



## Public Health - Dayton & Montgomery County

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#### Pregnancy and Hepatitis B Disease: FAQ

##### **Should all pregnant patients be tested for Hepatitis B?**

Yes, they should be tested with each pregnancy. If the HBsAg (hepatitis B surface antigen) is negative and the patient has risk factors for Hepatitis B, consider vaccination. Vaccination can be given during pregnancy or postpartum. If the HBsAg is positive, report the positive test result to the health department. Educate the mother on the need for immunoprophylaxis of her infant at birth. Advise the mother to have all household and sexual contacts screened and vaccinated. Provide the mother with education about the disease and order the following additional lab tests; ALT, HBeAg, anti-HBe, and HBV DNA level.

##### **Why are these tests so important for pregnant women?**

It is important to identify the expectant mother who may have the disease prior to delivery in order to initiate case management for the infant and ensure HBIG and hepatitis B vaccine will be given at birth. If given within 12 hours of delivery, a newborn has a greater than 90 % chance of being protected. Follow up with the second and third doses at 1 and 6 months of age will provide complete protection. *Unprotected infants have a 95% chance of developing chronic hepatitis B disease.*

##### **How common is Hepatitis B?**

Hepatitis B is the most common serious liver infection in the world. About 350 million people worldwide and 1.2 million people in the United States are infected with Hepatitis B. The virus is transmitted through blood and infected body fluids. This can occur through direct blood-to-blood contact, unprotected sex, use of unsterile needles, and from an infected woman to her newborn during the delivery process.

For more information on perinatal hepatitis B or to refer contacts for case management please contact Linda Betts, RN, Perinatal Hepatitis B Case Manager at 937-224-8707 or email at [lbetts@phdmc.org](mailto:lbetts@phdmc.org).