



Research

Project Overview

Stop Hep B

@ Birth

Project

This five-year implementation research project aims to develop and implement a feasible community-oriented primary care model of disease prevention in low-resource settings with a focus on prevention of mother-to-child transmission (MTCT) of hepatitis B (HBV). MTCT accounts for the majority of chronic HBV infections in Southeast Asia.

The project will recruit a cohort of 110 HBV+ pregnant women and provide screening and comprehensive treatment of mothers and immunoprophylaxis to newborns to reduce the impact of the disease on their health and significantly reduce the risk of MTCT. In addition, HBV screening will be done for an estimated 550 household members of the HBV+ pregnant women. The complete HBV vaccination series will be provided to HBV negative household members, and systematic treatment will be provided to HBV positive household members according to the study treatment protocol based on WHO guidelines.

At a Glance

Donor(s):

B. K. Kee Foundation, Tides Foundation

Project Duration:

July 2018 - June 2023

Geographic Coverage:

Yangon - South Dagon and Dagon Seikkan Townships

Population Coverage:

80,000

Target Population Profile:

HBV positive pregnant women, their newborns, and exposed household members.

Impact Focus:

Infectious Disease | Maternal and Child Health Care

Implementing Partner(s):

B. K. Kee Foundation, Myanmar Liver Foundation

Key

Activities:

- Training of medical doctors, basic health staff, midwives, and traditional birth attendants about the importance of early antenatal care, HBV screening, and HBV case management;
- HBV and antenatal care (ANC) education sessions in communities in the study area;
- HBV screening and treatment of HBV+ pregnant mothers from the study area;
- HBV screening, vaccination, and treatment of household members of HBV+ pregnant women;
- Active pregnancy surveillance and pregnancy monitoring;
- Viral load testing of mothers at the time of delivery and newborns at 6-7 months of age to assess achievement of viral suppression (mothers) and MTCT (newborns);
- Provision of immunoprophylaxis to all newborns in the study within 24 hours of birth;
- Facilitation of routine childhood vaccinations (including HBV);
- Interviews with HBV+ and HBV- mothers and health care providers about barriers and facilitators to ANC and HBV-related services in the study area to inform program design;
- Advocacy meetings with Ward and Township officials and community-based organizations;
- Formation of a Community Advisory Board to guide the implementation of the study.



Supported by:

