

Hospital Tasks Overview

The following four strategies guide hospitals to prevent perinatal hepatitis B transmission. Also see the [Immunization Action Coalition's hepatitis B hospital guide](#).



1) Screening procedures

Develop and follow a written policy and procedure to screen **every** pregnant woman admitted for delivery for HBsAg who has an unknown hepatitis B status and is at risk for HBV infection during pregnancy. Women with unknown status include those with no prenatal care or who have not already been tested. Risk behaviors for HBV include:

- More than one sexual partner in the previous 6 months.
- Evaluation or treatment for sexually transmitted disease.
- Recent or current injection drug use.
- HBsAg-positive sexual partner(s).
- Clinical hepatitis since previous testing.

Include in your written policy the following procedures for each stage of the hospital stay for women delivering babies (admission, after delivery, standing orders, infant discharge).

Admission for Delivery:

- Review hepatitis B surface antigen (HBsAg) status of all pregnant women.
- Review HBV DNA testing for all pregnant women that are HBsAg-positive.
- Record maternal HBsAg & HBV DNA test results on both the labor delivery record and on the infant's delivery summary sheet.
- Do HBsAg testing as soon as possible on women who do not have an HBsAg test result, who have risk for HBV infection during pregnancy, and who had clinical hepatitis since previous testing.

After Delivery:

- Identify and manage all infants born to HBsAg-positive mothers, and infants born to mothers with unknown HBsAg status.
- Give HBIG and hepatitis B vaccine dose 1 to infants of all HBsAg-positive pregnant women, **within 12 hours of birth**.
- If the mother's HBsAg test results are unavailable but evidence suggests of maternal HBV infection, the infant should be managed as if born to an HBsAg-positive mother.
- Document the mother's HBsAg-positive status and the infant's HBIG and hepatitis B vaccine doses at the hospital; **give this information to the pediatric care provider**.

Standing Orders:

- Review HBsAg and HBV DNA test results for every pregnant woman admitted for delivery. Make sure all mothers have been tested for HBsAg



prenatally or at time of admission. Document the test results.

- For women with no HBsAg test results, test them as soon as possible after admission for delivery.
- Premature babies born to HBsAg-positive mothers or mothers with unknown status must get HBIG AND hepatitis B vaccine within 12 hours after birth. If these babies weigh less than 2,000 grams at birth, do not count the first dose of hepatitis B vaccine as one of the doses in the series. The baby should get 3 additional doses of hepatitis B vaccine, starting when medically stable and at least 1 month of age ([MMWR, 2018](#)). This will be a total of 4 doses.
- For all infants, add the mother's HBsAg test results to the infant's medical record, and the date and time the infant got HBIG and hepatitis B vaccine.

Time of Infant Discharge:

Give the infant's immunization record to the mother and remind her to take it to the baby's first pediatrician visit.

2) VFC (Vaccines for Children Program)

For all delivery hospitals: Enroll in the federal VFC program to get free birth-dose hepatitis B vaccine for eligible newborns. Eligible newborns include Medicaid eligible, American Indian or Alaska Native, underinsured, or uninsured babies.

3) Notification

Notify your local health jurisdiction (LHJ) of the birth of an infant to an HBsAg-positive mother so follow-up can begin for the infant **and** for the mother's household contacts and sexual partners. [State law requires you to report](#) every HBsAg-positive pregnant woman. Your LHJ provides case management and follow-up services for these infants and contacts.

4) Information for the patient

Counsel and provide information on these subjects to **every** HBsAg-positive woman who is pregnant or has just delivered:

- How hepatitis B spreads.
- How to prevent hepatitis B.
- The need for her to get medical follow-up with a liver specialist.
- Her infant's need to get protection. The baby needs HBIG and hepatitis B vaccine within 12 hours of birth, two additional doses of hepatitis B vaccine at 1-2 and 6 months of age, and post-vaccine screening at 9-12 months of age.
- The need for her household contacts and sexual partners to get pre-vaccination screening. If any of these people prove at risk, they need to get three doses of hepatitis B vaccination at intervals of 0, 1-2, and 4-6 months.
- How her LHJ will contact her to follow-up with necessary services for her family.