

Prevent Mother-to-child Transmission of Hepatitis B

Hepatitis B

- Hepatitis B is a liver disease caused by hepatitis B virus (HBV) infection.
- Some people fail to clear the virus and develop **chronic hepatitis B (CHB)**. The younger a person is when infected with HBV, the higher the risk of developing chronic infection.
- About 15 - 40% of untreated people with CHB could develop **cirrhosis** or **liver cancer**.
- All pregnant women should receive blood testing for hepatitis B during antenatal check-up, in order to know their hepatitis B infection status.

Babies born to mothers with CHB are at higher risk of infection

- HBV can be transmitted from mothers with CHB to their babies during normal spontaneous delivery or Caesarean section.
- Up to 90% of newborn babies infected with HBV would develop CHB.

How to protect babies from infection?

Hepatitis B vaccine

- Regardless of the hepatitis B status of mothers, all babies should receive the birth dose of hepatitis B vaccination in hospital. Afterwards, they should receive the second and third dose of the vaccination at the age of one month and six months respectively.

Post-vaccination serologic testing

- Babies born to mothers with CHB should receive post-vaccination serologic testing at the age of nine to twelve months to assess their immune response to vaccination and hepatitis B infection status.

Hepatitis B immunoglobulin

- Babies born to mothers with CHB must also be given hepatitis B immunoglobulin within 24 hours after birth for immediate extra protection.
- However, the risk of developing CHB remains higher in babies born to mothers with higher HBV viral load.

Antiviral medication

- **Pregnant women with high HBV viral load** should consider taking tenofovir as antiviral prophylaxis to reduce the viral load and minimise the risk of mother-to-

child transmission of HBV.

- **Side effects after taking the antiviral medication are not common.** Some reported side effects with tenofovir include gastrointestinal upset, headache, dizziness, fatigue, back pain, insomnia, itchiness, skin rash and fever. There is no evidence showing that use of antiviral would increase the risk of obstetric complications or congenital anomalies.
- **Mothers with CHB can breastfeed their babies.** There is no evidence of HBV transmission through breastfeeding. Although low level of tenofovir would be present in breast milk, evidence indicates that maternal use of tenofovir is safe for breast-fed babies.
- Postnatal women should receive medical assessment and subsequent management of CHB, to determine whether to continue antiviral medication.

How to protect family members from infection?

- Do not share personal care items which may be contaminated with blood, such as razors and nail scissors
- Wear gloves while handling open wounds with care and bandage them properly
- Disinfect items contaminated by blood or body fluids with household bleach and gloves on
- Practice safer sex and use condom properly during sexual intercourse
- Family members and sexual partners of people with CHB should get tested early, and consider hepatitis B vaccination if found to be non-immune and not infected with HBV



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