EVALUATION OF PREGNANT PATIENT AT RISK FOR TB

Place TST/IGRA and perform symptom screen

Asymptomatic
- TST/IGRA negative
  - No further evaluation unless contact of case
  - Abnormal CXR
    - Collect sputum x3 for AFB smear & culture
    - Evaluate for treatment as TB suspect
    - Report to local health department
    - Begin therapy with INH, RIF, & EMB as a TB suspect

- TST/IGRA positive
  - 1st trimester
    - Delay CXR until 2nd trimester unless recent contact or HIV positive
  - 2nd or 3rd trimester
    - CXR with abdominal shield
    - Abnormal CXR
      - Collect sputum x3 for AFB smear & culture
      - Evaluate for treatment as TB suspect
      - Report to local health department
      - Begin therapy with INH, RIF, & EMB as a TB suspect
    - Normal CXR
      - CONSULTATION
      - Baseline LFTs
        - Abnormal
          - CONSULTATION or follow flow chart: “Assessing and Managing Risk of Liver Disease in the Treatment of LTBI”
        - Normal
          - Monthly LFTs
          - Complete 9 mo Rx for LTBI with INH
          - CONSULTATION or follow flow chart: “Assessing and Managing Risk of Liver Disease in the Treatment of LTBI”

Symptomatic
- TST/IGRA positive
  - CXR with abdominal shield (do not delay until 2nd trimester)
  - Abnormal CXR
    - Collect sputum x3 for AFB smear & culture
    - Evaluate for treatment as TB suspect
    - Report to local health department
    - Begin therapy with INH, RIF, & EMB as a TB suspect
  - Normal CXR
    - CONSULTATION
    - Baseline LFTs prior to start of therapy
      - Abnormal
        - CONSULTATION or follow flow chart: “Assessing and Managing Risk of Liver Disease in the Treatment of LTBI”
      - Normal
        - Monthly LFTs
        - Begin therapy for LTBI during pregnancy
        - Complete 9 mo Rx for LTBI with INH
        - CONSULTATION or follow flow chart: “Assessing and Managing Risk of Liver Disease in the Treatment of LTBI”

- TST negative
  - CXR with abdominal shield (do not delay until 2nd trimester)
  - Normal CXR
    - No further evaluation unless contact of case or immunosuppressed/HIV+”

* TST negative contact should have TST repeated 3 months after break in contact
** HIV+ persons may have active TB despite a negative CXR and TST. Collect three sputum specimens
*** LFTs should include serum AST, ALT & total bilirubin

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