“Is it practical to widen out screening for hepatitis C during pregnancy to help reduce hepatitis C infections?”

Findings from: Explore the operational feasibility of antenatal screening as a case-finding approach for achieving HCV elimination

What was the study about?

Currently women are only screened for hepatitis C during pregnancy (called antenatal screening) if they are thought to be at an increased risk of infection, due to a lack of evidence for wider screening. We want to know if there is evidence to support widening screening, and if it is practical to do so.

Why is this important?

Although treatment for hepatitis C in pregnancy is not currently routinely offered in England, identifying women infected with hepatitis C in pregnancy is important so that they can receive appropriate care and consider future treatment options. It also enables their baby and other siblings to be linked into care so that doctors can monitor them to check for evidence of the hepatitis C virus and to consider treatment options if needed. This will allow us to meet targets to reduce hepatitis C infections through treatment and to reduce serious illness from untreated infections.

What did we do?

•We looked at other studies that have investigated screening for hepatitis C during pregnancy.

•We looked at women who were diagnosed with hepatitis C after they had given birth who might have been diagnosed sooner if they were tested for hepatitis C earlier, and their health and treatment outcomes.

•We looked at data on women who had received a test for hepatitis C during pregnancy between 2015 and 2019 to see how many women tested positive, and if they were already known to be living with hepatitis C. We looked at how this varied by where they lived, ethnicity, country of birth and if they injected drugs, as testing for hepatitis C virus is more routinely offered in drug services.

Key findings

• The studies that we reviewed showed that opt-out screening for hepatitis C during pregnancy was feasible and could be used to find people infected with hepatitis C who may not have been diagnosed otherwise. One study suggested that opt-out testing was cost-effective.

•Results from our survey showed that hepatitis C testing practices are currently variable in maternity services and that service providers would like more information and training to increase their knowledge about hepatitis C.

• We found that current risk-based screening for hepatitis C resulted in missed opportunities for testing, where earlier testing could have resulted in an earlier diagnosis, particularly in relation to region of birth. People who inject drugs were more likely to have been diagnosed with hepatitis C in the past, whereas people born in Eastern Europe were more likely to be diagnosed with hepatitis C during antenatal screening compared to those born in the UK. Among all

women who gave birth between 2010 and 2020 who had evidence of having lived with hepatitis C (including having naturally cleared the infection), over half were diagnosed after they had given birth, indicating a missed opportunity for antenatal hepatitis C testing.

What do these findings mean?

These findings have shown that wider screening could be used to find people living with current or previous hepatitis C, who either might not have been diagnosed otherwise or would only have been diagnosed after they developed liver disease or cancer related to the infection. Wider screening would enable people diagnosed with hepatitis C to be linked into care and to access treatment if needed, and for their children to also access testing and be linked into care. Further work is needed to understand how antenatal testing for hepatitis C can be optimised and what is a cost-effective approach. The evidence that we have gathered is contributing to the current UK national Screening Committee consultation on antenatal screening for hepatitis C: https://nationalscreening.blog.gov.uk/2026/03/11/uk-nsc-consults-on-antenatal-screening-for-hepatitis-c-virus/