

Hepatitis C virus in pregnant women in South Australia.

A retrospective case audit

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Background

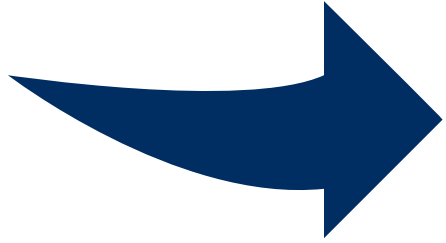
Universal screening of pregnant women for hepatitis C (HCV) has resulted in higher diagnosis rate during pregnancy.

Management of Hepatitis C in pregnancy



Recommendation	Grade and reference
Recommendation 1 Although not universally recommended, RANZCOG considers that all pregnant women should be screened for Hepatitis C so that risk stratification can be performed and measures taken to both reduce perinatal transmission and minimise occupational exposure. Knowledge of HCV status allows counselling for women who may be eligible for treatment prior to embarking on a future pregnancy (see section 8).	Consensus-based recommendation
Recommendation 2 It is recommended that individuals who are HCV positive have a PCR test for HCV RNA, as the risk of perinatal transmission is dependent on the presence of HCV RNA. Liver function tests should be performed at the time of checking HCV RNA status. As HIV co-infection increases the risk of transmission, HIV status should be ascertained if not already performed.	Consensus-based recommendation
Recommendation 7 All infants of HCV positive mothers should be screened following delivery to determine whether they have been infected. Care should be taken to ensure the appropriate interval has passed for the neonate to become PCR+/- antibody positive.	Consensus-based recommendation
Recommendation 8 Given that antiviral curative treatment for Hepatitis C is now readily available, consideration should be given to screening all women prior to pregnancy so that they are able to make an informed choice regarding treatment prior to embarking on pregnancy. Existing treatments for HCV are not recommended during pregnancy or breast feeding. In particular ribavirin is teratogenic (Category X).	Consensus-based recommendation

RANZCOG provides guidance on recommended practice



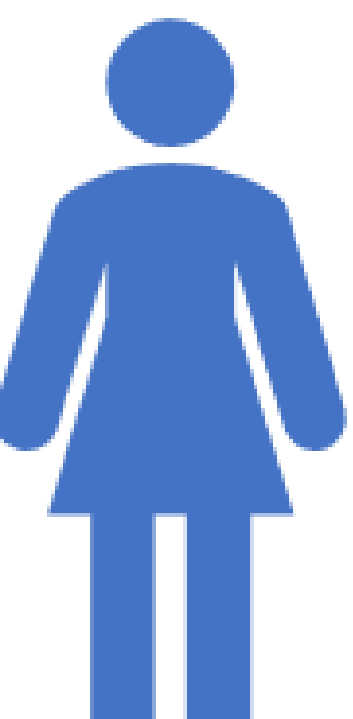
Objective

This study was performed to better understand current management of women with HCV and their infants during pregnancy and postpartum in a South Australian context and identify opportunities for practice improvement.

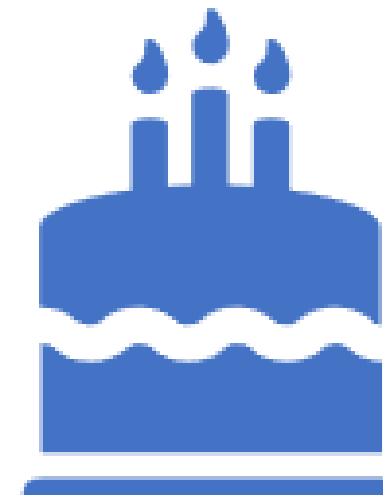
Methods

A retrospective descriptive case record audit of HCV-positive women receiving antenatal & postnatal care at 3 tertiary referral hospitals in Adelaide, SA.


Results - Women -




54 women with HCV (RNA positive)



Age 33 +/- 6 yrs (mean/SD)



94% born in Australia
24% indigenous Aust




77% current or previous IDU

HCV diagnosed prior to conception in 91%


8% women diagnosed through antenatal screening.

Results - clinical management




55% were referred to Infectious Diseases or Hepatology specialists during pregnancy. Documentation of a recommendation for follow up was present for 55% of women. Documented attendance at follow up for 24%


Results - infant management



Birthweight 2932g +/- 557g (mean/SD)



37% infants admitted to special care nursery, 5% admitted to NICU



Documentation advising follow up of infant's HCV status 63%.
37% infants had negative HCV status

For discussion

Incomplete referral practices of HCV+ women during pregnancy (55%), or incomplete provision of follow-up advice in discharge summaries (55%) leads to missed opportunities for health education, and future harm minimisation, including access to highly effective antiviral therapy.

We intend to START a quality improvement program to address the gaps that have been identified in our work to date



Government of South Australia

SA Health

We acknowledge the financial support received from the Northern Communities Health Foundation