## DEPARTMENT OF HEALTH

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

## FOR OB PROVIDERS

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

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

## Action steps:

- 1. For all pregnant people to whom you provide care:
  - Test all pregnant people for HBsAg during the first trimester of each pregnancy, preferably at the same time as other routine prenatal laboratory testing. Pregnant people should be tested during each pregnancy regardless of vaccination history or previous test results.
  - Retest high-risk pregnant HBsAg-negative people 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.
  - Inform the pregnant people of their HBsAg status.
  - 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.
  - During prenatal education, stress the importance of hepatitis B vaccination of all newborns starting with the birth dose.
- 2. For HBsAg-positive pregnant people:
  - Retest HBsAg-positive people 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.
  - Refer the HBsAg-positive pregnant people for appropriate medical management by a liver specialist because they may have HBV-related liver disease.
  - Report all HBsAg-positive pregnant people to MDH within 24 hours of receiving a positive test result. Use the <u>Perinatal Hepatitis B Pregnancy Report</u> (www.health.state.mn.us/diseases/hepatitis/b/perinatal/carrierrpt.pdf) form.

- Hepatitis B is a reportable disease based on the <u>Reportable Disease Rule (Communicable Disease Reporting Rule) Infectious Disease Reporting (www.health.state.mn.us/diseases/reportable/rule/index.html).</u>
- Inform the pediatric provider of the person's HBsAg-positive status and their infant's need for hepatitis B vaccination and hepatitis B immune globulin.
- Counsel the HBsAg-positive pregnant person about:
  - Their positive HBsAg test result.
  - Their need for ongoing medical evaluation.
  - Methods of preventing hepatitis B transmission.
  - The need for household and sexual contacts to be identified, tested, and vaccinated.
- 3. For HBsAg-negative pregnant people: Assess the person's risk for hepatitis B infection and vaccinate those who engage in high-risk behaviors. If the person is high risk, it is recommended they be vaccinated during pregnancy.
- Refer to the Advisory Committee on Immunization Practices (ACIP) recommendation: <u>MMWR</u>: <u>Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory</u> <u>Committee on Immunization Practices</u> (www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm?s\_cid=rr6701a1\_w).

Local public health follows all positive pregnant persons 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 uninsured and underinsured children at most pediatric and family practice clinics.
- Uninsured and underinsured adults can get free or low-cost shots at certain clinics across the state.
   Visit <u>Vaccination Clinics Serving Uninsured and Underinsured Adults</u> (www.health.state.mn.us/people/immunize/basics/uuavsearch.html) for more information.

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