Hepatitis C Is Rising Among Pregnant People and Newborns

Pregnant people at highest risk for hepatitis C were white, American Indian or Alaska Natives and lived in the Northeast or Appalachia.

November 12, 2021 By Sukanya Charuchandra

Hepatitis C diagnoses among pregnant people and their babies escalated over the past decade, according to research published in JAMA Health Forum. Those who are white, American Indian, or Alaska Natives, unmarried people and those with less education were at greatest risk.

“There hasn’t been a strong focus in recent research on hepatitis C rates in pregnant people,” Stephen Patrick, MD, MPH, of Vanderbilt University Medical Center, said in a press release. “We don’t often hear about its implications for pregnant people and their infants. We need to talk about it, detect it and implement a tailored approach to treat pregnant people and infants.”

Over year or decades, chronic hepatitis C virus (HCV) infection can lead to serious complications, including liver fibrosis, cirrhosis and even liver cancer. These outcomes can be especially dangerous for pregnant people and their infants. HCV transmission is linked to injection drug use, and hepatitis C has risen along with the ongoing opioid crisis. Experts recommend HCV screening during every pregnancy. Most people with hepatitis C can be cured with antiviral therapy.

Patrick and colleagues analyzed the various factors linked to hepatitis C among pregnant people and newborns. Across counties in the United States, 39,380,122 pregnant people who gave birth between 2009 and 2019 were included in the analysis. Of this population, 138,343 (0.4%) were diagnosed with HCV.

During the study period, the rate of hepatitis C among pregnant people increased from 1.8 to 5.1 cases per 1,000 live births.

Those at higher risk of contracting HCV were more likely to be white, American Indian or Alaska Natives compared with being Black, did not have a four-year degree, were covered by Medicaid (as opposed to private insurance) and were unmarried. Among these high-risk individuals, living in a county with a higher employment level was linked to a slower rate of increase in HCV diagnoses. Counties with the highest HCV rates among pregnant women and babies tended to be in the Northeast and Appalachia. Factors linked to a lower risk for hepatitis C included a higher employment rate, living in a rural area and having a greater number of obstetricians in the area.

“Our findings are an important reminder that characteristics of the communities where people live can influence outcomes for pregnant people and babies,” said Patrick. “Particularly for pregnant people at the highest risk, living in communities with more employment opportunities and stronger community connections may mitigate the risk of coming into contact with and developing HCV.”

Besides treating pregnant people for opioid use disorder to lower their risk of contracting HCV, individuals can also be monitored after exposure to facilitate appropriate treatment.

While white pregnant people have a higher prevalence of opioid use disorders and HCV, health disparities still play a significant role in diagnosing and treating HCV among Black people and their babies.

“Black people are less likely to receive evidence-based treatment for opioid use disorder, Black infants are less likely to be tested than white infants for hepatitis C and Black parents whose infants are placed in foster care for substance exposure are less likely to be reunified with their parents,” said Patrick, who also noted that similar disparities likely exist for American Indian and Alaska Native populations, but this has not been adequately studied.

“As systems are developed to address the rising numbers of mothers and babies affected by HCV, it is critical that interventions are applied equitably to address unequal treatment in these systems of care,” he said.

Click here to read the study abstract.
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