

Patient Education Series

Expert advice to make the best health decisions.

HBV and **Pregnancy**: What You Should Know

Quick Facts for Pregnant Women With HBV Infection

- If you have HBV, you can pass the infection on to your baby. Preventive treatment will be given to your baby after birth that greatly reduces the chance of this happening.
- HBV infection can occur without any symptoms.
- All pregnant women are tested for HBV at their first prenatal visit.
- There is no cure for HBV infection, but antiviral medication can help decrease the risk of longterm health problems.
- A cesarean delivery is not necessary just because you have HBV.
- You may want to see a maternal-fetal medicine specialist or liver specialist during your pregnancy to help manage your care
- You can breastfeed as long as your baby has received preventive care for HBV after birth.

What is hepatitis B?

- Hepatitis B is a serious infection of the liver caused by the hepatitis B virus (HBV). The liver is an organ that helps your body get rid of toxins.
- There is no cure for HBV infection. Treatment with antiviral medications can be given to reduce the risk of long-term health problems.
- A vaccine is available for HBV infection. It is recommended for infants starting at birth, children who were not vaccinated at birth, and adults with risk factors for infection.

How is HBV passed from one person to another?

- You can get HBV by contact with an infected person's blood and body fluids. This can happen during sex with an infected person or sharing needles used to inject illegal drugs. Sharing razors or toothbrushes with an infected person can also spread the virus.
- HBV can be passed (transmitted) from a pregnant woman to her baby, usually during childbirth.
- Health care workers are at risk if they come into contact with infected blood or body fluids.

What happens if I become infected with HBV?

- The first 6 months of HBV infection is called acute infection. Some people have symptoms such as fever, fatigue, abdominal pain, and jaundice (yellowing of the skin or eyes). But acute HBV infection can occur without any symptoms.
- In most (95%) adults who become infected, the virus goes away on its own within 6 months.
- The rest of those infected go on to have

- chronic HBV infection. About 20% of people with chronic HBV infection will develop *cirrhosis*, a serious liver disease; liver failure; or liver cancer. It can take 20 to 30 years for these problems to occur. Most people with chronic HBV will develop only mild liver problems or none at all. Many have no symptoms and do not know that they are infected.
- ⑤ Infants and children who are infected have a much higher risk of chronic infection than adults. Most (90%) infants and 25–50% of children who become infected develop chronic infection.
- All individuals with chronic HBV, even those who do not have symptoms, can pass the virus to others.

Is there a test for HBV?

- Yes. A blood test can show whether you are infected with HBV.
- Testing can tell your health care provider if you have acute or chronic infection, if you were infected in the past and have now cleared the virus, or if you have been vaccinated.

Are pregnant women tested for HBV?

- Yes. You should be tested for HBV at your first prenatal visit.
- If your test result is positive (you do have HBV), other blood tests will be done to find out what stage of infection you have, the amount of virus in your body (also called the viral load), and how well your liver is working.

Can pregnant women get the HBV vaccine?

If you have not been vaccinated, HBV vaccine is recommended during pregnancy if you:

- · Have multiple sexual partners
- Use injected illegal drugs
- · Live with or have sex with someone who has HBV
- Work or live in an institutional setting
- Are on dialysis
- Are a health care worker who comes in contact with patient blood
- Were born in a country where many people have hepatitis B infection

If I am infected with HBV, how will it affect my pregnancy and my baby's health?

- If you have HBV, there is a risk that you will pass the virus to your baby. This most commonly occurs during delivery when the baby comes into contact with infected blood and body fluids. This risk may be as high as 90%.
- HBV usually does not increase the risk of pregnancy problems unless you have liver disease. Having cirrhosis from HBV may increase your risk of certain pregnancy complications, such as high blood pressure and preterm birth.

Is there a way to protect my baby from becoming infected with HBV?

- Yes. Babies born to HBV-infected women get preventive treatment right after birth. This treatment decreases the risk of the baby becoming infected by 85–95%. Preventive treatment involves the following steps:
 - Within 12 hours of delivery, your baby will receive HBV immunoglobulin (HBIG). This treatment helps your baby's immune system attack the virus.
 - Your baby will also receive the HBV vaccine, which gives long-term protection against the virus. HBV vaccine is given in 3 doses. Your baby needs all 3 doses to be fully protected.
- In 5–15% of cases, a baby may become infected despite this treatment. Your viral load helps predict the risk for transmission to the baby. Having a high viral load is associated with an increased risk of passing the virus to your baby.

Can I be treated for HBV during pregnacy?

Your doctor may suggest a viral load test in your third trimester. If your viral load is high, your doctor may offer you treatment with antiviral medications. This treatment may lower the risk of passing HBV to your baby. Your baby will still receive the preventive treatment with HBIG and HBV vaccine right after birth.

Can I have my baby vaginally if I have HBV?

Yes. You can have your baby vaginally. A cesarean delivery is not necessary just because you have HBV.

Can I breastfeed if I have HBV infection?

If your baby is receiving the recommended preventive treatments, it is OK for you to breastfeed with no additional risk of passing the virus to your baby.

Can having an amniocentesis or chorionic villus sampling increase the risk of passing HBV to my baby?

Most studies do not suggest an increased risk of passing HBV to your baby from amniocentesis or chorionic villus sampling unless you have a high viral load.

What other things do I need to consider in my pregnancy if I find out that I have chronic HBV?

- Your family and household members should be aware of how HBV is passed from one person to another and take steps to prevent becoming infected. They should be tested for HBV infection and should get the HBV vaccine if they are not infected.
- You and any other family members who are infected with HBV should have a test for hepatitis A virus (HAV). This is another type of hepatitis that is spread through contaminated food and water. If you get HAV and you also have HBV, it can cause more serious liver damage. An HAV vaccine is available. If test results show that you have never had HAV, you should be vaccinated. The HAV vaccine is safe during pregnancy. This advice applies to anyone with HBV infection.
- You should avoid medications that affect the liver, including acetaminophen (Tylenol). You also should avoid alcohol, even when you are not pregnant.
- Your doctor will most likely order tests of your liver function and viral load.
- Your doctor may refer you to a maternal-fetal medicine subspecialist or hepatology (liver) specialist to help care for you during and after the pregnancy.

To find a maternal-fetal medicine subspecialist in your area, go to https://www.smfm.org/members/search.

The Society for Maternal-Fetal Medicine's Patient Education Series reflects the content of current, published SMFM practice guidelines. Each series document has undergone extensive internal review prior to publication. Patient Education documents should not be used as a substitute for the advice and care of a medical professional.

Glossary

Amniocentesis: A procedure in which a sample of amniotic fluid is removed from the uterus during pregnancy and tested to look for genetic problems in the fetus.

Antiviral Medications: Drugs that treat viral infections

Cesarean Delivery: Delivery of a baby by surgery.

Chorionic Villus Sampling (CVS): A procedure in which a small sample of the villi, a part of the placenta, is removed and tested to look for genetic problems in the fetus.

Cirrhosis: A disease that affects the liver and its ability to rid the body of toxins and to perform other functions.

HBV Immunoglobulin (HBIG): A medication containing antibodies used to prevent HBV infection in people who have been exposed to the virus.

Immune System: The cells and organs that protect the body against foreign substances, such as bacteria and viruses.

Maternal-Fetal Medicine Subspecialist: An obstetrician with specialized training in prenatal care for women with high-risk pregnancies.

Viral Load: The amount of a virus in a person's body.



