TUBERCULOSIS (INVESTIGATION AND MANAGEMENT FOLLOWING EXPOSURE IN PREGNANCY) ● 1/1

- Usually the result of:
- maternal history of TB in pregnancy
- baby exposed to a close (usually household) contact with sputum positive TB
- Effective management requires liaison between obstetric, neonatal, TB and paediatric ID teams

Risk factors for TB in newborn period

- Baby is at risk of acquiring TB if:
- mother received treatment for <2 weeks **or** treated for >2 weeks but sputum smear positive
- mother diagnosed with TB in postpartum period and/or after commencing breastfeeding
- close household contact has sputum positive TB

Congenital TB

- Acquired from transplacental spread or at birth
- Rare but potentially devastating infection with high mortality
- Characterised by primary focus in liver, hepatosplenomegaly and a miliary or disseminated picture including respiratory dissemination and TB meningitis

Neonatal TB

- Much more common than congenital infection
- Baby infected through respiratory route from infected mother or other close contact
- Baby highly susceptible to severe respiratory and disseminated disease including TB meningitis and miliary TB

IMMEDIATE MANAGEMENT

- If no risk factors for neonatal TB or maternal infection fully treated give BCG. No further action required
- If risk factors present liaise with microbiology/TB specialist/paediatric ID consultant. Specialist may advise immediate anti-TB prophylaxis/treatment or investigations before treatment

INVESTIGATIONS

- Gastric washings
- taken early morning pre-feed and transported in alkali medium for microscopy for acid fast bacilli, urgent PCR for M tuberculosis and mycobacterial culture
- liaise with microbiologist before sending
- Chest X-ray
- +/- CSF
- Maternal endometrial or placental samples may also be sent for TB testing

TREATMENT

- If baby has clinical signs, evidence of TB on chest X-ray or positive microbiology local specialist team will advise on treatment
- If baby well with normal investigations
- check liver function
- start isoniazid
  - add pyridoxine 1 mg/kg/day if breast fed
  - do not give BCG as this will be affected by isoniazid treatment
  - check liver function again after 2 weeks
- Mother with active-phase TB can breastfeed once smear negative after appropriate treatment

FOLLOW-UP

- Will be done by local specialist team
- Neonatal team to prescribe sufficient discharge medication to last until first specialist review as GP does not prescribe this

PARENT INFORMATION LEAFLET FOR TB IN PREGNANCY AND FOR PROPHYLAXIS IN BABY

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/851854/RA_Pregnancy_TB_Patients.pdf