Management of Pregnant Women with Chronic Hepatitis B Virus (HBV) Infection

During Pregnancy:

- 1. Test all women for HBsAg anytime during pregnancy
- 2. For those women who are known to have chronic HBV (HBsAg-positive), perform liver function test (LFT) panel, AFP and HBV DNA once at any time during pregnancy
 - a. If HBV DNA is > 2,000 IU/ml and ALT or AST are elevated, refer to Liver Clinic for a consult regarding management
 - b. If AFP is above the normal range for pregnant women by gestational age, order liver ultrasound and refer to Liver Clinic (See Appendix 1: Bredaki et al Figure 1, below)
- 3. If HBV DNA is > 200,000 IU/ml and ALT is WNL, start the patient on tenofovir 300 mg/day during the 3rd trimester and continue for 4-6 weeks post-partum to ensure transmission to newborn
 - a. In addition, make sure the newborn receives HBIG and hepatitis B vaccine as soon after birth as is possible, preferably in the delivery room

Post-Partum Care:

- 1. Perform HBV DNA and LFT at post-partum visit. If ALT is elevated and/or HBV DNA is > 2,000 IU/ml, refer to Liver Clinic
- 2. Encourage patient to respond to Liver Clinic Reminder letters which are sent every 6 months reminding chronic Hepatitis B patients to have LFT, HBV DNA and AFP testing performed by going to their primary care provider to order and draw their blood.

References:

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Figure 1 Relationship between median (95% CI) levels of serum alpha-fetoprotein (AFP) concentration and gestational age across three trimesters of pregnancy.

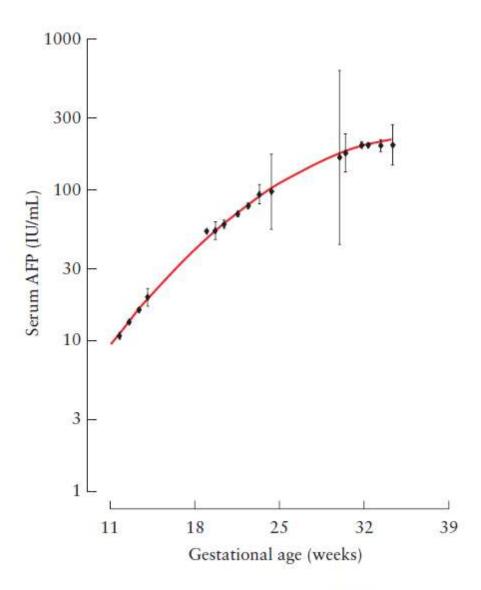


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