PRACTICE AID

Management of HCV During Pregnancy and Postpartum[1]

Full abbreviations, accreditation, and disclosure information available at **PeerView.com/UDA40**

PeerView Infectious Diseases

Hepatitis B Foundation

For persons of reproductive age with known HCV infection, antiviral therapy is recommended ***BEFORE*** considering pregnancy

AASLD has no recommendation on treatment during pregnancy, as there are no clinical trial data evaluating the efficacy and safety of DAAs in pregnancy; however, treatment can be considered on a case-by-case basis

Monitoring Recommendations During Pregnancy

Recommendation	Rating
HCV RNA and routine liver function tests are recommended at initiation of prenatal care for HCV antibody–positive pregnant persons to assess the risk of MTCT and severity of liver disease	I, B
All pregnant persons with HCV infection should receive prenatal and intrapartum care that is appropriate for their individual obstetric risk(s), as there is no currently known intervention to reduce MTCT	I, B
In HCV-infected pregnant persons with pruritus or jaundice, there should be a high index of suspicion for intrahepatic cholestasis of pregnancy (ICP) with subsequent assessment of ALT, AST, and serum bile acids	I, B
HCV-infected persons with cirrhosis should be counseled about the increased risk of adverse maternal and perinatal outcomes; antenatal and perinatal care should be coordinated with a maternal-fetal medicine OB	I, B

Monitoring Recommendations Postpartum

Recommendation	Rating
Breastfeeding is **not contraindicated** in postpartum persons with HCV infection, except when the person has cracked, damaged, or bleeding nipples, or in the context of HIV coinfection	I, B
Postpartum persons with HCV infection should have their HCV RNA reevaluated after delivery to assess for spontaneous clearance	I, B

While breastfeeding is not contraindicated in the presence of HCV, DAAs have not been evaluated for safety during lactation

HCV levels can fluctuate postpartum, perhaps because of the release of tolerance in HCV-specific T lymphocyte responses that develop during pregnancy

HCV may spontaneously clear in the postpartum period, so HCV RNA should be re-evaluated prior to starting or resuming DAA therapy

1. https://www.hcvguidelines.org/unique-populations/pregnancy.