Evidence

200 mothers HBeAg(+) from NEJM

100 cases → control: usual care

100 cases → TDF group: tenofovir 300mg per day from 30–32 weeks to 4 week

88 mothers complete

92 mothers complete

Infection case number of babies

18 cases

P=0.007

Intention to treatment analysis

5 cases

Conclusion: The rate of mother ⇒ baby transmission in TDF group is Lower.

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Recommendation

from WHO

Preventing the infections from mother to a child or early childhood transmission is an important strategy to control HBV pandemic.

Guideline

from WHO

1 TEST: HBsAg Testing → HBsAg+ / HBsAg−

HBsAg+ → ① HBV DNA VIRAL LOAD or ② HBeAg ③ ASSESS FOR CIRRHOSIS

2 TREATMENT ASSESS

- HBV DNA < 200 000 IU/mL or HBeAg(−), cirrhosis(−)
- HBV DNA ≥ 200 000 IU/mL or HBeAg(+), cirrhosis(−)
- cirrhosis(+)

3 MATERIAL INTERVENTIONS

- no TDF
- Start TDF from 28 weeks until at least birth
- long term maternal TDF treatment & monitor

4 INFANT INTERVENTIONS

HBV vaccine at birth followed by 2 or 3 doses

How to prevent Hepatitis B in Newborn

If HBsAg(+) Take antiviral prophylaxis during pregnancy

pregnancy 30–32 weeks → postpartum week 4 from Chinese Society of Hepatology

At birth

- HBV immunoglobin
- HBV vaccine 1st dose

1 month, 6 months → 2nd, 3rd doses

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