

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
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SUMMARY	Appropriate management of a woman with Hepatitis C infection with the aim to reduce mother-to-child transmission (MTCT) and provide appropriate postnatal follow-up optimising maternal and neonatal health
Key Words	Hepatitis C, positive, transmission, mother to child

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This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to support the safe and effective management of the pregnant woman with Hepatitis C infection, minimise the risk of mother-to-child transmission (MTCT), and provide clear guidance for appropriate postnatal care, support, and follow-up to optimise both maternal and neonatal health outcomes

Definitions:

ALT	Alanine Aminotransferase
CMC	Clinical Midwifery Consultant
CNC	Clinical Nurse Consultant
HCV	Hepatitis C Virus
LFT	Liver Function Tests
PCR	Polymerase Chain Reaction
PROM	Prolonged Rupture of Membranes
RNA	Ribonucleic Acid

Interpretation of Results

HCV antibody positive and RNA PCR negative	Shows evidence of exposure to the virus, no risk of fetal/neonatal transmission.
HCV antibody positive and RNA PCR positive	Indicates active infection/risk of fetal/neonatal transmission
LFTs - ALT elevation	Shows evidence of liver disease, high level associated with disease progression

2 RESPONSIBILITIES

2.1 Staff (medical, midwifery, nursing)

- Medical and midwifery/nursing staff to ensure appropriate screening is offered to woman with timely follow up of results and referrals as advised
- Report findings and results
- Document comprehensive care plan in electronic medical record

3 PROCEDURE

3.1 Antenatal

- Counsel and screen woman for Hepatitis C at booking with antibody (Ab) testing
 - Document on antenatal card and in medical record
 - Inform the woman if she is Hepatitis C antibody positive that she may have Hepatitis C, however further testing is required
 - Arrange further serology/tests:^{2,6}
 - Hepatitis C Virus (HCV) PCR (PCR detects the virus, not just the antibodies to the virus present in blood)
 - Liver function tests (LFTs)
 - Ensure woman has been tested for Hepatitis B and Human Immuno-Deficiency Virus (HIV) during pregnancy
 - Inform woman if she is Hepatitis C Ab positive **AND** HCV PCR positive using clear language (e.g. “You have Hepatitis C”)
 - Give woman information leaflet about Hepatitis C if this is a new diagnosis <https://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/hepatitis-c.pdf>
 - Arrange an appointment for the woman who is Hepatitis C Ab and HCV PCR positive in ‘Infections in Pregnancy’ antenatal clinic which occurs every fortnight in maternity outpatient’s department. Written referral on standard consultation referral form (SMR050.010) is required and can be made by the midwife/JMO on behalf of obstetrician for the next available clinic.
 - Inform infection control Clinical Nurse Consultant (CNC) of new Hepatitis C diagnosis on RHW telephone extension 26339 or mobile 0499 390 358. Leave message with details if outside of business hours.
 - Inform the woman that Hepatitis C is a notifiable disease.
 - Notify the Public Health Unit (PHU) of a new diagnosis via phone 9382 8333 or Fax 9382 8314 business hours or On-Call PHU nurse after hours through POW Switch 9382 2222)
 - Inform woman that treatments for Hepatitis C are not recommended during pregnancy, however, encourage her to attend the POW Infectious Disease clinic or Liver clinic in pregnancy to discuss treatment postpartum for her long-term health
 - Make the following referral at the same time as referring to Infections in Pregnancy clinic:
 - Woman who is Hepatitis C PCR positive to Infectious Disease (ID) clinic at POW (referral to A/Prof Marianne Martinello):
 - with full RHW obstetrician/medical officer details provided (e.g. provider number and clinic name/address for correspondence)
 - state if interpreter needed
 - fax referral form (SMR050.010) to 02 9382 3403 and woman will be contacted, usually by SMS, for an appointment. Phone 9382 3405 if you need to discuss any issue with ID clerical staff
 - advise woman she will have care provided by Infectious Diseases Staff Specialist, Fellow and Viral Hepatitis CNC (mobile 0476 896 392 or ext. 23486) irrespective of Medicare eligibility/status, need for interpreter
- OR
- Woman Hepatitis C PCR positive who has severe liver disease to Prince of Wales (POW) Liver Clinic at 20 weeks gestation:

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- with full RHW obstetrician/medical officer details provided (i.e. provider number and clinic name/address)
- telephone 02 9650 4899 to make appointment and then fax written referral form (SMR050.010) to 02 9650 4898. Advise if interpreter needed.
- advise woman this clinic is held in Professor Riordan's private rooms at POWPH with public patients and Medicare ineligible patients being billed the same as they would be at RHW public clinic
- Inform genetic counsellor/maternal fetal medicine (MFM) team for Hepatitis C PCR positive woman when being referred for high risk of aneuploidy/known fetal anomaly. Given the potential for mother to child transmission (MTCT) for HCV RNA positive woman with diagnostic testing such as CVS or amniocentesis, non-invasive prenatal screening (NIPS) may be considered in some cases
- Retest the woman who is at high risk of reinfection in the third trimester as advised in Sexually Transmitted Infections (STI), Blood born virus (BBV) Antenatal Screening and Treatment CBR. Repeat HCV PCR for woman in the third trimester who is HCV Ab pos and has ongoing risk factors for HCV **BUT** HCV PCR neg as women can be re-infected with a different strain through high-risk behaviour such as IV drug use.
- Counsel, plan and document contraceptive advice regarding long-acting reversible contraception (LARC) methods for the postpartum period. Reiterate to woman the importance of reliable contraception when undergoing treatment for Hepatitis C postpartum

3.2 Admission - antenatal/intrapartum/postpartum

- Collect urgent antenatal serology, including Hepatitis C Ab screen on admission for woman who has not been screened or who has had no antenatal care. The HBsAg and HIV should be marked as urgent. The laboratory must be telephoned between 0800-1700 hours on ext. 29152. After hours, telephone central reception desk on ext. 29601
- Manage prelabour rupture of membranes (PROM) at term and preterm as routine care
- Avoid fetal blood sampling and the use of fetal skin electrodes if HCV PCR positive where possible
- Determine mode of birth according to usual obstetric indications. Caesarean section is not recommended as a means of reducing perinatal transmission of Hepatitis C
- Document in maternal and neonatal discharge summary, including neonatal NSW Health 'My personal health record' (blue book)
- Ensure contraception plan is in place, preferably with LARC method and encourage postnatal follow up with infectious diseases or liver clinic to discuss treatment

3.3 Neonatal

- Notify neonatology team of neonate born to HCV PCR positive woman
- Clean neonate's eyes and non-intact skin with water as soon as possible after the birth²
- Clean injection site with alcohol swab and allow to air dry before administering vitamin K, hepatitis B, or any other injections². There is no need to cover with a bandage.

- Refer to lactation CMC for breastfeeding support to reduce nipple trauma and bleeding, but continue breastfeeding in the interim
- Refer to RHW NCC CBR for follow up [Hepatitis C Positive Mother – Neonatal Management](#)

4 DOCUMENTATION

- Medical Record
- Antenatal card

5 EDUCATION NOTES

- Hepatitis C is a significant public health problem and one of the most commonly reported notifiable diseases in Australia¹
- Detection of Hepatitis C antibody indicates exposure to HCV, either current or past infection. False positive tests may occur.
- Detection of HCV RNA (hepatitis C RNA positive) indicates current infection.
- If the hepatitis C antibody is positive and HCV RNA test is negative, there is no risk of transmission from mother to baby as the infection has cleared²
- Hepatitis C is a blood borne virus predominantly transmitted through sharing injecting equipment, which accounts for approximately 90% of new infections and 80% of existing infections³
- Transmission can also occur^{1,4}
 - through non-sterile tattooing and body piercing
 - through non-sterile medical or dental procedures, particularly in countries of high Hepatitis C prevalence
 - from mother to infant during delivery if the mother has detectable Hepatitis C virus in her blood
 - in occupational settings through needle-stick injuries and accidental exposures to infected blood or blood products
 - through transfusion of infected blood or blood products in Australia before 1990
- Around 65-85% of people exposed to Hepatitis C develop chronic infection, defined as the presence of the Hepatitis C virus in the bloodstream for longer than six months.¹ The remaining 15-35% will spontaneously clear the infection, but will continue to have detectable antibodies^{1,7}
- Highly effective treatment for Hepatitis C (“direct acting antivirals”) became available in Australia in 2016, with up to 95% cure rate with few side effects. Consequently, preconception screening for hepatitis C should be offered to women to allow treatment prior to pregnancy.
- After 20 years of infection between 40% and 60% of people with chronic Hepatitis C will experience symptoms and develop liver damage. All women who have Hepatitis C should be advised regarding the possibility of ongoing liver damage. Women with chronic Hepatitis C should be advised to limit their alcohol intake¹
- Rates of vertical transmission are low (~8%). This is negligible if the Hepatitis C RNA is negative. HIV and Hepatitis C RNA positive co-infection increases the risk to 9-45%⁵

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- Pregnant women diagnosed with Hepatitis C should be appropriately referred for treatment following pregnancy and cessation of breastfeeding²
- Children born to mother with hepatitis C should have follow up arranged. Children diagnosed with Hepatitis C should be referred to a paediatric service with expertise in viral hepatitis. Direct-acting antivirals can be offered to children and are available via the Pharmaceutical Benefits scheme.
- The oral contraceptive pill and progesterone only pills are suitable for most women with chronic Hepatitis C. However, for women with severe liver disease, options without oestrogen, (such as Implanon, Intra-Uterine Contraceptive Device (IUCD) or barrier methods) may be more suitable
- Reliable contraception is advised for women postpartum having treatment for Hepatitis C

6 RELATED POLICIES/PROCEDURES

- Standard Precautions Area Infection Control Policy Directives
- Sexual Transmitted infections (STI) Blood borne viruses (BBV) Antenatal Screening and Treatment
- Hepatitis C Positive Mother – Neonatal Management

7 REFERENCES

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8 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers, or other culturally specific services

9 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017 044-Interpreters Standard Procedures for Working with Health Care Interpreters.

10 NATIONAL STANDARDS

- Comprehensive Care- Standard 5
- Preventing and Controlling Infections -Standard 3

11 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Oct 2012		Endorsed Maternity Services Division LOPs group
Dec 2012		Approved Quality & Patient Safety Committee
Mar 2021		Reviewed and endorsed Maternity Services LOPs
Oct 2025	V1	Draft update
Nov 2025		Out for UAT
Jan 2026		Endorsed by Maternity CBR Committee
Feb 2026		RHW BRGC