Management of Hepatitis B in

Recommendation 2	Grade and reference

Antenatal management:

HBsAg-positive women, particularly those with a high viral load, should be counselled about the potential risk of transmission with invasive procedures. NIPT may be an option for some women. In those requiring invasive procedures, amniocentesis is probably safer than CVS, and transplacental amniocentesis is best avoided, if possible (Grade B).

All HBsAg-positive women should be tested for HBeAg-anti-HBe, and HBV DNA level, to identify pregnancies at increased risk of post-exposure prophylaxis failure. Women should also have an assessment of liver function (Grade A). Women with a high viral load in the third trimester (>200,000IU/ml, equivalent to 6 log copies/ml) should be offered antiviral therapy during late pregnancy to reduce viral load prior to delivery, and the risk of mother-to child transmission of Hepatitis B (Grade B)

In women who are candidates for antiviral therapy, tenofovir is recommended as a suitable first-line agent. There is good

5.2 What are the antenatal management considerations?

5.2.1 What are the risks associated with invasive prenatal procedure?

The risk of HBV transmission to the fetus through invasive procedures such as amniocentesis and chorionic villous sampling is thought to be low, however it should be explained to women that there has been limited research on this.[10]

Women should be counselled carefully about the indications for invasive testing, and the possible risks involved.

The risk of fetal infection is likely to be higher among women with a high viral load. One study reported that the rate of perinatal transmission of Hepatitis B was 6.4% among women with chronic Hepatitis B who underwent amniocentesis, compared to

5.3 What are the intrapartum management considerations?

5.4. What are the postpartum management considerations?

5.4.1 What are the recommended infant immunisations for the prevention of Hepatitis B in Australia and New Zealand?

Active and passive immunisation for the infant

Active immunisation requires repeated vaccinations over months in order to stimulate an effective antibody response. Immunoglobulin, on the other hand, is immediately effective and seems protective for several months, after which the effectiveness wanes.[19]

It is clear that immunoprophylaxis, when provided promptly to newborns of mothers with chronic Hepatitis B significantly reduces the incidence of perinatal HBV transmission. A recent meta-analysis of clinical trials showed that the relative risk of neonatal HBV infection in those who received HBV vaccine (plasma-derived or recombinant) was 0.28 (95 per cent confidence interval 0.2–0.4) compared with those who received placebo or no intervention. When HBIG (Hepatitis B Immunoglobulin) was given in addition to the vaccine, the occurrence of Hepatitis B was further reduced to 0.08 (95 per cent confidence interval 0.03 to 0.17). [19]

Infants born after 32 weeks or greater than 1000gms

It is recommended that in both Australia and New Zealand all newborn infants are immunized against hepatitis B. Both counties Immunisation handbooks recommend all

Recommendation 4	Grade and reference
Postpartum: *In Australia:* ( )TJ9538(As)-11T of the Am	

6. Links to other College statements

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)
https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-and-Gynaecology-(C-Gen-15)-Review-March-2016.pdf?ext=.pdf

7. Patient information

A range of RANZCOG pent informaon pamphlets can be ordered via:

https://www.ranzcog.edu.au/Womens-Health/Paent-Informaon-Guides/Patient-Information-Pamplets

Appendices

Appendix A Women's Health Committee Membership

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in November 1990 and was most recently reviewed in November 2019. The Women's Health Committee carried out the following steps in reviewing this statement:

Structured clinical questions were developed and agreed upon.

An updated literature search to answer the clinical questions was undertaken.

At the October 2019 committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based

on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix B part ii).

ii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Women's Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its

Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.