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Recently Pregnant Women With Hepatitis C Face Gaps in Treatment

Among people starting treatment for opioid use, recently pregnant women were the least likely to receive antiviral therapy for HCV.

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In a retrospective national study of over 19,000 people with hepatitis C starting treatment for opioid use disorder, just 32% of recently pregnant women received antiviral medications within a year, much lower than rates among men, according to results published in O&G Open. The findings point to pregnancy-related barriers that may worsen existing treatment disparities.

“People with hepatitis C are often asymptomatic for years after being exposed, so if you are young, otherwise healthy and have a new baby, getting prompt treatment may not be a top priority, especially if it is challenging to access,” lead study author Caroline Cary, BA, of the Washington University St. Louis School of Medicine said in a news release. “It’s imperative to make hepatitis C care more readily accessible to new moms considering the long-term consequences of the condition.”

Sharing drug injection equipment is a common route of hepatitis C virus (HCV) transmission, and people with opioid use disorder have a higher prevalence compared with the population at large. Within this group, prior research has found that men are more likely than women to be linked to care and direct-acting antiviral therapy, which cures most people who complete treatment.

Experts recommend HCV screening during each pregnancy. Direct-acting antivirals are not specifically approved for pregnant women, although some have been shown to be safe and effective for this population. Guidelines from the American Association for the Study of Liver Diseases state that women of reproductive age should receive HCV treatment before considering pregnancy, if feasible. Pregnant women may be treated after discussing the risks and benefits with their doctor, or they may defer treatment until after delivery and completion of breastfeeding.

Cary and colleagues analyzed the link between sex, pregnancy status and hepatitis C treatment among people receiving care for opioid use disorder in the United States.

They used the Merative MarketScan Commercial and Multi-State Medicaid Databases (2015–2019) to access data from people with HCV who were entering treatment for opioid use. The study population included 19,668 people, of whom 45% were men, 39% were women without recent

pregnancy and 17% were women who were recently pregnant. Most (89%) were white, and 91% were covered by Medicaid.

Within a year after initiating opioid use treatment, 37% were prescribed direct-acting antivirals. Men and women who had not been pregnant recently were more likely to receive HCV therapy compared with women who were recently pregnant. Recently pregnant women were substantially less likely to receive antiviral treatment than men (32% versus 41%) and slightly less likely than women who hadn't been pregnant recently (32% versus 36%). Female sex and recent pregnancy were independent risk factors for a lower likelihood of being prescribed antivirals.

"[O]ur findings identify recent pregnancy as a barrier to HCV treatment and possible driver in observed sex-based disparities," the study authors concluded. "Further research must be done to determine optimal care delivery strategies for pregnant and postpartum individuals. Given the challenges described regarding postpartum linkage to HCV care, we suggest that pregnancy could be a window of opportunity for HCV treatment that must be further studied."

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