, highlighting a major gap in care.

Pregnant women with hep C have a 5.8% chance of transmitting the disease to their newborns. According to guidelines from the Centers for Disease Control and Prevention, the United States Preventive Services Task Force and the American Association for the Study of Liver Diseases, all women should be screened for hep C during pregnancy, and infants born to women with hep C must be screened as well. Moreover, women with liver cirrhosis need to be screened for hep C and receive specialist care both during and after pregnancy. This marks a significant change from older guidelines that recommended that testing be restricted to at-risk individuals.

“In the setting of the recently updated national guidelines for universal HCV screening in pregnancy, our study draws attention to the work we need to do in order to optimize outcomes in women with HCV and their children,” Tatyana Kushner, MD, of the Icahn School of Medicine at Mount Sinai in New York City, said in a press release.

Kushner and her colleagues conducted a population-based retrospective cohort study using Canadian health care information on pregnant women diagnosed with hep C and cirrhosis. Linked data for their infants were also used, including whether optimal antibody testing for hep C had been administered at 12 months of age or older.

Out of 1,393 pregnant women with hep C, 194 births were recorded among 151 women with cirrhosis between 2000 and 2014. The average age of these women was 32, and 93% of them lived in urban areas. Some 31% had a substance use disorder, and 6% had obesity.

The researchers reported that 51 (26%) of the 151 women tested positive for HCV RNA (indicating active infection) while pregnant, 106 (55%) were found to have cirrhosis before pregnancy and 71 (36%) were diagnosed with cirrhosis during or after pregnancy.

Fewer than 3% of the women were found to have deteriorated liver function during pregnancy. But the team reported finding adverse pregnancy outcomes: 5% of these women had intrahepatic cholestasis, 9% had hypertensive complications, 11% had postpartum hemorrhage and 5% had gestational diabetes.

Of the 194 infants born to these 151 women, only 62 (32%) received optimal testing for hep C; 82 (42%) were screened for hep C antibodies, 17 (21%) of those 82 were tested for antibodies again at 1 to 2 years old and 34 (18%) received HCV RNA testing. Of those appropriately tested, less than 10% came back positive.

On further analysis, the researchers found that appropriate hep C testing for infants was linked to maternal age and when the mother was diagnosed with cirrhosis. But poor liver function in mothers and adverse pregnancy outcomes were not linked to optimal hep C testing for infants.

“Our study’s findings demonstrate a high prevalence of adverse outcomes, such as cholestasis of pregnancy in women with HCV, as well as low rates of appropriate follow-up and testing of infants born to mothers with HCV and advanced liver disease,” said Kushner. “This draws attention to the importance of identifying women with HCV during pregnancy with appropriate screening, as well as close monitoring during pregnancy, and the importance of identifying ways to improve follow-up of their infants.”

Click here to read the study abstract.

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