

Call to Action: Routine Hepatitis C Screening in Pregnancy

From the American Academy of Family Physicians; American College of Nurse-Midwives; American College of Obstetricians and Gynecologists; Association of Women's Health, Obstetric and Neonatal Nurses; National Association of Nurse Practitioners in Women's Health; and Society for Maternal-Fetal Medicine.

INTRODUCTION

Routine screening for various infectious agents is an essential part of prenatal care, offering critical protection to pregnant patients and their infants against potentially deadly pathogens. The Centers for Disease Control and Prevention (CDC) recommends hepatitis C screening for all pregnant women during each pregnancy (1). The American Academy of Family Physicians; American College of Nurse-Midwives; American College of Obstetricians and Gynecologists; Association of Women's Health, Obstetric and Neonatal Nurses; National Association of Nurse Practitioners in Women's Health; and Society for Maternal-Fetal Medicine strongly support this recommendation. As professional organizations whose members care for pregnant individuals, we affirm the importance of including hepatitis C screening as an integral part of routine prenatal care and recommend hepatitis C screening during each pregnancy.

HEPATITIS C VIRUS

Hepatitis C is the most reported bloodborne infection in the United States, with an estimated 66,700 new acute infections and 107,300 newly identified chronic cases of hepatitis C virus infections in the United States in 2020. From 2019 to 2020, the incidence rate of acute hepatitis C increased by 15%. Individuals aged 20–39 years have the highest incidence of acute hepatitis C infection (2).

Because of the increasing number of hepatitis C infections among women of childbearing age, perinatal transmission (intrauterine and intrapartum) is increasing. Between 1998 and 2018, the prevalence of hepatitis C virus-positive pregnancies in the United States increased 16-fold. Maternal hepatitis C infection is associated with an increased odds of preterm labor, fetal distress, and poor fetal growth (3). Approximately 0.4% of live births are delivered by pregnant individuals with hepatitis C infection (4, 5), and 6% of infants born to women with hepatitis C will become infected (6).

ROUTINE HEPATITIS C SCREENING IN PREGNANCY

Hepatitis C screening in every pregnancy is recommended at the same time as other first trimester routine antenatal testing is performed to identify pregnant individuals with hepatitis C infection and infants who should receive testing at a pediatric visit. Hepatitis C screening during pregnancy should be an opportunity to promote a dialogue between pregnant individuals and their clinicians about hepatitis C transmission and risk factors (7).

Ideally, hepatitis C infection would be diagnosed before pregnancy, and when possible, pre-pregnancy screening for hepatitis C infection is recommended in individuals who have not yet been screened, in accordance with the recommendation for screening at least once in all adults (1, 8). When possible, eligible patients with hepatitis C virus infection should complete therapy before pregnancy (9).

YOUR ROLE AND RESPONSIBILITIES

Collectively, the American Academy of Family Physicians; American College of Nurse-Midwives; American College of Obstetricians and Gynecologists; Association of Women's Health, Obstetric and Neonatal Nurses; National Association of Nurse Practitioners in Women's Health; and Society for Maternal-Fetal Medicine are deeply committed to improving hepatitis C screening rates in pregnancy and ask that our members commit to the following:



1. Strongly recommend that all pregnant individuals undergo hepatitis C screening in each pregnancy.
2. Perform routine hepatitis C screening in pregnancy, ideally during the first prenatal visit.
3. When patients test positive for hepatitis C before pregnancy, clinicians should connect them with care so that they can complete direct-acting antiviral treatment before becoming pregnant.
4. When patients test positive for hepatitis C during pregnancy, clinicians should connect them with care so that these individuals may begin direct-acting antiviral treatment postpartum and after completion of breastfeeding.
5. Collaborate to ensure systems are in place to inform the pediatrician responsible for the care of the newborn about the mother's hepatitis C carrier status.

Making a strong recommendation for hepatitis C screening in pregnancy is a crucial piece to curbing what the CDC calls a "serious public health threat" (2). Messaging should consistently emphasize the importance of screening in each pregnancy as a part of routine prenatal care for the health of the patient and their newborn.

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