Evaluation of Pregnant Patient at Risk for TB

Place TST and perform symptom screen

**Symptomatic**
- TST positive
  - CXR with abdominal shield (do not delay until 2nd trimester)
  - Normal CXR
  - Abnormal CXR
    - Collect sputum x3 for AFB smear & culture
    - Evaluate for treatment as TB suspect
    - Report to local health department
    - CONSULTATION

**Asymptomatic**
- TST negative
  - No further evaluation unless contact of case*
- TST positive
  - 1st trimester
    - Delay CXR until 2nd trimester unless recent contact or HIV positive
    - Abnormal CXR
      - Collect sputum x3 for AFB smear & culture
      - Evaluate for treatment as TB suspect
      - Report to local health department
      - CONSULTATION
    - Normal CXR
      - Baseline LFT's/T. Bili
        - Yes
          - Recent contact or HIV positive?
            - Yes
              - Delay therapy for LTBI until 3-4 months post partum
            - No
              - Normal
                - Baseline LFT's/T. Bili prior to start of therapy
                - Abnormal
                  - CONSULTATION or follow flow chart: "Assessing and Managing the Risk of Liver Disease in the Treatment of LTBI"
                  - Complete 9 mo Rx for LTBI with INH
              - Abnormal
                - Monthly LFT's/T. Bili's
                - Begin therapy for LTBI
              - Normal
                - Begin therapy for LTBI

* TST negative contacts 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.

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