"Me, my baby and hepatitis B": A guided learning resource to providers to improve care for pregnant women and prevent mother to child transmission of hepatitis B in Victoria

#### Authors:

<u>Grant M</u><sup>1</sup>, Bennett G<sup>1,2</sup>, Feng C<sup>3</sup>, Thompson A<sup>1, 4</sup>, Holmes J<sup>1, 4</sup>, Howell J<sup>1, 4, 5</sup> Allard N <sup>4, 6, 7, 8</sup>, MacLachlan J <sup>4, 6, 7</sup>, Birbilis E<sup>9</sup>,

<sup>1</sup>St Vincents Hospital Melbourne, <sup>2</sup> Your Community Health, <sup>3</sup> Cancer Council Victoria, <sup>4</sup>Department of Infectious Diseases, University of Melbourne, <sup>5</sup> Burnet Institute, <sup>6</sup> WHO Collaborating Centre for Viral Hepatitis, The Doherty Institute, <sup>7</sup> Victorian Infectious Diseases Reference Laboratory, <sup>8</sup> Cohealth, <sup>9</sup> Department of Health Victoria

# Background/Approach:

Pregnancy represents a key opportunity to engage women with chronic hepatitis B (CHB) into ongoing care and interventions that prevent mother to child transmission (PMTCT) of Hepatitis B (HBV). There are knowledge gaps among healthcare professionals (HCP) and pregnant mothers regarding the management of CHB and PMTCT. There was a gap in resources specifically designed for pregnant women living with CHB who have limited literacy/English proficiency. The development of a culturally appropriate CHB pregnancy resource was required to respond to the needs of pregnant women living with CHB and their infants and prevent MTCT of HBV.

## **Analysis/Argument:**

St Vincents Hospital Melbourne, antenatal HCP, bicultural workers and women from cultural backgrounds with a high prevalence of CHB collaborated to codesign a resource to be used during prenatal consultations. The resource ('Me, my baby and hepatitis B') was designed to be practical, visually engaging, and incorporate the principles of health literacy to increase knowledge and understanding

### Outcome/Results:

The English language resource was developed and tested with the bicultural workers and other health professionals. Over 200 hard copies of the resource were distributed and promoted at various professional presentations and events. A digital resource was also promoted through communication channels. Feedback that was received form surveys indicates that the HCPs were very positive about the consultation process, although there were only a small number of responses (n=7, of 46 invited).

### **Conclusions/Applications:**

The resource provided HCPs with a tool to build confidence talking to pregnant women living with CHB, filling a gap in existing resources. Future recommendations and applications include translating the resource into priority languages and investigating new opportunities for promotion and distribution.

### **Disclosure of Interest Statement:**

No conflicts of interests to disclose.

With funding from the Department of Health Victoria through Cancer Council Victoria