




HCV in Pregnancy

Testing


Recommendation for Universal Hepatitis C Screening in Pregnancy	
RECOMMENDED	RATING 
All pregnant women should be tested for HCV infection (see Recommendations for Initial HCV Testing and Follow-Up), ideally at the initiation of prenatal care.	IIb, C

Whom to Treat

Recommendation Regarding HCV Treatment and Pregnancy	
RECOMMENDED	RATING 
For women of reproductive age with known HCV infection, antiviral therapy is recommended before considering pregnancy, whenever practical and feasible, to reduce the risk of HCV transmission to future offspring.	I, B

Not Recommended Regarding HCV Treatment and Pregnancy	
NOT RECOMMENDED	RATING 
Treatment during pregnancy is not recommended due to the lack of safety and efficacy data.	IIb, C

Monitoring During Pregnancy


Recommendations for Monitoring HCV-Infected Women During Pregnancy	
RECOMMENDED	RATING 
HCV RNA and routine liver function tests are recommended at initiation of prenatal care for HCV-antibody-positive pregnant women to assess the risk of mother-to-child transmission (MTCT) and degree of liver disease.	I, B
All pregnant women 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

Recommendations for Monitoring HCV-Infected Women During Pregnancy

In HCV-infected pregnant women with pruritus or jaundice, there should be a high index of suspicion for intrahepatic cholestasis of pregnancy (ICP) with subsequent assessment of alanine aminotransferase (ALT), aspartate aminotransferase (AST), and serum bile acids.	I, B
HCV-infected women 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 (ie, high-risk pregnancy) obstetrician.	I, B

Postpartum Issues

Recommendations Regarding Breastfeeding and Postpartum Care for HCV-Infected Women

RECOMMENDED	RATING 
Breastfeeding is not contraindicated in women with HCV infection, except when the mother has cracked, damaged, or bleeding nipples, or in the context of HIV coinfection.	I, B
Women with HCV infection should have their HCV RNA reevaluated after delivery to assess for spontaneous clearance.	I, B

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