

## Video Transcript: TB and Pregnancy with Dr. Oyesiku

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Hello, my name is Dr. Olusunmisola Oyesiku, frequently called Dr. O. I am a medical officer at the

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Alabama Department of Public Health. And today, I'm going to be talking about tuberculosis in

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pregnancy. For today, we're going to mostly be discussing TB in pregnancy

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and why it matters. We're going to be looking at how TB transfers between mother to child.

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We're going to be discussing briefly the impact of latent tuberculosis infection and just overall

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strategies for prevention, management and recommendations for TB in pregnancy. So like

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my colleagues have previously discussed TB is a contagious bacterial infection mainly caused by

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microbacterium tuberculosis affecting the lungs and other organs. TB primarily affects the lungs

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as but it can also go to other parts of the body called extra pulmonary TB. We have two types of

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TB. We have the active TB and the latent TB and it has a great global impact in affecting about a

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quarter of the world population. And TB accounts for almost 50% of maternal deaths worldwide.

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Now why does it matter that we're discussing TB in pregnancy? This is largely because of

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the complications that arise in pregnancy due

to TB. Now TB during pregnancy leads to anemia,

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pre-eclampsia, low birth weight and a higher  
maternal death rate. Active TB weakens the

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immune system of the pregnant woman and  
it impairs the placental function which

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feeds the baby and all of this leads to worsening  
pregnancy complications. Worse co-infection with

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HIV further intensifies the risk associated  
with TB during pregnancy and it also leads

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to worse outcomes in the fetus and the neonatal  
period. Higher risk of birth, low birth weight,

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pre-term birth, intrauterine growth restriction,  
and inferred death are some of the complications

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of TB that occurs during pregnancy. Now, what are  
the symptoms of TB during pregnancy? This largely

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mirrors the effects of nonpregnant states.  
Symptoms like fatigue, cough, night sweats,

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fever and it's very similar to the non-pregnant  
state. But during pregnancy diagnosis can be

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delayed or deferred. Now because of the weakened  
immune system during pregnancy with there is also

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a risk of extra-pulmonary TB which is TB in other  
parts of the body which can involve the genital

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urinary areas complicating diagnosis. Now we're  
looking at LTBI which is latent form of TB that

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is asymptomatic. That means you're not showing  
any signs or symptoms of TB infection and it

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can progress to active TB and pregnancy related immune suppression can actually trigger active

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TB in about 10 to 20% of women with LTBI raising the transmission risk. Therefore, preventative

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treatment of LTBI can reduce transmission risk but is often underutilized due to the diagnostic

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and safety concerns. We have many treatment options for LTBI. Both in pregnancy and

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before pregnancy. So what do we recommend? That we screen all pregnant women at risk, especially

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women in high risk groups such as HIV positive mothers and patients or women that immigrate

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from high burden countries or if you've been in close contact with anyone recently diagnosed

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with TB. We use a screen symptomatic screening questionnaire. We have screening tests and we

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also have chest X-rays that are used to diagnose both LTBI and active TB symptoms in pregnancy.

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We also have the test called the IGAS and these are blood tests such as the T-spots

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and the quantiferon that can that you that can use that is preferred for LTBI detection and then we

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have different treatment options that can also be suitable for pregnancy. Monitoring and adherence

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is key for successful treatment. Now, why is LTBI prevention that's both testing and treatment

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in women of reproductive age underutilized? Well,

there's safety concerns in pregnancy that if they

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do detect them, can it affect the liver or the baby? A lot of providers don't are not aware or

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have this uncertainty about the screening criteria for pregnant women and if there's any pregnancy

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safe treatment regimen and the fragmented care system and a lot of patients just because they

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have no symptoms of LTBI do not see the need to actually get tested and treated and of course

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the social stigma that might be associated with TB or immigration concerns.

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or just overall socio-economic priorities. So what are we saying? Management and treatment of

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TB both active and latent in pregnant women has to be individualized and it would take

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a multidisciplinary approach. That means it will take a collaboration among your obstetricians,

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the infectious disease specialists, pediatricians and even your primary care to

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deliver a great outcome in pregnancy and also improve the health of the fetus. So what are the

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key takeaways? TB in pregnancy is treatable. Prevention of mother-to-child transmission is

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vital during pregnancy. LTBI requires monitoring during pregnancy due to risk of progression

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of active TB and early diagnosis and treatment improves outcome. Here at the health department,

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we do offer free TB screening and treatment. So,  
if you feel like you have any of the symptoms of

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active TB or you're from or you feel like  
you've been in contact with anyone recently

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diagnosed with TB, go to your nearest health  
department for both testing and treatment if

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positive for TB. Thank you so much for taking  
time to listen to this presentation today.