

Patient information factsheet

Hepatitis B in pregnancy

All pregnant women are offered a blood test for hepatitis B as part of their antenatal care. You have tested positive for hepatitis B and your baby will need to have an injection when they are born in order to prevent them from being infected with the virus.

This factsheet explains more about this and the other injections your baby will need. We hope it helps to answer some of the questions that you may have.

What is hepatitis B?

Hepatitis B is a virus that affects the liver. It can cause damage to the liver if it's not managed properly.

How did I get it?

It is often not possible to pinpoint exactly when someone caught hepatitis B.

- It can be passed from mother to child during birth.
- It can also be found in body fluids such as blood and semen and passed on through sexual contact, or from sharing injecting, tattooing or acupuncture needles.
- It can also be passed on by sharing items such as toothbrushes, razors or nail clippers. It is not passed by sharing cups or plates.
- Occasionally it can be passed by blood transfusions or medical treatment in countries where equipment or blood products may not be sterilised or screened properly.

It's estimated that a third of the world's population has or has had hepatitis B at some point in their lives. Hepatitis B is more widespread in some areas, especially China, Africa and Eastern Europe.

Most people who develop life-long (chronic) hepatitis B have caught it as a child, at a time when their immune system is not well developed. The most common causes of transmission in children are during childbirth or between children when they play. However, it's also possible for people who have become infected in adulthood to develop chronic hepatitis B. Most adults who catch hepatitis B as an adult will get rid of it, as their immune system is stronger. When adults catch it, they become unwell and this is called 'acute hepatitis B'.

Is it possible to get rid of hepatitis B? Do I need treatment?

It's not usually possible to get rid of hepatitis B once you have been infected for more than six months.

Not everyone with hepatitis B needs treatment though. Most people simply require monitoring (via blood tests).

We tend to give treatment to people if:

- the virus is damaging the liver
- you have a high level of the virus in your blood and become pregnant (see below)

How can I make sure I don't pass hepatitis B on to others?

A vaccination is available which protects others from getting the virus.

To stop the virus being transmitted, it's essential that your sexual partner/s, children and people who live in the same house as you are tested to see whether they have hepatitis B already. If they are found not to have the virus (test negative), they will need to start a course of vaccinations performed by their GP.

There are several different vaccination schedules used. It's extremely important the person completes the course of vaccinations, otherwise they may not be fully protected.

We also advise:

- using condoms during sexual intercourse
- not sharing toothbrushes, razors and nail clippers

What are the chances of me passing hepatitis B on to my baby?

Women with a low level of the virus in their blood have an approximately 10 to 20% chance of passing the virus on to their baby if no preventative measures are taken. In mothers with a high level of the virus in their blood, the risk is much higher; 70 to 90% of babies will catch hepatitis B from their mother in these cases.

However, hepatitis B will not be passed on to 95% of babies born to mothers with the virus if the advice below is followed.

What do I need to do to prevent passing hepatitis B on to my baby?

There are three steps to preventing transmission to your baby:

1. Vaccination

This is the most important step. Your baby will require four vaccinations within their first year of life. They will then need a 'booster' with their preschool vaccinations (at three-and-a-half years of age).

The vaccinations are given at the following times (this is called the accelerated course):

Vaccination 1: within 24 hours of birth – the doctor at the hospital will do this.

Vaccination 2: at one month old – given by GP.

Vaccination 3: at two months old – given by GP.

Vaccination 4: at 12 months old – given by GP.

Vaccination 5: with their other pre-school vaccinations (at three-and-a-half years old) – given by GP.

It is extremely important to complete the course of vaccinations; otherwise your baby may not be protected.

2. Immunoglobulin

This is only necessary in rare cases. This is an injection given at the hospital if the baby is quite small or if you have a particularly high level of the virus in your blood. Immunoglobulin protects the baby from the hepatitis B virus in the first period after birth, when the vaccination alone may not be enough.

3. Medication

In rare cases, some pregnant women with a high level of hepatitis B virus in their blood may be advised to start a course of treatment in the final trimester (the last three months) of pregnancy. The aim of the treatment is to reduce the amount of the virus in the blood. We know that by doing this we reduce the likelihood of passing the virus on to the baby.

The medication you are most likely to be given is called Tenofovir. It is not known to be harmful to unborn babies or to cause birth defects and is recommended by the European Association of the Study of the Liver (EASL).

It is really important you take the tablet every day and do not miss any doses. We advise mothers who are started on this treatment to take it for approximately four to 12 weeks after birth. We will advise you on exactly when to stop it and will then monitor your bloods closely. Occasionally, depending on your blood test results, we may advise you continue the medication long-term.

Is it safe to breastfeed if I have hepatitis B/am taking Tenofovir?

It is safe to breastfeed your baby provided they have received the first vaccination (and completes the course). It's thought to be extremely unlikely that hepatitis B can be passed via breast milk, unless your nipples become cracked and start bleeding. If this happens we would advise you to stop breastfeeding temporarily.

Tenofovir does pass into breast milk, meaning that the baby is exposed to small amounts of the drug. However, evidence to date does not suggest this will cause the baby harm. Tenofovir is therefore the drug recommended for women who have tested positive for hepatitis B and wish to breastfeed.

Testing your baby for hepatitis B

It is essential that your baby has a blood test when he or she is 12 months old to check the vaccinations have worked and that their blood shows no signs of the virus. The GP will arrange for you to bring your baby to the hospital to have the test.

The test is important as although the vaccinations, immunoglobulin and medication work really well there is still a small risk. If your baby is found to have caught hepatitis B we can provide the most appropriate care. Please be aware that if all the advice has been followed this is very rare.

Your postnatal hepatology appointment

Although you may feel very well and not have any side effects from hepatitis B after your baby is born, you should remain under the care of the hepatology team (hepatology means liver disease). This is because your condition can change and we may need to start you on treatment.

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Often people do not feel unwell when these changes occur but we can see them in your blood tests. This is most important in the two to three month period after your baby is born. During this time some mothers find that their hepatitis B gets worse although they feel fine (this is known as a 'flare'). Attending your postnatal hepatology appointment is very important to protect your long-term health.

Remember that the best way you can look after your baby is to look after yourself too.

We are often happy to monitor your bloods remotely (in our virtual clinic) so you do not always have to come to the hospital. We will discuss this option with you.

Practical tips

We advise that you register your baby's birth at the Registrar's office as soon as possible, and then register the baby with your GP soon afterwards. (We recommend you register your baby to the same GP as you, making it easier for the GP to manage both your care and that of your baby). Once your baby is registered you can book the appointment for them to have their second vaccination. Keep a record of your baby's vaccinations at home so you know exactly when they were done, when the next one is due and any results.

Who to contact for help

If your query relates to hepatitis B (this includes questions about your hepatitis B medication, follow-up care and any other concerns) contact the hepatology nurses on **023 8120 4617**.

If your query relates to booking a vaccination appointment, contact your GP.

If your query relates to your pregnancy or the general wellbeing of your baby, contact your midwife or health visitors.

Hepatology

D Level West Wing
Mailpoint 72
Southampton General Hospital
Tremona Road
Southampton SO16 6YD

Main switchboard telephone: **023 8077 7222**

Useful links

www.nhs.uk/conditions/Hepatitis-B/Pages/Introduction.aspx
www.hepb.org/pdf/pregnancy.pdf

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**