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## CLINICAL GUIDE: Hepatitis B and pregnancy



### Initial Assessment

History and physical exam

Risk factors

### Samples

**Hepatitis B serologies:** HBsAg, HBeAg, anti-HBs Ab, anti-HBc and anti anti-HBe

If acute hepatitis is suspected, perform an IgM anti-HBc

**Viral load (VL): HBV DNA**

HCV, HAV, HDV serologies if status not known

Assessment of hepatic function (ALT, GGT, INR, Albumin, Bilirubin, PA), CBC, and creatinine

### Liver ultrasound

If this is a new diagnosis

If one was not done within 6 months of pregnancy or if of Afro-Caribbean descent

### Action

**Recommend neonatal prophylaxis (Vaccine + Ig)**

**Status check | Vaccination of contacts**

**At 24-28 weeks: repeat VL, hepatic function test, and creatinine**

**Refer to the obstetric clinic at the Mother-Child Infectious Disease Center (CIME)**

- if under antiviral treatment
- if abnormal liver function tests or known liver fibrosis
- if acute hepatitis B
- if a history of perinatal transmission
- if VL greater than  $10^6$  copies/ml (or 200,000 IU/mL) or if an increase of more than 1 log during pregnancy
- if planned invasive procedure
- if HIV or hepatitis C coinfection

### Delivery

During labour, avoid scalp electrodes

No contraindication to breastfeeding

## Post-partum

One month postpartum: VL, CBC, and liver function test

Resume follow-up every 6 months as before pregnancy/If no follow-up occurred before pregnancy:

- Refer to a family doctor if clear inactive carrier state (VL less than 2000 copies/ml and normal liver function test) and absence of coinfection with hepatitis C
- Otherwise refer to hepatology