HCV in Pregnancy
In Tennessee

- Towers, et al 2020 SMFM Meeting of over 5000 prospectively tested pregnant women for HCV
  - ~1% rate of HCV positivity in our general obstetrical population
  - 12% rate of HCV positivity in our clinic population
  - 65% rate of HCV positivity in our SUD clinic
- found that testing for HCV only in patients with risk factors misses too many patients
- Many patients who are found to be positive strongly argue that they have never used IV drugs
Hepatitis C Virus Diagnosis In the Neonate

- Towers – JMFNM 2018
  - 127 newborns delivered of HCV viral load + mothers
  - Neonates given FU appointments/directions/phone #
  - Only 55 (43%) were seen at 18 months by pediatrics
  - 48 (38%) never followed-up
  - 24 (19%) only went to 1-2 visits (lost by 3 months of age) and were never tested
  - Our recommendation is to perform HCV-PCR shortly after birth or at the first pediatric office visit
Sharing of Snorting Straws

- Sharing of snorting utensils (straws) in the process of snorting opiates (or any other drug) is probably an additional risk factor for becoming infected with HCV (or any other blood-borne viral infection)
Recommendations and Future Research

- Fully agree with Universal HCV screening in pregnancy
- We need the completion of studies on the use of and safety of DAA drugs in pregnancy
- Too many neonates are lost to follow-up post delivery, so I recommend testing the newborn with PCR early
- Work on improving follow-up access for the mother and newborn post-delivery
- Make sure the population fully knows that HCV can possibly be transmitted by other means beyond IV drug use (sharing of snorting utensils)