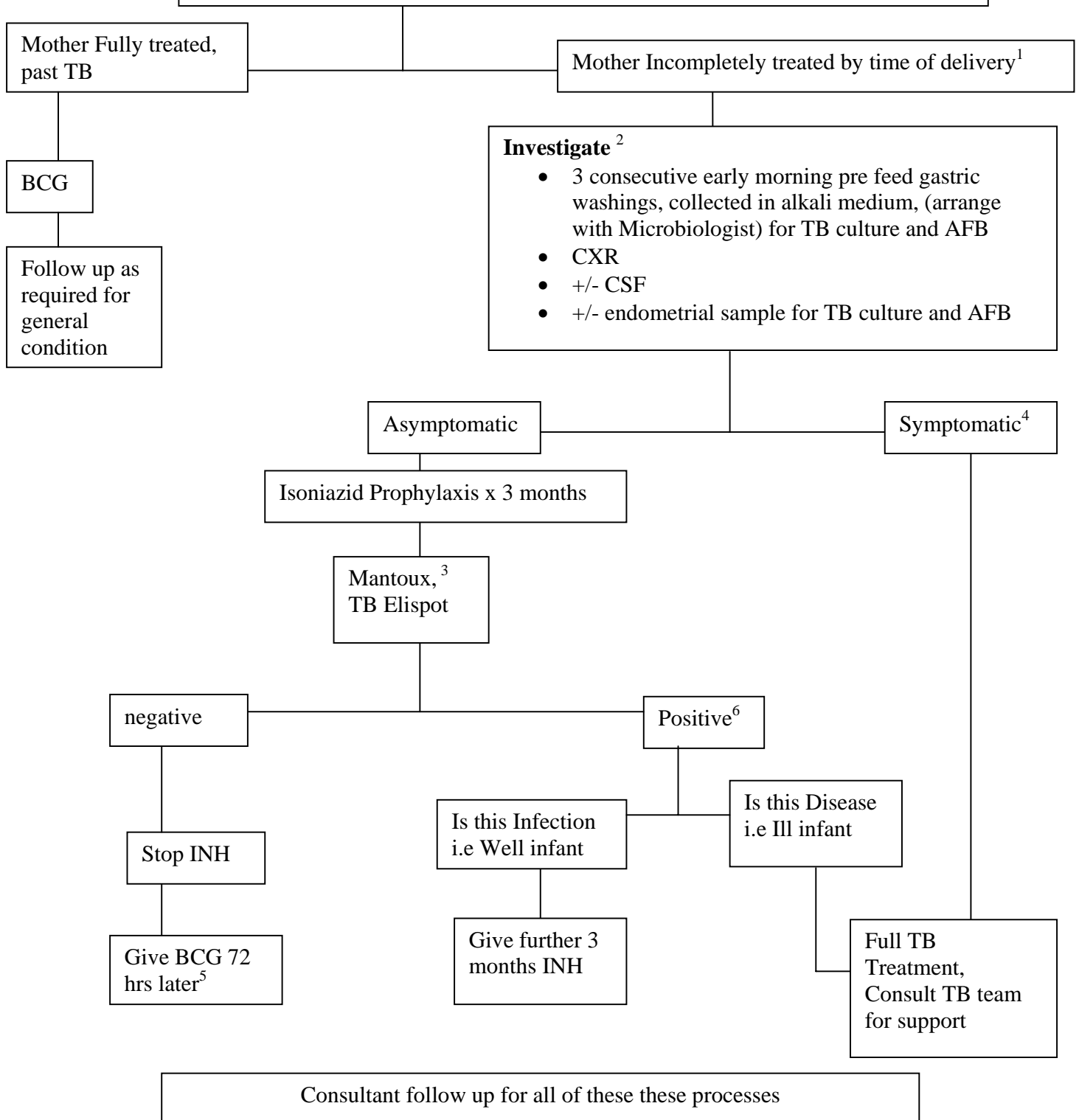


Royal Wolverhampton Hospitals Trust

Investigation and Management of Neonate whose mother has a history of TB in pregnancy



Notes

1. As clearance of mycobacteria from pregnant mother's sputum is not clearly defined, newborns of any incompletely treated mother should be treated as at risk.
2. Baby may acquire mycobacteria from an incompletely treated mother either in-utero, intrapartum or post partum.
Gastric washing samples taken pre-feed (usually early morning) are useful, as any potential mycobacteria caught by the neonates innate mucociliary escalator will be washed into trachea, bronchi and upwards, swallowed and present in the relatively less acidic neonatal stomach. The alkali solution is to keep the mycobacteria alive till plated in the laboratory.
3. If TB Elispot is not available, Mantoux skin test will do; provided baby has not had BCG. TB Elispot takes 72 hours and cannot be done on weekend as it is outsourced. Arrange with microbiology laboratory.
4. Symptomatic could include pneumonia, hepatosplenomegaly, lymphadenopathy etc
5. BCG is a live attenuated vaccine which can be affected by INH
6. TB Elispot and Mantoux skin test define infection, but cannot distinguish between infection and disease

Main Reference:

NICE Clinical Guideline, March 2011

Pillay T et al. Perinatal tuberculosis and HIV-1: considerations for resource-limited settings. Lancet Infect Dis. 2004 Mar;4(3):155-65.