

Delivery Hospital Policies and Procedures to Prevent Perinatal Hepatitis B Virus (HBV) Transmission

At time of admission for delivery:

- Review a copy of the original hepatitis B surface antigen (HBsAg) laboratory report for the pregnant woman to verify that the correct test (i.e., HBsAg) was performed and that the testing date was during this pregnancy (*Do not rely on a handwritten or transcribed HBsAg test result*).
- Place a copy of the original HBsAg laboratory report in the pregnant woman's labor and delivery record and in the infant's hospital record.
- Perform HBsAg testing **STAT** on women who:
 - Do not have a copy of the original HBsAg laboratory report for this pregnancy, or
 - Tested HBsAg-negative prenatally and are at risk for hepatitis B virus (HBV) infection during pregnancy (e.g., an immigrant from an endemic area, more than one sex partner in the previous 6 months, evaluated or treated for a sexually transmitted disease, a partner of or a recent or current injection-drug user, a household or sexual contact of a HBsAg-positive person, incarcerated, hemodialysis patient), or
 - Had clinical hepatitis since previous testing.

After delivery:

HBsAg-positive mothers and their infants:

- Administer single-antigen hepatitis B (hepB) vaccine and hepatitis B immune globulin (HBIG) to all infants born to HBsAg-positive mothers within 12 hours after birth, and record date and time of administration of HBIG and hepB vaccine in infant's medical record.
- Submit a completed [Hepatitis B Perinatal Case Report-Infant/Contact Form](#) to the Perinatal Hepatitis B Prevention Program.
- Provide advice to the mother. Tell her the following:
 - She may breastfeed her infant upon delivery, even before hepB vaccine and HBIG are given;
 - It is critical for her infant to complete the full hepB vaccine series on the recommended schedule;
 - Blood will need to be drawn from the infant after completion of at least 3 doses of the hepB vaccine series at age 9-18 months (usually done at a well-child visit) to determine if the infant developed a protective immune response to vaccination or if additional vaccine is needed;
 - Modes of HBV transmission;
 - Need for testing and vaccination of susceptible household, sexual, and needle-sharing contacts;
 - Need for substance abuse treatment, if appropriate; and
 - Need for medical evaluation, including an assessment for possible treatment of chronic HBV.

Mothers with unknown HBsAg status and their infants:

- Administer single-antigen hepB vaccine within 12 hours of birth, and record date and time of administration in the infant's medical record.
- Alert infant's pediatric health-care provider if an infant is discharged before the mother's HBsAg test result is available. If the mother is determined to be HBsAg-positive, HBIG should be administered to the infant as soon as possible, but no later than age 7 days.

All mothers and their infants:

- Administer a dose of single-antigen hepB vaccine to all infants weighing at least 2000 grams.
- Ensure that all mothers have been tested for HBsAg prenatally or at the time of admission for delivery and document test results.
- Record date and status of maternal HBsAg test results on *Newborn Screening (NBS) Card*.
- Record the administration date of the birth dose of hepB vaccine and/or HBIG on the *Electronic Birth Certificate (EBC) Hospital Worksheet*.
- Provide infant's immunization record to mother and remind her to take it to the infant's first pediatric health-care provider visit.