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OUTCOME OF THE MANAGEMENT OF HEPATITIS B INFECTION IN PREGNANCY

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Introduction Many UK centres have experienced a significant increase in the prevalence of hepatitis B virus (HBV) infection, particularly in the immigrant population. The commonest method of infection is vertical transmission from mother to child. A review the outcome of HBV in pregnancy in Glasgow was undertaken.

Methods City wide data for the 6 year period 2004–2009 was accessed and a comprehensive review of mothers presenting during the 3 year period 2006–2008 was undertaken to assess outcome.

Results A total of 343 mothers tested positive for HBV over the 6 year period. The number of positive tests increased annually from 18, 46, 41, 74, 82 to 78. The uptake of screening for HBV was 98%.

During 2006–2008, 197 mothers were screened positive for HBV, but complete data was only available for 182 mothers and 176 infants (5 mothers transferred out during pregnancy, 1 baby died aged 3 days). The mean age of the 182 mothers studied was 25.1 years (range 19–41). Of 182 HBV positive mothers, there were 3 (1.6%) cases of acute hepatitis and 179 (98.4%) of chronic hepatitis, of which 146 (81.5%) were anti-HBe positive and 33 (18.5%) HBeAg positive. Viral coinfection was detected in 5 patients (2 HIV, 2 HCV, 1 HDV). None of the 182 patients were on any treatment prior to pregnancy. Only 97 (53%) mothers had HBV viral load and 113 (62%) had LFTs checked at any point. None of the mothers had viral load checked during the third trimester and none received nucleoside analogues. No mothers were monitored during the puerperium for HBV flare and only 53 (29.1%) mothers were referred for specialist hepatology advice after pregnancy.

All babies born to HBV mothers were given HBV vaccination and 43 babies also received HBIG. Over 90% of these babies completed the full course of four HBV vaccinations. Only 31 out of 176 children were tested for anti-HBs after the successful completion of vaccination and all had a positive response. None had HBsAg measured.

Conclusion The number of mothers testing HBV positive in Glasgow is steadily increasing. However, the assessment of liver disease during pregnancy and monitoring for HBV flare in the puerperium remains inadequate. There is a robust system in place for HBV vaccination in the infants born to these mothers but the assessment of outcome of vaccination is not satisfactory. The subsequent management of HBV infected mothers after delivery requires improvement.

Competing interests None.

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