



Perinatal Hepatitis B Prevention Program

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http://nj.gov/health/cd/hepatitisb_perinatal/

Prenatal Care Provider Policies and Procedures to Prevent Perinatal Hepatitis B Virus Transmission

Preventing perinatal hepatitis B virus (HBV) transmission is an integral part of the national strategy to eliminate HBV in the United States. About 25,000 pregnant women with chronic HBV give birth each year in the United States. Unfortunately, some of these women are not tested and do not know they are infected with HBV—and that they can pass the infection on to their infants during birth or after the baby is born. Other infants return to homes with family members who have chronic HBV infection. Infants who are infected at birth or during childhood and who are not protected by vaccination have up to a 90% chance of developing life-long chronic infection, which can lead to serious liver disease—or death—even as young as adolescence or as young adults. Fortunately, prenatal care providers can play a vital role in the prevention of perinatal HBV by instituting policies and standing orders to screen all women for hepatitis B surface antigen (HBsAg) at each pregnancy. Sample text for developing policies is provided below:

For all pregnant women:

1. Test every pregnant woman during each pregnancy for HBsAg, regardless of her hepatitis B vaccination status.
2. Perform HBsAg testing during the first trimester, or at earliest prenatal visit, even if a woman has been previously vaccinated or tested. Interpretation of HBV serologic test results can be accessed at <http://www.cdc.gov/hepatitis/HBV/PDFs/SerologicChartv8.pdf>
3. Provide a copy of the original laboratory report indicating the pregnant woman's HBsAg status to the hospital where the delivery is planned and to the health care provider who will care for the newborn. Cases should be reported to the local health department where the patient resides.
4. Educate all pregnant women about the importance of HBV vaccine birth dose and completing the infant's vaccine series on time.

For a pregnant woman with a positive HBsAg test result:

1. Report HBsAg positive test results to the local health department where the patient resides within 24 hours of diagnosis (N.J.A.C. § 8:57-1.5 Reportable Communicable Diseases). Contact information for local health departments is available through the NJ Department of Health website at: <http://www.nj.gov/health/lh/directory/lhdselectcounty.shtml>

2. Provide a copy of the original laboratory report indicating the pregnant woman's HBsAg status to the hospital where the delivery is planned and to the health care provider who will care for the newborn. Notify pediatric provider (if known).
3. Attach an alert notice or sticker to the woman's medical record to remind the delivery hospital/nursery that the infant will need HBV vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth.
4. Educate the mother about the need for immunoprophylaxis of her infant at birth, and obtain consent for immunoprophylaxis before delivery. Consider printing additional reminder notices for mothers about the importance of immunoprophylaxis for infants and attaching the notices to the inside front or back cover of the medical record. Patient educational materials are available in various languages at the following link,
<http://www.cdc.gov/hepatitis/HBV/PerinatalXmtn.htm#section7>
5. Educate the mother about the importance of completing the infant's vaccine series.
6. Advise the mother that all household, sexual, and needle-sharing contacts should be tested for HBV infection and vaccinated if susceptible. Provide information to the mother about HBV, including modes of transmission, prenatal concerns (e.g., infants born to HBsAg-positive mothers may be breastfed), medical evaluation and possible treatment of chronic HBV, and substance abuse treatment (if appropriate).
7. Refer the mother to a medical specialist for evaluation of chronic HBV.

For a pregnant woman with a *negative* HBsAg test result

1. Provide a copy of the original laboratory report indicating the pregnant woman's HBsAg status to the hospital where the delivery is planned and to the health-care provider who will care for the newborn.
2. Include information in prenatal care education about the rationale for and importance of newborn HBV vaccination for all infants. Visit the NJDOH and the Immunization Action Coalition websites for access to patient materials about the importance of the HBV birth dose:
http://www.nj.gov/health/cd/hepatitisb_perinatal/index.shtml
<http://www.immunize.org/handouts/hepatitis-b-birthdose.asp>
3. Administer the HBV vaccine series if the patient has a risk factor for HBV infection during pregnancy (e.g., injection-drug use, more than one sex partner in the previous 6 months or an HBsAg-positive sex partner, evaluation or treatment for a sexually-transmitted disease [STD]). Be sure to provide the patient with the Vaccine Information Statement for the HBV vaccine prior to vaccine administration, <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html>
4. Repeat HBsAg testing upon admission to labor and delivery for HBsAg-negative women who are at risk for HBV infection during pregnancy or who have had clinical hepatitis since previous testing.