

Prevalence and management of hepatitis B infection in pregnancy at Northern Health: a clinical audit

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BACKGROUND

- Chronic Hepatitis B (CHB) is an incurable liver disease with mother to child transmission being the leading cause of acquisition.
- The 2013 Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) hepatitis B management guideline details recommendations for antenatal, intrapartum and postpartum care

AIM

Our aim was to investigate the antenatal prevalence of CHB at Northern Health and evaluate our compliance with current RANZCOG guidelines.¹

METHODS

- A retrospective audit of all women birthing ≥ 20 weeks gestation from Jan 2016 to Dec 2017. Total births and HBsAg testing rates were extracted from Birthing Outcome System.
- Outcomes on all women with positive HBsAg status were reviewed. Descriptive analysis of demographics, antenatal, intrapartum and postpartum management was performed.
- An adherence rate of $> 90\%$ to RANZCOG guidelines was considered acceptable.

RESULTS

- 7269 women birthed and 7215 (99.3%) had their HBsAg status recorded.
- Prevalence of CHB was **0.7%**, significantly lower than 1.4% in 2006-11 ($P < 0.001$).²
- Of the 49 women with CHB, antenatal screening was the first diagnosis of CHB in 8.
- 42 (86%) were born overseas.
- Half had no regular liver surveillance prior to pregnancy.
- 7 (15%) met criteria for antiviral therapy and six were treated with tenofovir.
- Only 26 babies (53%) had follow-up plan documented prior to discharge.
- Adherence of $>90\%$ was achieved for under half of criteria measured - timing of viral load testing, HBeAg testing and arranging infant follow up are criteria that can be improved.

Figure 1. Antenatal adherence to guidelines

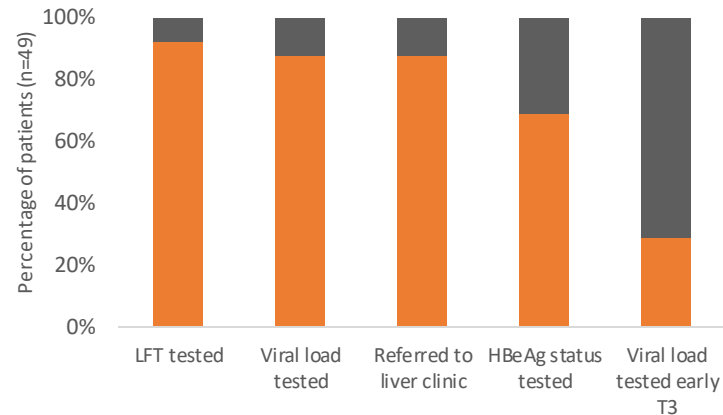
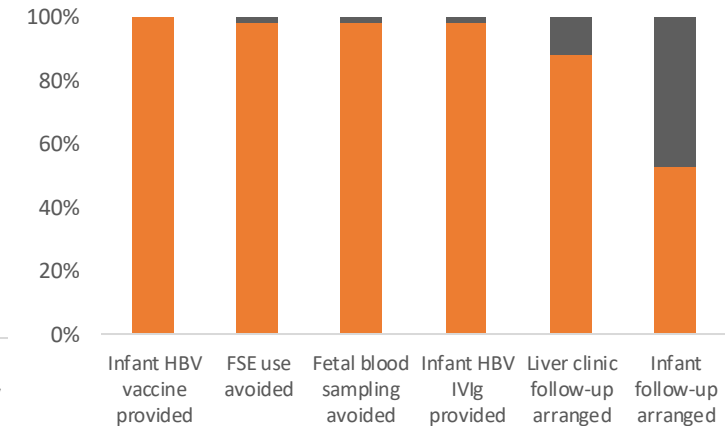


Figure 2. Intra/postpartum adherence to guidelines



CONCLUSIONS

- Prevalence of CHB in our antenatal population has halved in the past decade.
- Areas with potential for improvement have been defined in this study which will allow targeted resource allocation.
- Early referral to the newly formed specialist obstetric medicine service will ensure continuity of care, education concerning CHB, appropriately timed investigations and AVT if necessary, and appropriate postpartum follow up.
- Provision of CHB patient education in different languages is appropriate given the ethnically diverse CHB-affected population (E.g. The Hepatitis B Story³).
- Pregnancy remains an important opportunity to detect CHB, educate and follow up to optimise long term health outcomes.

REFERENCES

- ¹Royal Australian and New Zealand College of Obstetricians and Gynaecologists College Statement Hepatitis B (C-Obs 50). Melbourne: Royal Australian and New Zealand College of Obstetricians and Gynaecologists, 2019.
- ²Giles ML, Grace R, Tai A, et al. Prevention of mother-to-child transmission of hepatitis B virus (HBV) during pregnancy and the puerperium: current standards of care. Aust N Z J Obstet Gynaecol 2013; 53: 231-235.
- ³Bennett G et al. The Hepatitis B Story, St. Vincent's Hospital, Melbourne, 2015 www.svha.org.au/gp/clinics/Pages/gastroenterology

