

Consent Taking and Pre-Prophylaxis Counseling

- Explain the diagnosis of HBV, its potential long-term health implications and the need for monitoring.
- Counsel women about:
 - The importance of **tenofovir disoproxil fumarate (TDF)** prophylaxis: explain that this is not a cure for hepatitis B, but is intended to prevent transmission to the infant.
 - The duration of TDF prophylaxis
 - Some women might need HBV treatment (TDF) beyond 3 months after delivery which MAM may not be able to provide.
 - Advise women about where to access infant active hepatitis B vaccination, if available in their area. Explain that the birth dose HBV vaccine should be given to all infants as soon as possible after delivery, preferably within 12 hours of delivery. This is the most effective prevention method.
 - Explain possible TDF side effects including nausea, abdominal pain (very rare), headache/ dizziness (very rare) and skin rash (very rare).
 - Explain that TDF is safe in pregnancy and breastfeeding.
 - While taking TDF, advise women to drink plenty of water.
 - In addition, counsel women about:
 - Preventing transmission to others, including the use of condoms.
 - Encouraging HBV testing for spouse(s), children, all sexual partners (discuss the potential risks and benefits of disclosure), and suggest HBV vaccination if they test negative for HBsAg as appropriate.
 - Advise the client to avoid:
 - Alcohol (as it increases cirrhosis and HCC risk).
 - Smoking/ betel (as these increase the risk of HCC).