

Perinatal Hepatitis B Prevention Pocket Guide

Management of Pregnant Women

Prenatal HBsAg Testing

- **Test ALL** pregnant women within first trimester of **EACH** pregnancy, even if tested before or had hepatitis B vaccines.
- **Send** copy of lab report with the HBsAg-positive results to the hospital of delivery and the infant's healthcare provider.
- **Report to MDH** all HBsAg-positive women within one working day of knowledge of the pregnancy.
- **Refer for or provide** HBsAg-positive women counseling and medical management. Give the following information:
 - ✓ Modes of hepatitis transmission.
 - ✓ Perinatal concerns (i.e. HBsAg-positive mothers may breastfeed, treatment of newborns for exposure to hepatitis B).
 - ✓ Prevention of HBV to contacts, include vaccine prophylaxis for infant(s) and testing and/or hepatitis B vaccination for household, sexual, and needle-sharing contacts.
 - ✓ Substance abuse treatment and/or mental healthcare if appropriate.
 - ✓ Medical evaluation and possible treatment of chronic hepatitis B.

Management of Delivery and Infant

At admission for delivery:

- **Review** HBsAg status of all pregnant women. Perform HBsAg testing as soon as possible on women who:
 - ✓ do not have a documented HBsAg test result,
 - ✓ were at risk for HBV infection during pregnancy, or
 - ✓ had clinical hepatitis since previous testing.
- **Retest** HBsAg-negative women (at time of hospital delivery) with high-risk behaviors for infection:
 - ✓ Injection-drug use,
 - ✓ More than one sex partner in 6 months,
 - ✓ HBsAg-positive sexual partner,
 - ✓ Evaluation or treatment for sexually transmitted disease (STD),
 - ✓ Exhibits clinical hepatitis symptoms.
- Place copy of maternal HBsAg results on labor/delivery record, infant's delivery summary, and nursery medical record.

After delivery:

ALL infants should receive:	If mother's HBsAg status is:	Also give infant:
Hep B vaccine within 12 hours of birth	Positive	HBIG within 12 hours of birth
	Negative	No HBIG needed
	Unknown (at discharge)	Give HBIG if test positive <small>Must be given within 7 days of birth</small>

Minnesota Immunization Program 1-800-657-3970

- Preterm infants weighing less than 2,000g:
 - ✓ Born to **HBsAg-positive** mothers: give hep B vaccine and HBIG within 12 hours of birth.
 - ✓ Born to **HBsAg-negative mothers**: give first dose of hep B vaccine at one month of age.
 - ✓ Born to **mothers whose HBsAg status is unknown**: give hep B vaccine and HBIG within 12 hours of birth.
- For **HBsAg-positive** mothers and **mothers whose HBsAg status is unknown** at time of discharge
 - ✓ Fax "Hospital Report Form" to MDH within 1 working day of infant's birth.
 - ✓ Alert infant's pediatric provider.
- Record date and time vaccines were given on infant's record.

Case Management of Infants Born to HBsAg-positive Mothers

- Completion of hep B vaccine series at 1-2 months and 6 months of age (using monovalent vaccine).
- If using a combination hep B vaccine (e.g. Hib-hep B or DTaP-IPV-hep B), final dose should NOT be administered before age 24 weeks (164 days).
- Administration of 4 doses of hep B vaccine is permissible when giving combination vaccines after the birth dose.
- Report all vaccine dates to local and/or state health departments.
- Perform post-vaccination serology at 12 months of age. (No earlier than 9 months of age.)
- Test for both HBsAg and anti-HBs.
- Report test results to local and/or state health department.

Interpretation of Serology Results	
Result	Follow-up needed
Anti-HBs positive HBsAg-negative	None. Infant is protected.
Anti-HBs negative HBsAg-negative	No response. Infant is susceptible to infection. Repeat 3 doses of hep B vaccine series as soon as possible. Schedule of 0,1,4 months. Recheck serology 4-6 weeks after last dose. Monovalent hepatitis B vaccine must be used for second series.
Anti-HBs negative HBsAg-positive	Infant infected with hepatitis B. Needs regular check-ups and liver function tests.
Remember to report HBsAg-positive test results to local and/or state health department.	