

斷絕乙型肝炎 母嬰傳播

Stop Maternal Transmission of
Hepatitis B



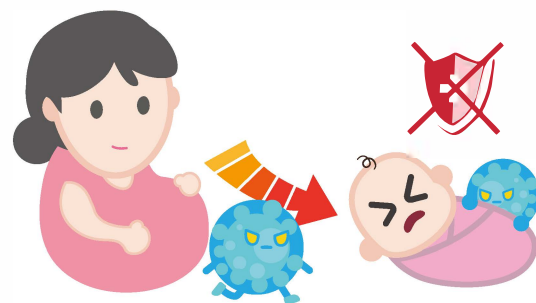
乙型肝炎

乙型肝炎是一種病毒感染，若沒有適切治療，慢性乙型肝炎感染是肝硬化和肝癌的主要成因。



由受感染母親所生的嬰兒屬高風險感染群組

無論在自然分娩或剖腹生產過程中，母親也可以把乙型肝炎病毒傳播給嬰兒。曾染上乙型肝炎病毒的嬰兒，如沒有接受任何預防措施，當中有九成機會會成為慢性乙型肝炎患者。



預防感染

乙型肝炎疫苗

在香港，所有嬰兒均須接受共三針的乙型肝炎疫苗注射。



乙型肝炎免疫球蛋白注射

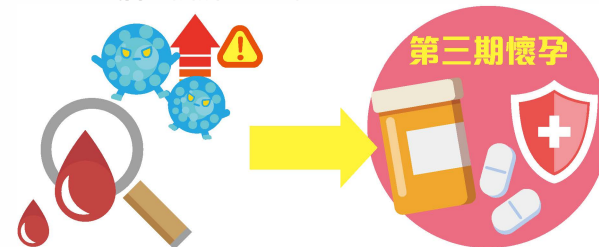
若嬰兒的母親為慢性乙型肝炎患者，嬰兒須於出生二十四小時內額外接受乙型肝炎免疫球蛋白注射。嬰兒接受乙型肝炎免疫球蛋白及疫苗注射後，發展成慢性乙型肝炎的機會將降至百分之五以下。但若嬰兒母親的乙型肝炎病毒載量較高，嬰兒成為慢性乙型肝炎患者的風險仍然較高。



額外預防措施

抗病毒藥物治療

乙型肝炎病毒載量水平高的母親，可以在懷孕第三期開始時接受抗病毒藥物治療。



母親可透過血液測試以量度乙型肝炎病毒載量。若病毒載量屬高水平，母親可考慮服食抗病毒藥物替諾福韋（TDF），藥物可大幅減低病毒載量，並將乙型肝炎病毒傳給嬰兒的風險減至最低。

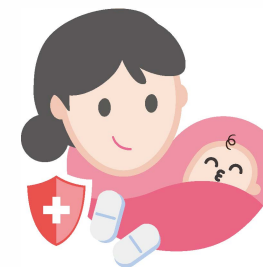
服用抗病毒藥物可能出現的副作用

副作用並不常見，服用抗病毒藥物替諾福韋（TDF）後有機會出現胃腸不適、頭痛、頭暈、疲倦、鼻咽炎、背痛、失眠、瘙癢、皮疹和發熱等副作用。



現時並沒有證據顯示服用抗病毒藥會增加產科併發症或嬰兒先天缺陷的風險。

餵哺母乳的媽媽



現時並沒有證據顯示乙型肝炎病毒可透過母乳餵哺傳播。雖然母乳中會含有少量替諾福韋（TDF），但證據顯示服用替諾福韋（TDF）的母親進行母乳餵哺，對嬰孩是安全的。因此，母乳餵哺不應受影響。

何時應停止服用抗病毒藥物

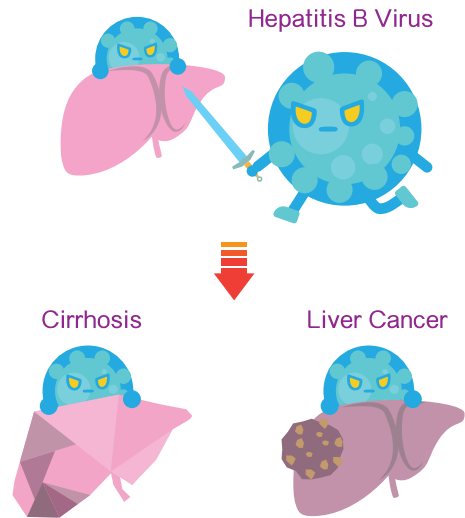
相關產婦須繼續接受醫學評估及治理肝炎，以決定產後須否繼續服用抗病毒藥物。



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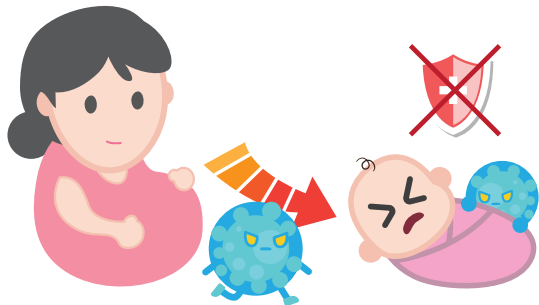
Hepatitis B

Hepatitis B is a viral infection. Untreated chronic hepatitis B (CHB) infection is a major cause of cirrhosis and liver cancer.



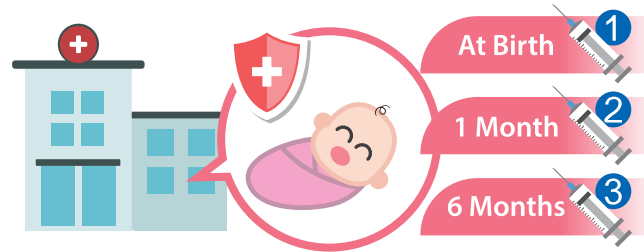
Babies Born to Infected Mother are the High Risk Group

Hepatitis B virus (HBV) could be transmitted at birth, from the mothers with CHB to their babies by vaginal delivery or Caesarean section. 90% of babies infected with HBV at birth without any preventive measure would develop CHB.



Prevention

Hepatitis B Vaccine



In Hong Kong, all babies would receive a three-dose course of hepatitis B vaccination.

Hepatitis B Immunoglobulin

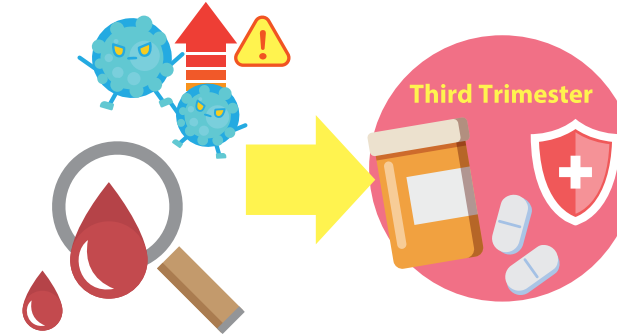
Babies born to mothers with CHB would receive an additional dose of hepatitis B immunoglobulin (HBIG) within 24 hours after birth. The chance of developing CHB in babies receiving HBIG and hepatitis B vaccine would be less than 5%. The risk is higher in pregnant women with high HBV viral load indicated by HBV DNA level in the blood.



Additional Preventive Measure

Antiviral Medication

Use of antiviral medication starting from the third trimester in mothers with CHB with high viral level.



Blood test can be done to measure HBV DNA level. If it is high, mothers may consider the use of tenofovir disoproxil fumarate (TDF), an antiviral medication which can significantly reduce HBV viral level and decrease the chance of HBV transmission to their babies to minimum.

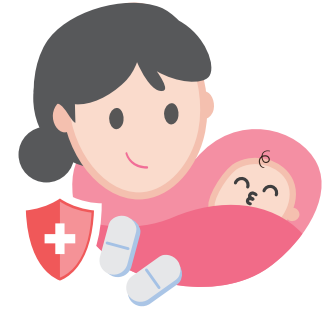
Possible Side Effects of Antiviral Medication

The reported uncommon side effects with TDF include gastrointestinal upset, headache, dizziness, fatigue, nasopharyngitis, back pain, insomnia, pruritus, skin rash and pyrexia.



There is no evidence to show that the use of antiviral medication is associated with increased risk of obstetric complications or congenital anomalies.

Lactating Mother



There is no evidence of HBV transmission as a result of breastfeeding. Although TDF is present in the breast milk at low level, evidence indicates that maternal use of TDF for breast-fed babies is safe. Therefore, breastfeeding should not be affected.

When to Stop Antiviral Medication

Mothers will need medical assessment on the subsequent management of CHB, whether to continue or to stop antiviral medication after delivery.



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