

The Role of the Prenatal Care Provider in Preventing Perinatal Hepatitis B

Prenatal care providers play two overarching roles in preventing perinatal hepatitis B:

- *Identifying pregnant women who are hepatitis B surface antigen (HBsAg) positive so their infants will receive appropriate post-exposure prophylaxis, and*
- *Referring HBsAg-positive women for proper follow-up for chronic hepatitis B.*

Action steps:

1. For **all women** to whom you provide care:
 - a. Test **all** pregnant women for HBsAg during the first trimester of **each** pregnancy, preferably at the same time as other routine prenatal laboratory testing. Pregnant women should be tested **during each pregnancy** regardless of vaccination history or previous tests results.
 - b. Retest high-risk pregnant HBsAg-negative women in their last trimester or on admission to the hospital for delivery. High-risk behaviors include:
 - Using nonprescription injection drugs
 - Having more than one sex partner in the previous six months
 - Having an HBsAg-positive sex partner
 - Being evaluated or treated for a sexually transmitted disease
 - c. Inform the pregnant women of her HBsAg status.
 - d. Send a copy of the original HBsAg test result for the current pregnancy with prenatal records to the delivery hospital. Transcribed results are not acceptable.
 - e. During prenatal education, stress the importance of hepatitis B vaccination of all newborns starting with the birth dose.
2. For **HBsAg-positive pregnant women:**
 - a. Retest HBsAg-positive women for HBsAg six months later to verify the presence of chronic hepatitis B virus (HBV) infection. Indicators of HBV infection include:
 - The absence of immunoglobulin M antibody to anti-HBc IgM or
 - The persistence of HBsAg for six months.
 - b. Refer the HBsAg-positive pregnant woman for appropriate medical management by a liver specialist, because she may have HBV-related liver disease.
 - c. Report all HBsAg-positive pregnant women to MDH within 24 hours of receiving a positive test result. Use the reporting form you will find at www.health.state.mn.us/divs/idepc/diseases/hepb/perinatal/carierrpt.pdf. (Note: Hepatitis B is a reportable disease based on Minnesota Communicable Disease Rules, Chapter 4605; see www.health.state.mn.us/divs/idepc/dtopics/reportable/rule/index.html.)
 - d. Inform the pediatric provider of the woman's HBsAg-positive status and her infant's need for hepatitis B vaccination and hepatitis B immune globulin.
 - e. Counsel the HBsAg-positive pregnant woman about:
 - Her positive HBsAg test result
 - Her need for ongoing medical evaluation



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- Methods of preventing hepatitis B transmission
 - The need for household and sexual contacts to be identified, tested, and vaccinated
3. For **HBsAg-negative pregnant women**: Assess the woman's risk for hepatitis B infection and vaccinate those who engage in high-risk behaviors. If the woman is high risk, it is recommended she be vaccinated during pregnancy.
4. Also see the specific ACIP recommendation: *A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP), Part 1: Immunization of Infants, Children, and Adolescents*, MMWR, December 23, 2005 / 54(RR-16), www.cdc.gov/mmwr/PDF/rr/rr5416.pdf.

Local public health follows all positive pregnant women and their infants to ensure they receive vaccinations and post-vaccination serology on time.

The cost of vaccine should never be a barrier.

- MnVFC covers un- and underinsured **children** at most pediatric and family practice clinics.
- Un- and underinsured **adults** can get free or low cost shots at certain clinics across the state. You can search for these clinics by county at: www.health.state.mn.us/divs/idepc/immunize/adultvax/clinicsearch.html.