Perinatal management of hepatitis B infection in South Australia

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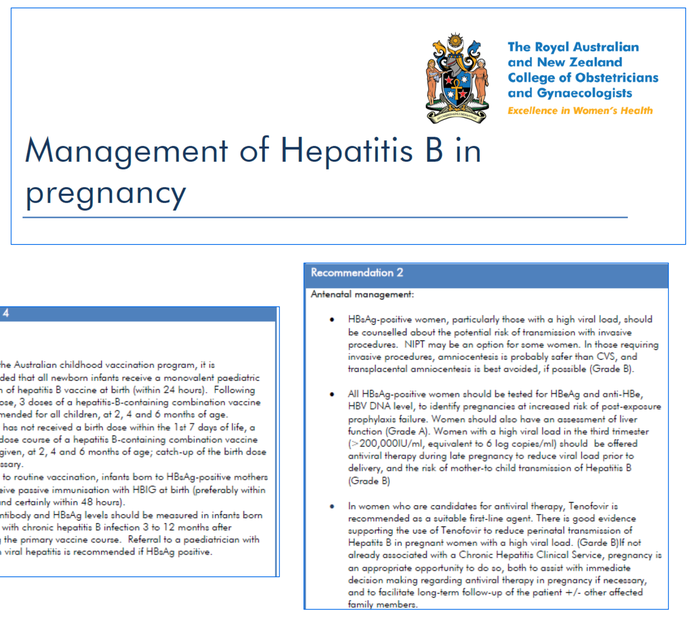
Background

Chronic hepatitis B virus (HBV) infection is a major public health problem, with most infection occurring at birth. Pregnancies with high viral load are at greater risk for vertical transmission despite provision of HBV immunoglobulin (HBIg) and infant vaccination; tenofovir use in pregnancy can reduce this risk.

RANZCOG provides guidance on recommended practice



Objective

This study was performed to better understand current perinatal management of women with HBV and their infants in a South Australian context and identify opportunities for practice improvement.

Methods

Retrospective case audit across 3 hospitals assessing: specialist referral, HBV viral load, HBV antiviral use, provision of infant HBIG and HBV vaccination and follow-up.

Results - Women

75 women with HBV – 7 newly diagnosed in pregnancy

Age 33 +/- 5 yrs (mean/SD)

Place of birth: 60% East Asia
16% Africa, 7% Central Asia

73% were referred to a HBV specialist during pregnancy.
15 women (20%) had high HBV viral load (>200,000 IU/mL) - 12 referred to a specialist and 10 received tenofovir.

Follow up of mother's HBV infection was advised for 59% of women.

Results - Infants

Birthweight mean 3234.2 +/- 397.6g

13% infants admitted to special care nursery or NICU

98% infants received HBV vaccine,
100% received HBV IG

Documentation advising follow up of infant's HBV status 59%.
37% infants had negative HBV status

Of the 15 infants born to mothers with high viral load, 7 were HBV-immune (all infants of mothers on tenofovir); data was unavailable in 8.

For discussion

In this cohort, a 1/3 of women at higher risk of HBV vertical transmission did not receive recommended antiviral therapy and follow-up of these high risk infants was incomplete. This supports the introduction of improved pathways to manage pregnant women with chronic HBV infection. Efforts should concentrate on increasing uptake of antiviral treatment in high risk pregnancies and follow up assessment of HBV status in infants at increased risk of infection.

We intend to START introducing improved pathways focussing on increasing uptake of antiviral treatment and follow up of infants

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