PPD IN PREGNANCY

Definition of positive PPD: (same as for non-pregnant population)

- ≥ 10 mm or more (of induration)
- ≥ 5 mm considered positive for the following persons:
  - HIV positive
  - recent contacts of a person w/active TB
  - with fibrotic changes on x-ray consistent with inactive or past TB
  - immunosuppressed
- BCG status has no impact on PPD results (i.e. a positive result is a positive result)

What to do if PPD is positive in pregnant patient:

1. CXR (PA & lateral) should be obtained the day of the positive PPD to rule out active TB. DO NOT DEFER CXR!

2. Asymptomatic patients 35 years old and younger with a negative CXR should be treated with Isoniazid (INH) postpartum. They have Latent Tuberculosis Infection (LTBI).

   - INH 300 mg PO Qday should be given for a total of 9 months (State of Minnesota)

   - Check baseline liver function tests (LFT's) (prenatally or immediately postpartum) and LFT's every 2 months during therapy (INH can cause hepatitis)

   - Vitamin B6 50 mg PO Qday is not used routinely unless patient is at increased risk of neuropathy (i.e. diabetes, uremia, alcoholism, seizure disorder, malnutrition and HIV).

INH therapy in breastfeeding women:

The American Academy of Pediatrics considers INH to be safe in breastfeeding mothers (no risk to baby). Generally, the Family Medicine approach is to begin INH immediately postpartum in breastfeeding women due to financial/health care coverage concerns and issues surrounding follow up.

REFERENCES:

Minnesota Department of Health, "Recommendations for TB Testing and Treatment of Latent TB Infection", 2003