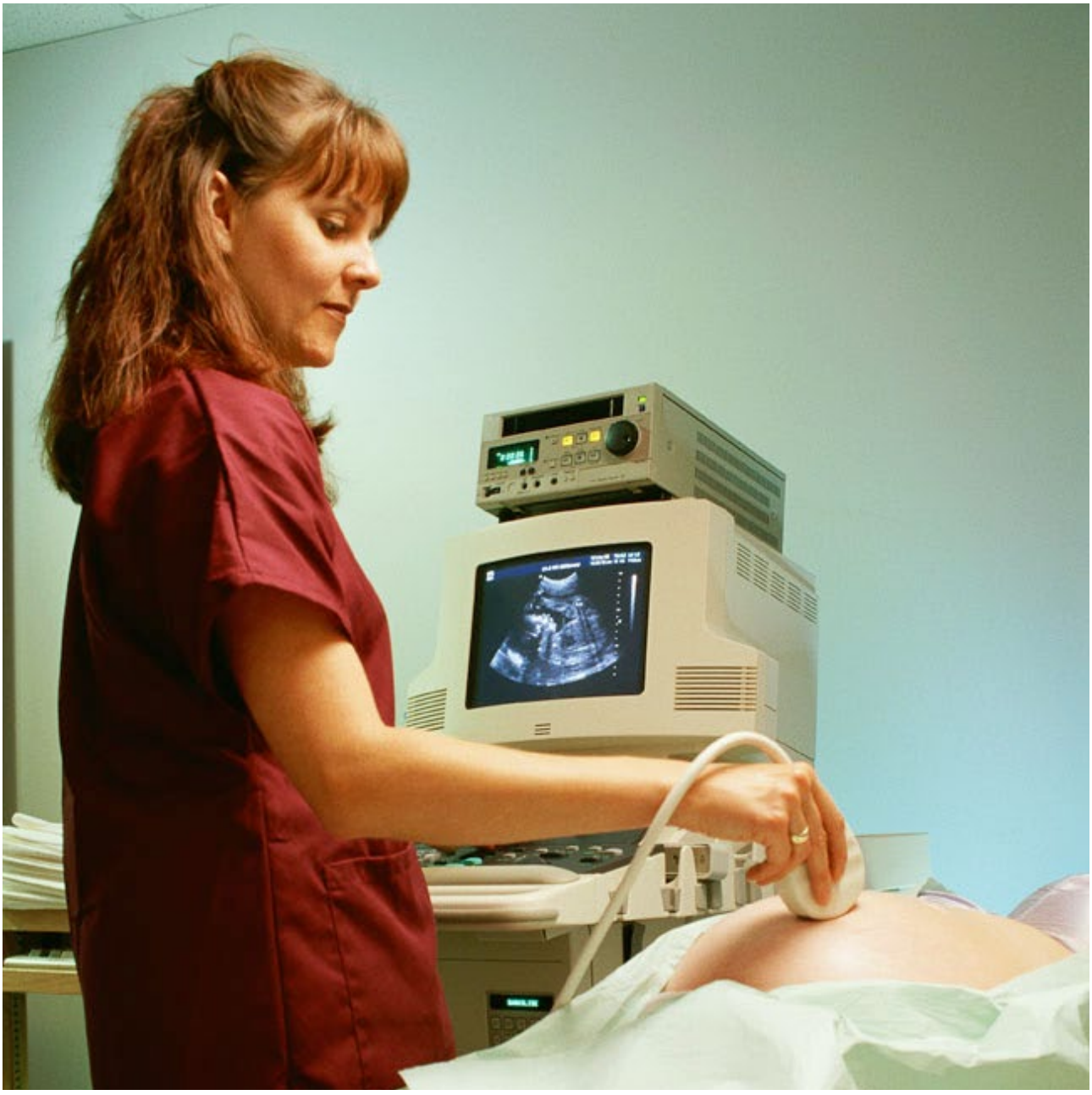
Public Health England

Protecting and improving the nation's health

Pregnancy and tuberculosis (TB)

Patient and public information sheet



Who is at risk of tuberculosis (TB)?

Anyone can catch TB, but it is possible that pregnant women have a slightly higher risk of TB.

Some people are more at risk than others. These include people who:

- have lived in the same household or been in prolonged contact with someone with TB involving the lung/s
- have lived, worked or stayed for a long time in a country with a high rate of TB
- are unable to fight off infection (immunosuppressed) due to illness (such as HIV infection) or treatment (such as therapy for cancer)
- are particularly underweight
- are dependent on drugs and / or alcohol

What are the symptoms of TB during pregnancy?

The symptoms of TB in pregnant women can be non-specific or similar to those commonly experienced in early pregnancy. Those that may suggest active TB disease and require further assessment are:

- cough that persists for more than a few weeks
- persistent fever (a high temperature)
- heavy sweating at night
- loss of appetite
- unexplained weight loss
- general and unusual sense of tiredness and feeling unwell
- coughing up blood
- persistent swellings in the neck glands (or sometimes other glands)

How might TB affect the mother and her baby?

Mother:

TB can be cured with special antibiotics, which can be given safely even during pregnancy. The standard treatment is for 6 months. It is very important to complete the whole course to cure the TB. If the mother does not complete the course of treatment, TB may return in a form that is resistant to the usual drugs and is much harder to treat. They may pass this on to their family and friends, including their newborn.

Baby:

- if the mother is diagnosed early and treated, the chance of the baby being infected is very small
- if the diagnosis and treatment are delayed, it can increase the risk of early labour and having a small baby
- the risk of the baby being infected with TB from the mother while in the womb is very small
- a mother with untreated TB of the lungs (pulmonary TB) can infect her new born baby. Therefore, it is very important that the mother is treated early with suitable medication

Mother and newborn

Can the mother infect the baby with TB?

A mother can infect her newborn baby if she is infectious; usually this is only if she has a cough and is not on treatment. It is very rare for the baby to be born with active TB to a mother with TB.

Breastfeeding

TB drugs don't harm the baby and breastfeeding is encouraged. Breastfeeding may offer some protection.

Diagnosis – what tests might be done?

If the mother has symptoms suggesting infection of the lungs (symptomatic)

Sputum test: If the mother is coughing up sputum (phlegm), a sample will be taken to see if the bacteria that cause TB can be detected in it. A chest X-ray, skin test or blood test for evidence of exposure to TB may follow as required. The risk of the X-ray causing any harm to the baby is quite small and much less than the risk of harm if the mother has TB that is not treated.

Will the newborn baby need to be separated from their mother if the mother has been diagnosed with active TB?

Very rarely. Usually, whilst the mother is undergoing treatment for TB she will not have to be separated from the newborn baby. Normally after 2 weeks of treatment the mother is usually not infectious. The TB nurse will provide infection control advice to help reduce the risk of infection spreading to the baby, family and friends.

What happens if the baby is thought to be infected?

Infants who have been in contact with a mother with infectious TB will be assessed and started on medication to prevent disease. A skin test or blood test will then be performed on the infant at 12 weeks. If the test is negative, the test may be repeated and a blood test may be performed. If both are negative, medication will be stopped and BCG vaccination given. If the test is positive, the medication will be continued, usually for 6 months in total. The rest of the family and other close contacts will be seen and assessed by members of the TB team. This is called contact tracing and is done to see whether others have been infected and to ensure they receive the appropriate treatment.

If the mother has no obvious symptoms of illness

Many people who are exposed to the bacteria that cause TB do not develop symptoms for some time. If they are well but can be shown to be infected (usually with a positive skin or blood test that detects the body's response to the bacteria), they have latent TB infection (LTBI). This is a diagnosis made in healthy people. The medical team will explain how the skin or blood tests are performed, and whether a chest X-ray is needed.

Further management and possible treatment

This will depend on the results of the above tests. If the mother requires treatment this will be discussed with her doctor. Treatment support will be provided by a TB nurse throughout the course of treatment.

Use of TB drugs in pregnancy

The commonly used medicines for TB are perfectly safe in pregnancy for the mother and the baby. Although anti-TB drugs can reach the developing baby in the womb, these drugs do not have any adverse effect on the baby.

For more information please go to the following websites:

- PHE website : https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data
- Royal College of Obstetricians and Gynecologists: https://www.rcog.org.uk/en/about-us/
- NHS: https://www.nhs.uk/conditions/tuberculosis-tb/

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