



Hepatitis B Immune Globulin (Human)

Revised: January 15, 2023.

CASRN: 373609-41-7

Drug Levels and Effects

Summary of Use during Lactation

Hepatitis B immune globulin is an immune globulin (IgG) rich in IgG antibodies against hepatitis B. IgG is a normal component of breastmilk that is likely to be partially destroyed in the infant's gastrointestinal tract and poorly absorbed by the infant. No special precautions are required during breastfeeding. Hepatitis B immune globulin is recommended along with hepatitis B vaccine to be given to infants of mothers who are positive for hepatitis B surface antigen. No differences exist in infection rates between breastfed and formula-fed infants born to hepatitis B-infected women, as long as the infant receives these preventative measures at birth.[1] Mothers with hepatitis B are encouraged to breastfeed their infants after their infants receive these preventative measures.[2,3]

Drug Levels

Maternal Levels. Colostrum (3 days postpartum) and milk (7 days postpartum) samples from 2 mothers who were receiving intravenous immunoglobulin (IVIG) for the treatment of common variable immunodeficiency were studied. One mother was receiving 400 to 500 mg/kg of IVIG monthly and the other received 600 to 700 mg/kg of IVIG monthly. The time of the last dose before sample collection was not reported. Immune globulin G (IgG) concentrations were normal in the first mother's colostrum and milk and higher than normal in the colostrum of the second mother. IgM levels were normal in the colostrum and milk first mother and low in the second.[4]

Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

Relevant published information was not found as of the revision date.

Disclaimer: Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

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Effects on Lactation and Breastmilk

Relevant published information was not found as of the revision date.

References

1. Xiao F, Lan A, Mo W. Breastfeeding from mothers carrying HBV would not increase the risk of HBV infection in infants after proper immunoprophylaxis. *Minerva Pediatr.* 2020;72:109–115. PubMed PMID: 28353321.
2. Visvanathan K, Dusheiko G, Giles M, et al. Managing HBV in pregnancy. Prevention, prophylaxis, treatment and follow-up: Position paper produced by Australian, UK and New Zealand key opinion leaders. *Gut.* 2016;65:340–50. PubMed PMID: 26475631.
3. Dionne-Odom J, Tita AT, Silverman NS. #38: Hepatitis B in pregnancy screening, treatment, and prevention of vertical transmission. *Am J Obstet Gynecol.* 2016;214:6–14. PubMed PMID: 26454123.
4. Palmeira P, Costa-Carvalho BT, Arslanian C, et al. Transfer of antibodies across the placenta and in breast milk from mothers on intravenous immunoglobulin. *Pediatr Allergy Immunol.* 2009;20:528–35. PubMed PMID: 19220771.

Substance Identification

Substance Name

Hepatitis B Immune Globulin (Human)

CAS Registry Number

373609-41-7

Drug Class

Breast Feeding

Lactation

Milk, Human

Antibodies

Immunoglobulin G

Immunoglobulins