

Hepatitis B in pregnancy Full Clinical Guideline

Reference No.: UHDB/12:23/H12

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1. **Abbreviations**

ANNB	-	Antenatal and Newborn
DBS	-	Dry Blood Spot
DNA	-	Detection and Quantification
EDTA	-	Ethylenediaminetetraacetic Acid
EPR	-	Electronic Patient Record
GP	-	General Practitioner
HBIG	-	Hepatitis B Immunoglobulin
HBV	-	Hepatitis B Virus
IDPS	-	Infectious Disease in Pregnancy Screening
ISOSS	-	Integrated Screening Outcomes Surveillance Service
KPI	-	Key Performance Indicator
MDT	-	Management Directorate Team
MHHR	-	Maternity Hand Held Records
PHE	-	Public Health England
QHB	-	Queens Hospital Burton
RDH	-	Royal Derby Hospital
SIAF	-	Screening Incident Assessment Framework
SIT	-	Screening and Immunisation Team
SQAS	-	Screening Quality Assurance Service

2. **Introduction**

Hepatitis B virus affects the liver. It can cause acute (immediate) and chronic (long-term) ill health. Infants born to mothers who are infected with Hepatitis B (HBsAg positive) have a high risk of acquiring Hepatitis B infection. Infants who acquire Hepatitis B at birth or during the first year of life have a 9 in 10 (90%) chance of developing lifelong chronic hepatitis B infection and run the risk of serious liver damage and even liver cancer.

Neonatal immunisation with Hepatitis B vaccine is over 90% effective in reducing the risk of infection. To be fully effective, however, the infant must be immunised shortly after birth and complete a full course of necessary vaccinations. Some infants (see below) should also receive Hepatitis B Immunoglobulin in addition to the vaccine. This is determined by the testing of Hepatitis B e markers and will be detailed on the mothers' pathology report by the Virology Laboratory.

For further information on Hepatitis B: antenatal screening and selective neonatal immunisation pathway please view the national guidance:

[Hepatitis B: antenatal screening and selective neonatal immunisation pathway - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway)

3. **Purpose and Aim of Screening and Immunisation**

The Purpose of Screening and Immunisation for Hepatitis B is:

- To identify women “at risk” of transmitting Hepatitis B to their babies
- To immunise infants “at risk” of acquiring Hepatitis B
- To prevent “at risk” infants acquiring Hepatitis B

4. **Protocol Function**

The function of this Protocol is to clearly define the processes involved in antenatal screening and neonatal immunisation for Hepatitis B within the acute Trust, and to identify individual responsibilities within the programme.

5. **Other At-Risk Groups**

Hepatitis B vaccinations are also recommended for infants where the father is Hepatitis B positive.

6. **Family Screening and Follow up**

The sexual partner, other children and close household contacts should be offered screening for Hepatitis B. The sexual partner of the woman should be encouraged to access their own GP or the local sexual health department to be tested. Immunisation should be offered to contacts found to be susceptible. Women should refer to their GP for other children to be tested.

7. **Families where English is a second language**

Arrangements will be made for interpreters as necessary. Digital patient information leaflets can be accessed electronically or printed and are available in 19 different languages from:

[Protecting your baby against hepatitis B \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

[Hepatitis B: screening and care in pregnancy and protecting your baby by vaccination - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

8. **Universal Antenatal Testing for Hepatitis B**

At UHDB NHS Foundation Trust, all pregnant women are offered / recommended hepatitis B screening as part of routine booking blood tests (see appendix A). This screening is offered / recommended during each pregnancy.

The purpose and potential benefits of this screening will be explained to the pregnant woman by her midwife. The woman will have been given details of how to access 'Screening Tests for You and Your Baby' information either digitally or it can be printed. It is available in 13 different languages via the link below or by using the QR code in the Patient Information section of the maternity hand-held records (MHHR)

<https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby>

All results for routine antenatal booking bloods are checked for availability by the midwife responsible for the woman's care 10 days after sampling. Routine 'negative' Hepatitis B results are reported to the woman at 16 weeks with a record of discussion of the results in the woman's electronic records.

The Community Midwife who is responsible for the woman's care must look up booking blood results within 10 days of sampling. On discovery of an unsuitable sample, the responsible Community Midwife must organise a repeat as soon as possible and not wait until the 16-week appointment. The national standard is that the repeat should be taken within 10 working days of the repeat requirement being notified. The ANNB Screening Team will be monitoring the completion of repeat sample.

If a woman is known to be Hepatitis B positive, antenatal screening in every pregnancy is recommended for assessment of infectivity markers and to ensure referral into the appropriate care pathways. The Community Midwife will contact the UHDB ANNB Screening Team directly on the generic screening email address for each site to inform of known positive cases via the generic emails below and document the status 'known positive' on the additional comments section or alert page on the Electronic Patient Record (EPR) and on the dedicated antenatal screening blood test request form.

Derby dhft.antenatalandnewbornscreeningRDH@nhs.net

Burton bhft.antenatalscreening@nhs.net

Those providing antenatal care will be sufficiently informed about Hepatitis B to be able to discuss the test and its implications with the pregnant women.

Appropriate training for the midwives will be via the preceptorship programme, mandatory study days, e-learning and where applicable additional study days, meetings or workshops. After staff have completed their initial training, updates will be listed with other training opportunities. All relevant staff should be up-to date with appropriate training. Infectious Diseases in Pregnancy Screening (IDPS) e-learning is available via e-Learning for Health at <https://portal.e-lfh.org.uk/>

See the IDPS Programme Pathway in appendix A and / or via the link below to the appendices of the national documents:

[Guidance on the hepatitis B antenatal screening and selective neonatal immunisation pathway - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway)

9. **Declining Screening and re-offering of screening**

- If a woman declines any of the routine infectious diseases screening in pregnancy, this should be documented in the woman's EPR and on the antenatal screening page of the Maternity Hand Held Record (MHHR).

The midwife will:

- Advise that screening for hepatitis B is recommended in every pregnancy to reduce the risk of vertical transmission to her baby and in the event of a positive result to offer Hep B vaccine +/- Hepatitis B immunoglobulin (HBIG) to babies in a timely manner to reduce chance of baby becoming Hep B positive.
- Complete the screening request form, ticking the test has been *Declined* and send form to Pathology lab.
- Advise she will be seen by a specialist midwife for further discussion either at the dating scan appointment or by 20 weeks; this is a national requirement on which we are measured. If greater than 20 weeks at the booking appointment, this discussion should take place by 24 weeks gestation.
- Advise the woman that she can opt in / request a screening test at any gestation.
- Advise she will be reoffered screening at various intervals throughout pregnancy and on admission in labour as duty of care to the woman and her baby.
- Email the screening team generic e-mail address as below as soon as possible following the decline, so the relevant discussions can take place with the woman with a member of the screening team in a timely manner. This is to ensure the decision is an informed choice for the woman by 20 weeks of pregnancy at the latest or within 2 weeks if more than 24 weeks of pregnancy, and to offer / signpost for any additional support required:

Derby - dhft.antenatalandnewbornscreeningRDH@nhs.net

Burton - bhft.antenatalscreening@nhs.net

- On the EPR and in the MHHR omit ticking the consented to Hepatitis B screening box and write / tick HEPATITIS B DECLINED in the additional comments section or in AN review on EPR

10. **Confirmation and Result Distribution**

- All positive results are notified to the generic ANNB screening email by the Virology Reference Lab team to both sites:

Derby dhft.antenatalandnewbornscreeningRDH@nhs.net

Burton bhft.antenatalscreening@nhs.net

- The Virology Reference Laboratory also informs the Public Health England Colindale Blood Borne Virus Unit, for surveillance and monitoring.
- It is the responsibility of the ANNB Screening Team to check this email account regularly and ideally every working day.
- Once a Hepatitis B positive result has been received the ANNB Screening Team enters the woman's details onto the local Hepatitis B audit Excel spreadsheet on the UHDB shared drive and the care pathway timeline begins.
- The ANNB Screening Team commences the national PHE maternal and paediatric checklist in (see appendix B).
- A weekly failsafe email of all positive IDPS results are sent by the UHDB Pathology Failsafe Officer to the generic screening team emails.
- The weekly failsafe lists are compared against all known positive results. If there are any noted discrepancies on the failsafe, immediate communication with the UHDB Pathology Failsafe Officer and Virology Reference Laboratory should take place.
- Any communication of positives result failures should have a DATIX completed.

11. **Counselling, referral and follow up for Hepatitis B positive women in pregnancy**

- There is an enhanced pathway to improve health outcomes for women who screen positive for Hepatitis B, this includes monitoring and advising on the administration of vaccinations and immunoglobulin (as required) and uptake of the accelerated Hepatitis B immunisation programme for neonates.
- For any positive results, the ANNB Screening Team will contact the woman as soon as possible or at the latest within 3 working days of the result being received to offer a face-to-face appointment.
- Women with a confirmed screen positive result should be encouraged to attend an appointment with the screening team less than or equal to 5 working days. This is to reduce the time that the woman enters specialist care for assessment/ treatment. There is evidence that waiting up to 10 days to give the result is having a clinical impact, especially for women who book late for antenatal care.
- The woman should be seen alone initially to ensure she is accepting for her result to be shared with the partner. If the woman consents to being seen jointly, the partner or other chosen support person can be invited to join the consultation.
- The purpose of this appointment is to ensure that:
 - Essential health education messages are explained.
 - The woman is given / signposted to the national leaflet [Hepatitis B: a guide to your care in pregnancy and after your baby is born - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
 - She is informed of the accelerated neonatal vaccination programme and that importance of her baby completing the full schedule is understood.
 - If not already taken place, advise partner / other close household contacts to be tested via by his/her own GP or advising that the partner accesses local Sexual Health Department.
- It is the ANNB screening team's responsibility to complete the Integrated Screening Outcomes Surveillance Service (ISOSS) reporting and data collection forms. ISOSS conducts active surveillance of pregnancies to women with HIV, syphilis and hepatitis B, their babies and other

children diagnosed with HIV, syphilis and hepatitis B, in England, as part of the NHS IDPS Programme.

Additional blood tests

At first contact with the woman the ANNB Screening Team will consent for the national enhanced pathway PHE maternal blood sample to be taken and send to Colindale in the kit boxes and packaging supplied (these kits are stored in the ANNB screening offices). Samples are also required for locally processed blood tests for baseline liver function tests (LFTs) and Hepatitis C antibodies.

Once a woman has been identified as Hepatitis B positive, the ANNB screening team ensure the following is completed:

- Create a maternal infection alert on the woman's EPR
- Send the Hepatology referral letter by email to Hepatology and the Clinical Nurse Viral Specialist Team by email to dhft.Gastrosecretaries@nhs.net and copy in the Hepatology Clinical Nurse Specialist (the name and email address of the current clinician will be on the letter template accessible of the UHDB shared drive and held by the ANNB screening team. Received and read email receipts requested.
- The wider MDT are also copied into the above referral letter as a national requirement:
 - Child Health Department
 - Health Protection Specialist Nurse Team
 - Consultant Paediatrician
 - Consultant Virologist
 - Community Midwife
 - GP
 - Copy in notes.
- **Derby site only**-See appendix F for the national '*notification of maternal positive Hepatitis B antenatal result form*', which in addition to the referral letter above should be sent by the ANNB screening team to the Child Health Department and the woman's GP.
- **Burton site only**-See appendix I for the local '*Form A. Notification of Hepatitis B Positive Antenatal Patient*'.
- **Burton site only** - See appendix J for the local '*Form B: Notification of Birth to a Hepatitis B Positive Patient*'
- It is a national Key Performance Indicator (KPI) that all newly diagnosed Hepatitis B positive women and women already known to be Hepatitis B positive with high infectivity markers detected in the current pregnancy attend Hepatology for specialist assessment within 6 weeks of the positive result being reported to the maternity service.

High infectivity is defined as:

- HBsAg positive and HBeAg positive
 - HBsAg positive, HBeAg negative and anti-HBe negative
 - HBsAg positive where e-markers have not been determined
 - having acute hepatitis B during pregnancy
- Women known to be Hepatitis B positive with low infectivity markers are referred, but the 6-week KPI assessment timeframe does not apply. The 18 week-wait standard referral to assessment guide applies, but the women are usually seen much sooner.
 - All women seen by the Hepatology Team receive a letter for their records, which is copied to the GP and the ANNB screening team. The woman's attendance is monitored via EPR and the Hepatology clinic outcome letter can also be viewed on EPR.

- Complete a neonatal alert
- Document in the Baby notes
- Partially complete the HB1 form '*Child at risk of hepatitis B infection from birth at RDH / QHB - first vaccination given*', which is site specific, see appendix G for the QHB HB1 form and appendix H for the RDH form. This is a notification to healthcare professionals to deliver the subsequent doses of Hepatitis B immunisations to the baby / child. It is filed in the baby notes sections of the woman's hospital obstetric notes.
- Between 20 and 24 weeks gestation, on guidance from the Hepatology team, repeat blood samples are required from the woman for:
 - Liver Function Tests
 - Hepatitis B viral load DNA
- The results of the above blood tests are reviewed in Hepatology and women who continue to have high infectivity markers and/or an HBV DNA greater than 200,000 IU/ml or HBsAg levels $>4\log_{10}$ IU/ml may be started on Tenofovir Disoproxil ideally between 24-28 weeks' gestation to reduce the risk of transmission of HBV to the baby.
 - The Tenofovir Disoproxil is stopped 4 to 12 weeks after the birth unless the mother meets criteria for long-term treatment.
 - HBV DNA level will be monitored 2 months after starting Tenofovir Disoproxil and ALT monthly after the birth to detect postnatal HBV flares.
- As per the checklist (appendix B) all women are seen by the ANNB screening team in the 3rd trimester, ideally at 34 weeks, to revisit health education messages and the baby hepatitis B immunisation schedule. In the case of high infectivity women, a discussion will also take place regarding immunoglobulin administration. Higher infectivity women will have a 3rd trimester appointment with the Obstetric team, and the screening team will be responsible for triaging and arranging the appointments.
- The ANNB Screening Team will provide information leaflet Protecting your baby against hepatitis B available in 15 different languages from: <https://www.gov.uk/government/publications/protecting-your-baby-against-hepatitis-b-leaflet>
- The ANNB Screening Team will document the outcome of this appointment including the pathway the woman will follow in the woman's electronic record.

If the woman declines to follow the enhanced pathway it should be recorded in her notes and on the completed request forms and returned to PHE Colindale

There are two pathways a woman will follow; a lower infectivity pathway (see appendix D) OR higher infectivity pathway (see Appendix E):

HIGHER INFECTIVITY PATHWAY

<https://khub.net/documents/135939561/406080379/Hep+B+antenatal+screening+-+All+pregnant+women+offered+and+recommended+screening+for+hepatitis+B+in+every+pregnancy+regardless+of+previous+results+2.jpg/4a10d3c8-19f3-5ae6-13bc-94bfeb698afc?t=1612437484753>

LOWER INFECTIVITY PATHWAY

<https://khub.net/documents/135939561/406080379/Hep+B+antenatal+screening+-+All+pregnant+women+offered+and+recommended+screening+for+hepatitis+B+in+every+pregnancy+regardless+of+previous+results.jpg/2ae9c65d-2c18-447d-4bb0-4d9092291f26?t=1612437357999>

<https://www.gov.uk/government/publications/protecting-your-baby-against-hepatitis-b-leaflet>

12. Ordering Vaccine and Immunoglobulin

Hepatitis B vaccine is stored in the NEONATAL ward fridge as a stock item at QHB BURTON and in labour ward fridge at RDH.

Hepatitis B immunoglobulin (HBIG) if required will be ordered by the ANNB Screening Team from Public Health England using a request form available. See appendix C for HBIG order form, this will be sent to phe.hepatitisbbabies@nhs.net and will be available from QHB and RDH as a 'named patient' pack, this named patient pack should not be used for any other baby.

In the event of needing HBIG in an emergency, contact maternity Pharmacist to check if any in stock and if not, PHE Colindale can be contacted 24 hours a day on **020 832 76439**. PHE will dispatch the HBIG immediately to the hospital. All HBIG is tracked and audited by PHE, and administration of a named dose to another baby will require explanation and DATIX.

[https://www.gov.uk/government/publications/hepatitis-b-requesting-issue-of-immunoglobulin-for-infants & phe.hepatitisbbabies@nhs.net](https://www.gov.uk/government/publications/hepatitis-b-requesting-issue-of-immunoglobulin-for-infants&phe.hepatitisbbabies@nhs.net)

Pharmacy also holds an 'emergency stock' of 500iu of immunoglobulin. If this is required, then discussion with pharmacy should take place to ensure the correct dose of 200iu is given.

Hepatitis B Vaccination of pre-term babies:

It is important that premature infants receive the full paediatric dose of hepatitis B vaccine on schedule. Babies born to mothers infected with hepatitis B, with a birthweight of 1500g or less, should receive HBIG in addition to the vaccine, regardless of the e-antigen status or viral load of the mother. As the benefit of vaccination is high in this group of infants, vaccination should not be withheld or delayed.

13. Responsibility of the ANNB Screening Team

Hepatitis B vaccine is stored as a stock item in the Neonatal Unit fridge at QHB Burton and in the Labour Ward fridge at RDH.

The HBIG, if required, will be ordered by the ANNB Screening Team from Public Health England by sending the Hepatitis B Immunoglobulin request form (link below) to:

phe.hepatitisbbabies@nhs.net

[https://www.gov.uk/government/publications/hepatitis-b-requesting-issue-of-immunoglobulin-for-infants & phe.hepatitisbbabies@nhs.net](https://www.gov.uk/government/publications/hepatitis-b-requesting-issue-of-immunoglobulin-for-infants&phe.hepatitisbbabies@nhs.net)

If HBIG is ordered, a "delivery suite box" will arrive 6 weeks prior to the EDD and will need to be matched with the HBIG, which is delivered to Pharmacy, it contains a dry blood spot (DBS) sample card and maternal surveillance EDTA blood test kit. See high infectivity pathway appendix D.

14. Responsibility of the paediatric team administering the Hepatitis B vaccine +/- HBIG & discharging MW

- The HB1 '*Child at risk of hepatitis B infection from birth at RDH / QHB - first vaccination given*' form will be fully completed after the baby is born by the paediatric team who administers the Hepatitis B vaccine (+/- HBIG) once he/she has received the first dose. The HB1 form is site specific, see appendix G for the QHB HB1 form and appendix H for the RDH form.
- The health professional who discharges the woman and baby is responsible for sending the HB1 form to the appropriate health professionals listed at the bottom of the form.

15. Responsibility of the Virology Reference Laboratory team

To inform the ANNB Screening Team of all hepatitis B positive women by generic screening email:

Derby dhft.antenatalandnewbornscreeningRDH@nhs.net
Burton Burton bhft.antenatalscreening@nhs.net.

All new cases will also be phoned through to the relevant ANNB screening team by the virology registrars based at Derby Pathology. The Pathology Failsafe Officer will provide a weekly failsafe list of all Hepatitis B positive women referred to the ANNB Screening Team in the preceding week.

The laboratory will notify the ANNB Screening Team of any samples which are unsuitable for testing by a weekly failsafe sent to the generic screening email.

16. **Responsibility of the Child Health Record Department**

The Child Health Record Department will send out reminders to the registered GP of each baby when the subsequent vaccinations are due at one month and 12 months of age.

17. **Maternal Venous Surveillance**

An EDTA venous sample should be taken on delivery suite from those women classified as being of higher infectivity after the woman has delivered her baby. EDTA blood tubes, request forms and pre-paid return envelopes will be available in the named 'hep B delivery suite box' which, along with the HBIG, will be requested by the screening team and sent to maternity units approximately 6 weeks prior to the estimated delivery date. This named 'box' will be stored in the neonatal unit fridge alongside Hepatitis vaccinations.

18. **Newborn Dried Blood Spot (DBS) Sample**

A dried blood spot sample (DBS) test should be taken on delivery suite from babies born to mothers classified as being at higher infectivity **before administration of the vaccine and HBIG**. The DBS cards, instructions on collection and pre-paid return envelopes will be provided in the hep B delivery suite box, which along with the HBIG, will be delivered to maternity units approximately 6 weeks prior to the estimated delivery date. This surveillance blood sample is different to the newborn blood spot screening (NBSS) sample taken on day 5 after the baby's birth. The mother should be informed that the baby will still need to have the newborn blood spot screen sample on day 5. This DBS is not subject to the standards or requirements of the newborn blood spot screening programme.

If the woman declines to have maternal serology and or neonatal DBS taken it should be recorded in her notes and the ANNB Screening Team informed, the ANNB Screening Team will then complete the documents and returned to PHE Colindale.

West Midlands Health Protection Team or East Midlands Health Protection Specialist Nurse Team will seek confirmation from the GP practice that the second and final (1 month & 12 Month) doses have been given. The Health Protection Nurse will inform the Child Health Information Services of the dates when the immunisations have been given.

19. **Immunisation of the Newborn** – see [opac-retrieve-file.pl\(koha-ptfs.co.uk\)](http://opac-retrieve-file.pl(koha-ptfs.co.uk))

20. **Mothers who present Late in Pregnancy or in Labour**

Where screening has not been performed in early pregnancy, it should be offered to all women later in pregnancy or even at the time of delivery.

Midwives taking urgent samples taken on labour ward at RDH site should follow the process below:

- ✓ Tick LABOUR box next to **PRIORITY Infectious Diseases** on request form
- ✓ Send as URGENT using **RED** plastic sample bag

- ✓ Phone BMS in Biochemistry, inform of expected Infectious Disease Pregnancy Screening (IDPS) samples as urgent processing required

In hours = Mon-Fri 09:00-21:00 ext. 88522 / 88521

Out of hours = Mon-Fri 21:00-09:00, plus 24hrs Sat / Sun / Bank Hol ext. 88522 / 88521 if no answer BLEEP 3110 for on-call Biomedical Scientist

- ✓ 2-hour turnaround time for HIV & Hep B results; 24-hours for syphilis result
- ✓ Handover any outstanding results with all SBAR handovers

After baby born:

- ✓ IDPS outstanding results, inform Paediatrician to assess maternal risk factors +/- baby prophylactic Hep B vaccination
- ✓ Women **NOT** to be discharged from RDH until results are available

Midwives taking urgent samples taken on labour ward at QHB site should follow the process below:

- ✓ Unbooked lady in Labour identified-document on FOQ "**In labour unbooked**"
- ✓ **URGENT** IDPS sample taken
- ✓ Contact on call Microbiology BMS at Burton inform of expected Infectious Disease Pregnancy Screening (IDPS) samples as urgent processing required

In hours = Monday-Saturday 09:00-17:00 ext 4045/ 4023

Out of hours = contact the On-call BMS in Microbiology via switchboard.

- ✓ Microbiology BMS to book sample into Meditech and site batch transfer, contact Chemistry staff at RDH to inform them of sample being sent
- ✓ Microbiology BMS to arrange for taxi/ blood bike
- ✓ Chemistry BMS to run sample
- ✓ Negatives auto-authorise
- ✓ Positive results are communicated to Consultant Microbiologist and screening team

After baby born:

- ✓ IDPS outstanding results, inform Paediatrician to assess maternal risk factors +/- baby prophylactic Hep B vaccination.

21. During labour, postnatal and neonatal period

It is recommended to avoid both fetal blood sampling and the use of fetal scalp electrodes.

Hepatitis B information packs are available on the neonatal ward.

Breast Feeding

There is no contra-indication to breast feeding when a baby born to a Hepatitis B positive mother has been immunised at birth and proceeds with a complete course of immunisation.

Birth of a Premature Baby

The usual recommendation for the newborn baby applies to all neonates regardless of gestational age or birth weight. If the baby is under 1500gms then immunoglobulin may be considered. Babies at High Risk of Hepatitis B - Full Clinical Neonatal Guideline – Joint Derby & Burton Reference no.: NIC IN 15/Nov 20/v003.1. This includes giving further doses if the baby remains in hospital for a month or more.

Home Delivery of a Hepatitis B Positive Mother:

Vaccines are kept as stock in the neonatal unit fridge at Burton and in pharmacy at Derby. The HBIG will be ordered by the ANNB Screening Team in the antenatal period and will be available in the named 'box' in the delivery suite fridge that stores the hepatitis vaccine. If necessary, contact the On-Call Pharmacist if outside normal working hours. The delivering midwife should refer the infant as soon as possible after birth to the paediatric team for administration of Hepatitis vaccination +/- immunoglobulin. The recommended vaccine and immunoglobulin should be administered within 24 hours of birth. The Paediatrician will ensure that the Hepatitis B pack is completed and the information sent to the relevant personnel.

Miscarriage or Termination of pregnancy

Women who miscarry or have a termination of pregnancy and have a positive Hepatitis B screening result will be informed by the ANNB Screening Team and advised to contact their GP for follow on care. The ANNB Screening Team will contact the GP to ensure the GP is aware of the result and can refer to Hepatology and provide appropriate follow up care.

Women who miscarry or have a termination of pregnancy and have negative screening results for screened infectious diseases (Hepatitis B, Syphilis and HIV) will receive a letter of their booking results. Please see Antenatal screening results letter for no longer pregnant women on KOHA or in appendix of the Antenatal Screening Tests guideline.

22. Home Delivery of an Un-booked Pregnancy

The midwife attending the delivery will collect a blood sample for serology and mark it as "urgent" and send it to the virology laboratory as soon as possible, but at the latest the next working day. In the case of a positive result, the midwife shall refer the baby to the Neonatal Registrar at the hospital as soon as possible.

23. Movements of Patients in and out of the Area

Hepatitis B positive women who transfer maternity care to UHDB will have their routine booking blood tests performed. Cases found to be Hepatitis B positive will be referred to the ANNB Screening Team by generic e-mail email as per section 10 above.

Those moving out of the area and UHDB care will carry with them their maternity patient held records, which will hold the result of the Hepatitis B screening test recorded in them, unless the woman has declined for it to be documented in her MHHR. In which case, if the screening team are aware of the new providers or as requested by a new provider, electronic result copies can be sent by secure NHS mail.

24. Consultation

This Protocol was written following consultation with personnel from these departments: Antenatal Services manager, Paediatrics, Hepatology, Obstetrics, Pathology, Pharmacy, and Health Protection Agency.

25. Dissemination/Circulation

This Protocol will be disseminated by the Maternity Clinical Governance Committee.

26. Monitoring of Effectiveness and Compliance

Compliance with this Protocol will be monitored, reviewed, and action plans made.

27. **Suspected Screening Incidents**

Screening Incidents will be reported by the Trusts reporting process DATIX. Suspected patient safety or serious incidents within the screening programme will be notified by the Screening midwives to the Screening Quality Assurance Service (SQAS) and the screening and immunisation team (SIT) at NHSE&I via the Screening Incident Assessment Form (SIAF). The ANNB screening team will then act as guided by the NHSE&I and SQAS teams. Managing Safety incidents in NHS Screening Programmes Guidance and the Screening Incident Assessment form (SIAF) can be obtained at: [managing safety incidents in NHS screening programmes - Search - GOV.UK \(www.gov.uk\)](#)

28. **References**

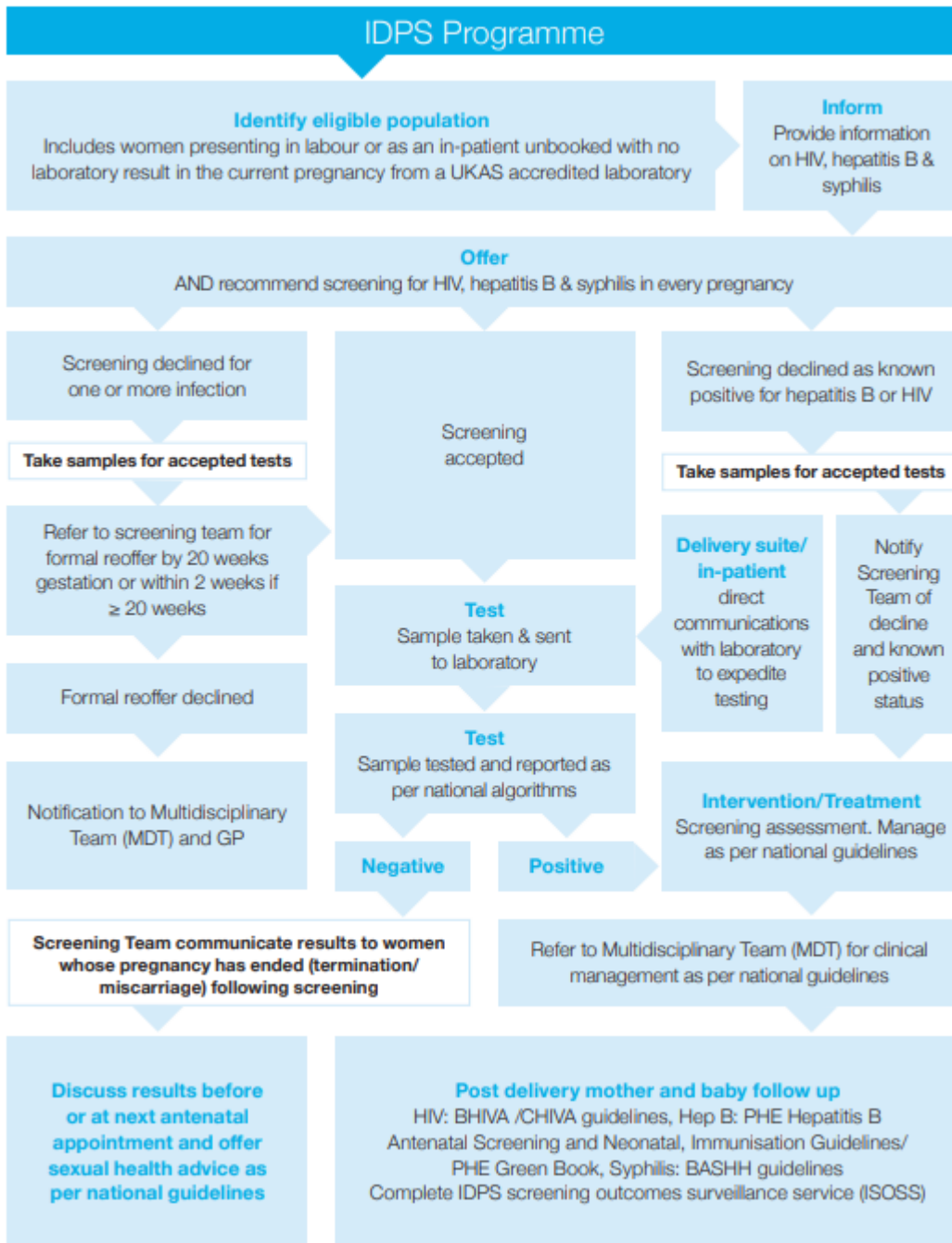
Infectious diseases in pregnancy screening: programme handbook July 2021. Available at [Infectious diseases in pregnancy screening \(IDPS\): programme overview - GOV.UK \(www.gov.uk\)](#)
[NHS population screening: reporting data definitions - GOV.UK \(www.gov.uk\)](#)

Immunisation against infectious disease The Green Book has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK.

From: [UK Health Security Agency](#) Published 11 September 2013 Last updated 27 November 2020 via link below

[Immunisation against infectious disease - GOV.UK \(www.gov.uk\)](#)

[Babies of hepatitis B infected mothers \(issued August 2008\) - GOV.UK \(www.gov.uk\)](#)



Reference documents/links

1. NHS Service specifications No 1 and 15
2. IDPS Programme Standards
3. IDPS Screening Handbook
4. Notification letter templates
5. IDPS Laboratory Handbook
6. IDPS Audit and Checks document
7. PHE Green Book
8. PHE Guidance on the hepatitis B antenatal screening & selective neonatal immunisation pathway
9. Clinical Guidelines (BASL/BVHG)
10. PHE Healthy Child Programme 0-19: Health Visitor service specifications

All pregnant women offered and recommended screening for hepatitis B in every pregnancy regardless of previous results (Ref 1)

Pregnant woman with a positive screening result or known positive hepatitis B status

Screening team contacts woman and offers face-to-face appointment to discuss result ≤ 10 days of result/notification (Ref 1/2/3)

Screening team assessment appointment (≤ 10 days of result/notification [Ref 1/2/3/5/8])

Information

- Use PHE 'hepatitis B. A guide to your care' leaflet to explain main points to the woman, including:
- aetiology of hepatitis B and multidisciplinary team care in pregnancy and beyond
 - importance of completing neonatal vaccination schedule
 - PHE hepatitis B surveillance processes the requirement to inform all health professionals of her plan of care and to notify their positive status to GP/CHIS/Health Visitor/Health Protection Team

Actions

- take additional serology tests as per local clinical protocols- viral loads, LFTs etc. and send to laboratory
- take PHE maternal venous sample and send to PHE Virus Reference Department, Colindale in pre-paid packaging (result will be sent back to you to report to specialist team) Check and record all other antenatal results
- commence PHE Hepatitis B in Pregnancy Checklist

Infectivity status established

Lower infectivity pregnancy

Higher infectivity pregnancy and all newly diagnosed women pregnancy and all newly diagnosed women

See higher infectivity pathway

Screening teams action

Arrange appointment with specialist team to plan care as per national guidelines (Ref 8/9)

- < 24 weeks gestation, within 18 weeks of receipt of referral
- ≥ 24 weeks gestation, within 6 weeks of receipt of referral

- create neonatal alert for delivery suite neonatal vaccination (Ref 7,8)
- notify Health Protection Team, GP, Health Visitor and CHIS of antenatal positive status and plans for care (Ref4)

Specialist service

3rd trimester review with screening team to

lower infectivity

Pathway continued overleaf

See higher infectivity pathway

See higher infectivity pathway

- ≥ 24 weeks gestation, within 6 weeks of receipt of referral

Health Visitor and CHS of antenatal positive status and plans for care (Ref 6)

Specialist service

3rd trimester review with screening team to prepare for birth (Ref 8)

Using PHE 'Protecting your baby against hepatitis B' leaflet discuss:

- importance of prompt registration with a GP and prompt registration of the baby's birth
- importance of completing vaccination schedule
- PHE hepatitis B surveillance processes post-delivery

Lower infectivity pregnancy

Woman seen in specialist service to plan care as per national clinical guidelines (Ref 8/9)

Delivery suite/Postnatal

Babies with a birthweight of 1500g or less need HBIG plus vaccine regardless of the maternal infectivity status (Ref 7)

Delivery suite team


- inform screening team of admission
- administration of hep B vaccine ≤ 24 hrs of birth
- completion of hep B page in Red Book
- notify birth, return notes and checklist to screening team

Screening team ensure GP, CHIS and Health Visitor informed of:

- vaccine administration at birth
- need for 2nd vaccine at 4 weeks and completion of selective at risk neonatal immunisation schedule (Ref 1/4/7/8)

Selective at risk neonatal immunisation schedule (Ref 1/7)

Screening team complete PHE Hepatitis B in Pregnancy Checklist and PHE IDPS Integrated screening outcomes surveillance service (ISOSS) hepatitis B database

 HEPATITIS B (HEP B) SCREENING AND IMMUNISATION MATERNAL AND PAEDIATRIC CHECKLIST		Please complete or attach patient label Unit number: NHS number: Surname Forename(s) Date of birth/...../.....																				
Date of booking...../...../..... Date of hep B screen...../...../..... Date of screening result...../...../..... Date of notification...../...../..... (known positives/decline) Date of screening...../...../..... team assessment Date of specialist..../...../..... appointment		<table border="1"> <thead> <tr> <th colspan="3">Serology results</th> </tr> <tr> <th>Test</th> <th>Date of test</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td>Viral load</td> <td></td> <td></td> </tr> <tr> <td>HCV</td> <td></td> <td></td> </tr> <tr> <td>LFTs</td> <td></td> <td></td> </tr> <tr> <td>Other test results</td> <td colspan="2"></td> </tr> </tbody> </table> Lower infectivity <input type="checkbox"/> Higher infectivity <input type="checkbox"/>			Serology results			Test	Date of test	Result	Viral load			HCV			LFTs			Other test results		
Serology results																						
Test	Date of test	Result																				
Viral load																						
HCV																						
LFTs																						
Other test results																						
All women: higher or lower infectivity	Screening team appointment (≤ 10 working days of laboratory result/notification)		Status/comments	Date	Signature and name in capitals																	
	Discuss care using 'Hep B: a guide to your care in pregnancy and after your baby is born'																					
	Additional bloods taken as per local guidelines. Maternal venous sample sent to PHE Colindale. Check and record all other antenatal results.																					
	Inform GP, H/V, HPT, CHIS and CMW.																					
Within 6 weeks of result/notification																						
All women with hepatitis B	Specialist MDT appointment.																					
	High infectivity and all newly diagnosed women: within 6 weeks or by 24 weeks gestation.																					
	Low infectivity known status: 18-week OPD target or within 6 weeks if ≥ 24 weeks																					
	Create neonatal alert																					

Higher infectivity women only	<p>Submit a HBIG request as per trust practice.</p> <p>7 weeks before EDD PHE coordinator will send:</p> <ul style="list-style-type: none"> • HBIG to your pharmacy • delivery suite box to screening team to match up with HBIG and place in box • box which should be stored according to trust practice and the location clearly noted on the maternal record. <p>Notify the PHE co-ordinator if the woman's care is transferred.</p>			
34-week pre-birth consultation/screening team review		Status/comments	Date	Signature and name in capitals
All women	<p>Preparation for birth Discuss care and adherence to schedule using PHE 'Protecting your baby from hep B' leaflet. Check neonatal alert is in place.</p>			
Higher infectivity	<p>Confirm where PHE hep B delivery suite box containing HBIG is stored and that the location is recorded in notes/birth plan/maternity information system.</p>			
Delivery suite team				
Higher infectivity mother and baby	<p>On admission:</p> <ul style="list-style-type: none"> • inform screening team of admission • locate PHE hep B delivery suite box 			
Higher infectivity mother and baby	<p>Using the hep B delivery suite box - take maternal serology sample after delivery and complete form (pack 1)</p>	Date/time of blood test		
Higher infectivity mother and baby	<p>- take neonatal 'hep B dried blood spot' prior to vaccination (pack 2) - give HBIG + hep B vaccination (pack 3) - complete PCHR red book hep B page and give to mother</p>	Card number/time of blood test. Date/time given/batch number.		
Higher infectivity mother and baby	<p>- complete paperwork and store with samples in hep B delivery suite box and return to screening team as soon as possible (if weekend/BH: recommend store in fridge at 4°C or room temperature if not available)</p>			
Lower infectivity mother and baby	<p>- vaccination administered ≤24 hours of birth - complete PCHR red book hep B page and given to mother</p>	Prescription in notes/batch number.		
Post-natal				

Pre-discharge checks	<ul style="list-style-type: none"> - PCHR book has completed hep B page - mother has a copy of the vaccination leaflet - mother informed of the importance of early registration of the birth with a GP - ensure notes go back to screening team 			
Screening team	<ul style="list-style-type: none"> - check request form for maternal sample and PHE notification forms are completed - DBS and bloods and forms despatched to PHE Virus Reference Department, Colindale in pre-paid packaging - inform CHIS, H/V GP, and CMW of vaccination using PHE letter templates - complete ISOSS database 			



Public Health
England

Hepatitis B Immunoglobulin request form

For infants at high risk of perinatal hepatitis B infection

Please write clearly in dark ink **IMPORTANT: Please complete all fields below to avoid delays in processing.**

ANTENATAL PATIENT DETAILS

Mother's surname: _____
 First name: _____
 Date of birth: _____
 NHS Number: _____
 Booking blood sample number: _____
 Requesting hospital: _____

Home address: _____

 GP name and address: _____

Ethnic Group

- White Indian Chinese Other Asian
 Black African Black British or Caribbean Mixed
 Other

Country of birth _____

Has the mother been referred to specialist care for her hepatitis B?

- Yes No Unknown

If yes: Specialist name _____

Hospital _____

Title/position _____ Contact number _____

INDICATION FOR HBIG: WOMEN WITH HIGHER INFECTIVITY

Acute hepatitis B in pregnancy Yes No

HBsAG Positive Negative Unknown

HBeAG Positive Negative Unknown

Anti-HBe Positive Negative Unknown

Viral load _____ iu/ml

Immunoglobulin is indicated for INFANTS of women with higher infectivity risk, i.e.:

- Pregnant women with acute hepatitis B **OR**:
 Pregnant women who are HBsAg positive **AND**:
 • HBeAg positive **OR**
 • Anti-HBe negative **OR**
 • E-markers unknown **OR**
 • HBV DNA $\geq 1 \times 10^6$ IU/ml, **OR**
 • Birth weight of their newborn is ≤ 1500 g

CURRENT STATUS OF PREGNANCY

- Expected Delivered | Est. delivery date _____ Multiple birth (please complete a separate form for each sibling)

HBIG ISSUE

For routine issues, this HBIG request will prompt the dispatch of the HepB delivery suite box to the antenatal screening team and a vial of HBIG for the named baby to your pharmacy 6-8 weeks prior to the EDD (during normal office hours). The HBIG vial will have instructions for the pharmacist to contact the Antenatal Screening Team on receipt of the vial in order to link the vial and the box.

Please provide name of the ASC or equivalent person responsible for storing HBIG (if not at pharmacy)

Antenatal Screening Coordinator: _____
 Telephone number: _____
 Email address: _____
 Form completed by _____
 Contact number _____
 Date _____

Coordinator address for HepB delivery suite box: _____

 Signature of GMC registered
 medical practitioner (required by HMRA) _____
 Name of GMC doctor _____
 GMC no. _____ Date _____

Please send completed form via email to: phe.hepatitisbbabies@nhs.net from @nhs.net email address only

EMERGENCY HBIG ISSUE

During office hours: call 0330 1281020 option 2 and email request to: phe.hepatitisbbabies@nhs.net.

Out of hours: call **020 8327 7471** and speak to the duty doctor.

Emergency HBIG will be sent to the location specified by the requester OR collected by courier from a local stockholder

Ward/Unit _____ | Hospital _____ | FAO _____



Public Health
England

If baby has already delivered, please also complete this birth notification form

Hepatitis B Immunoglobulin request form

MATERNAL ANTIVIRAL TREATMENT (during last trimester of pregnancy)

Mother's Hepatologist or equivalent

Name

Telephone number

Antiviral treatment in pregnancy

Yes (if yes, please fill in details below) No

Drug name	Dose	Start date	End date

DELIVERY

Infant surname

First name

NHS Number:

Hospital number:

Sex

Male

Female

Date of birth

Time of birth

Type of delivery

Birth weight

Gestation

If multiple birth please specify number of babies (please complete a separate form for each sibling)

VACCINE AND HBIG ADMINISTRATION

NOTE

The infant should receive 250IU of HBIG Intra-muscular injection and paediatric hepatitis B vaccine immediately after birth. Vials of HBIG are approx. 500IU so the whole vial should not be given

Vaccine

Date given

Dose given

Make of vaccine

Batch no.

HBIG

Date given

Dose given

Time given:

Batch no.

*If baby is very low birth weight and clinical decision made to give divided doses, please record when 2nd part of dose was given (should be given ASAP)

HBIG (2nd part of dose*)

Date given

Dose given

Time given

Batch no.

DOCTOR RESPONSIBLE FOR FUTURE CARE OF THE INFANT (IF NOT GP)

Name

Title/Position

Contact no.

Address

Form completed by

Contact no.

Date

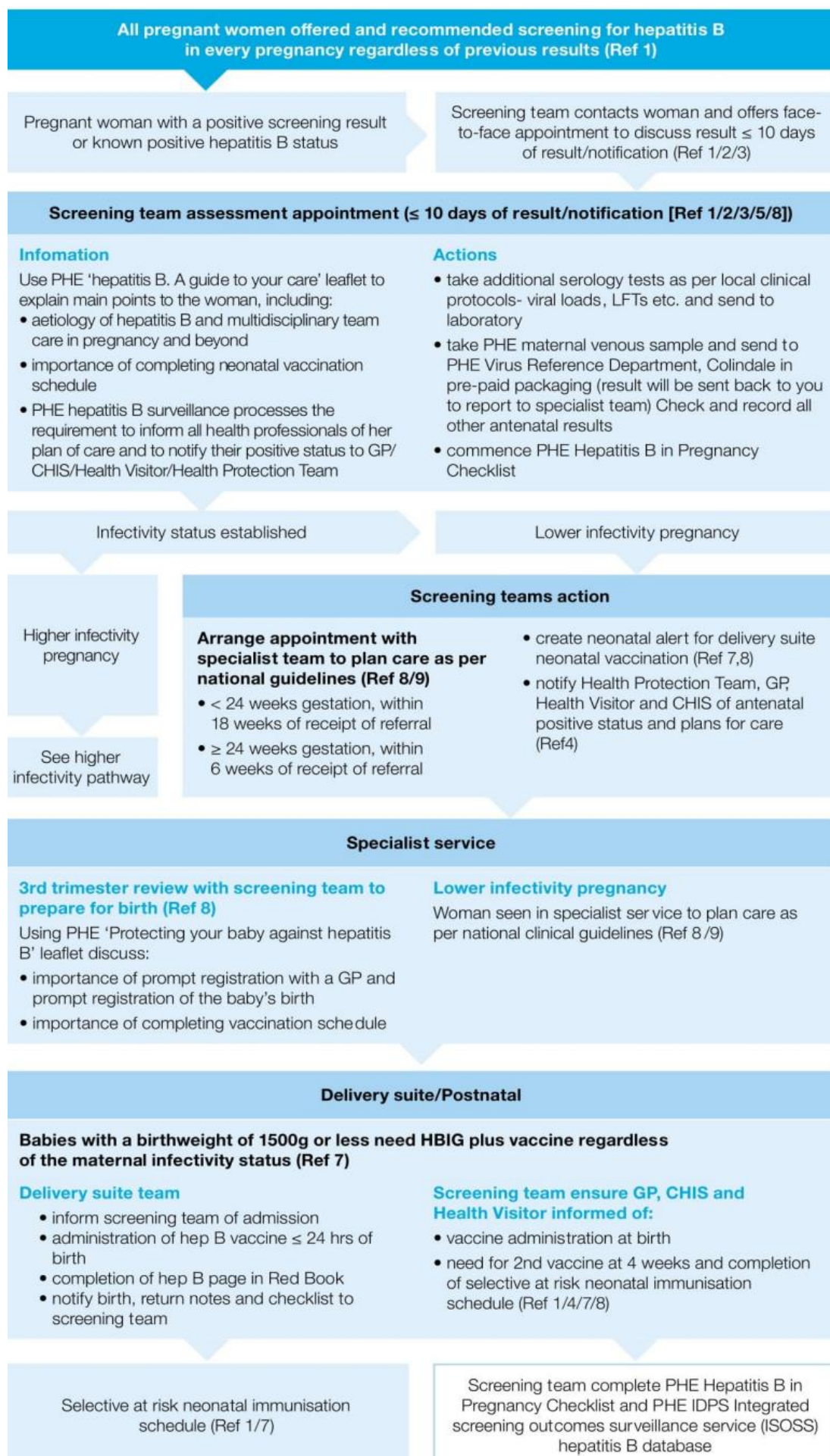
Please send completed form via email to:

phe.hepatitisbabies@nhs.net from @nhs.net email address only. Please communicate to the GP or responsible clinician for care of the baby that the infant should be given the second dose of HepB vaccine at 4 weeks old and follow the immunisation schedule in PHE's Green Book.

All requests are subject to PHE standard terms and conditions

IMW113 – Infant Hepatitis B Immunoglobulin Issue Request Form Version 6

Lower Infectivity Pathway



Higher Infectivity Pathway

All pregnant women offered and recommended screening for hepatitis B in every pregnancy regardless of previous results (Ref 1)

Pregnant woman with a positive screening result or known positive hepatitis B status	Screening team contacts woman and offers face-to-face appointment to discuss result ≤ 10 days of result/notification (Ref 1/2/3)
--	--

Screening team consultation appointment (≤ 10 days of result/notification [Ref 1/2/3/5/8])

<p>Information</p> <p>use PHE 'hepatitis B. A guide to your care' leaflet to explain main points to the woman, including:</p> <ul style="list-style-type: none"> • aetiology of hepatitis B and MDT care in pregnancy and beyond • importance of completing neonatal vaccination schedule • PHE hepatitis B surveillance processes • the requirement to inform all health professionals of her plan of care and to notify their positive status to GP / CHIS / Health Visitor / Health Protection Teams 	<p>Actions</p> <ul style="list-style-type: none"> • take additional serology tests as per local clinical protocols- viral loads, LFTs etc. and send to laboratory • take PHE maternal venous sample and send to PHE Virus Reference Department, Colindale in pre-paid packaging (result will be sent back to you to report to specialist team) • check and record all other antenatal results • commence PHE Hepatitis B in Pregnancy Checklist
---	--

Infectivity status established

Higher infectivity pregnancy	Lower infectivity pregnancy
	See lower infectivity pathway

Screening teams action

<p>Arrange appointment with specialist team within 6 weeks of result or by 24 weeks gestation to plan care as per national guidelines (Ref 2/8/9)</p>	<ul style="list-style-type: none"> • create neonatal alert for postnatal neonatal vaccination +/- HBIG as required (Ref 8) • request HBIG from PHE Colindale for women with higher infectivity. This will prompt delivery of Hep B Delivery Suite box to the screening team • notify HPT team, GP, Health Visitor and CHIS of antenatal positive status and plans for care (Ref 4)
--	---

Specialist service

<p>Women seen in specialist service within 6 weeks of result or by 24 weeks gestation to plan care as per national guidelines (Ref 2/8/9)</p> <ul style="list-style-type: none"> • higher infectivity: 3rd trimester review and antiviral therapy if required • newly diagnosed/ lower infectivity- go to lower infectivity pathway 	<p>3rd trimester review with screening team to prepare for birth (Ref 8). Match HBIG with Delivery Suite Box and record location in notes. Using PHE Protecting your baby against hepatitis B leaflet discuss:</p> <ul style="list-style-type: none"> • importance of prompt registration with a GP and prompt registration of the baby's birth • importance of completing vaccination schedule • PHE hepatitis B surveillance processes post-delivery
--	--

Delivery suite/Postnatal

<p>Delivery suite team</p> <ul style="list-style-type: none"> • inform screening team of admission • locate hep B box and follow instructions: <ul style="list-style-type: none"> - take maternal serology sample after delivery - take baby's 'hep B dried bloodspot' sample PRIOR to HBIG/hep B vaccination - administration of HBIG + vaccine ≤ 24 hrs of birth - completion of hep B page in Red Book and PHE paperwork - notify birth and return notes, checklist and hep B box with paperwork and samples to screening team 	<p>Babies with a birthweight of 1500g or less need HBIG plus vaccine regardless of the maternal infectivity status (Ref 7).</p> <p>Screening team ensure GP, CHIS and Health Visitor informed of:</p> <ul style="list-style-type: none"> • vaccine administration at birth • need for 2nd vaccine at 4 weeks and completion of selective at risk neonatal immunisation schedule (Ref 1/4/7/8)
--	---

Screening Team return paperwork & samples in hep B box to PHE Virus Reference Department, Colindale in pre-paid packaging and acknowledge receipt by email	Screening team complete PHE hepatitis B in Pregnancy Checklist and PHE IDPS Integrated screening outcomes surveillance service (ISOSS) hepatitis B database
--	---

[Add GP address and date of letter]

Dear Dr [insert name]

Notification of maternal positive hepatitis B antenatal result form

- **Child Health Information System (CHIS): see section A**
- **Actions for primary care: see section B**

Maternal demographics and pregnancy details		
Name of pregnant woman	Date of birth	NHS number
Address		
Estimated due date	Additional information	

Section A: action for CHIS

This woman is hepatitis B positive so can you please create a record for her?

Section B: actions for primary care

The baby will need **6 vaccinations** to protect him or her from acquiring chronic hepatitis B virus (HBV) in line with the Public Health England (PHE) Green Book. The first vaccination +/- human immunoglobulin (HBIG) will be given within 24 hours of birth. Please ensure you schedule appointments for:

- 2 extra hepatitis B vaccinations – at **4 weeks** and **12 months**
- routine childhood immunisation schedule (containing the *hexavalent* vaccine) at **8, 12** and **16 weeks**
- a blood test to check infectivity status at **12 months** (ideally using the dried blood spot card available at www.gov.uk/guidance/hepatitis-b-dried-blood-spot-dbs-testing-for-infants)

Additional information on management of mother and baby

We have referred the woman to hepatology/gastroenterology for specialist management and multidisciplinary care. The sexual and household contacts of an adult with HBV will benefit from hepatitis B testing and vaccination in primary care. We will notify your practice again when the baby has been born to support prompt registration of the baby with your practice and timely scheduling of extra appointments.

Timeliness of vaccinations is important to prevent viral transmission.

Yours sincerely

[Add details of health professional, including name, contact number and email].



University Hospitals of
Derby and Burton
NHS Foundation Trust

HB1 form

Child at risk of Hepatitis B infection from birth at Queen's Hospital Burton – first vaccination given. Notification to healthcare professional to deliver subsequent vaccine doses

Dear Doctor,

We would like to inform you of an infant who is at risk of Hepatitis B infection and requires a full course of Hepatitis B Vaccine. The first dose has been given (see details below). This infant is at risk of Hepatitis B infection for the following reason (please tick):

- | | |
|--|--------------------------|
| 1. Mother has Hepatitis B infection | <input type="checkbox"/> |
| 2. Father or close household contact has Hepatitis B | <input type="checkbox"/> |

1st DOSE MUST BE GIVEN WITHIN 24 HOURS OF BIRTH.

Refer to GP to complete full course of Hepatitis B vaccine. Schedule as below:

It is of vital importance for full protection to be achieved that the second dose is given exactly at 4 weeks after the first dose was given & at 12 months (this is in addition to the routine Hexavalent (Hep B vaccinations given to all babies at 8, 12 & 16 weeks).

Baby antigen & antibody levels should be checked 1-4 months following completion of the immunisation schedule as per Colindale Reference Laboratory. Serum samples can be taken in local surgeries or via the Phlebotomy Service available at Derby Children's Hospital.

Maternal Details (affix label):

Surname:.....First name:.....

DOB:..... NHS Number:.....

Hospital Number:.....

Maternal Hepatitis Status Antenatally:

Positive Negative Unkown

HBsAntigen

HBeAntigen

Anti-HBe

Viral Load:.....iu/ml Date:.....

Acute Hepatitis in Pregnancy: Yes / No

Infant Details (affix label where available):

Surname:.....First name:.....

DOB:.....NHS Number:.....

Hospital Number:.....

Hep B vaccine given to baby: Yes / No

Date:.....Time:.....

Baby's **Time of Birth**:.....

If **not** given <24 hours of age document & datix.

Batch Number:.....Thigh: Left / Right

Administered by (Print & Sign):.....

Hep B Immunoglobulin given to baby: Yes / No

Date:..... Time:.....

Baby's **Time of Birth**:.....

If **not** given <24 hours of age document & datix.

Batch Number:.....Thigh: Left / Right

Administered by (Print & Sign):.....

Yours faithfully,

The Antenatal & Newborn Screening Team,
Queen's Hospital Burton,
Any queries please contact;
01283511511 ext 4339/4297

Paediatrician or ANNP giving vaccine or
HBIG completes this HB1 form:

1 copy in baby notes (original filed after copying).

4 photocopies minimum required
(prior to discharge by the discharging Midwife):

- o 1 copy to Health Visitor (FILE in babies' PCHR 'red book' in an envelope FAO Health Visitor).
- o 1 copy to GP, send by post or electronically attached to PN discharge - address FAO Practice Nurse (Please **DO NOT** give to mums).
- o 1 copy to Antenatal Screening Specialist Midwife, Antenatal Clinic or email bhft.antenatalscreening@nhs.net
- o 1 copy to West Midlands Health Protection Team, Stonefield House, Corporation Street, Stafford, ST16 3SR or phe.wmncids@nhs.net
- o 1 copy to CHIS, Team Manager Child Health, Mellor House, Corporation Street, Stafford, ST16 3SR or email childhealth@sshs.nhs.uk
- o copy to NHS England Screening & Immunisation Team via email england.hbat@nhs.net

HB1 form

Child at risk of Hepatitis B infection from birth at Royal Derby Hospital – first vaccination given. Notification to healthcare professional to deliver subsequent vaccine doses

Dear Doctor,

We would like to inform you of an infant who is at risk of Hepatitis B infection and requires a full course of Hepatitis B Vaccine. The first dose has been given (see details below). This infant is at risk of Hepatitis B infection for the following reason (*please tick*):

1. Mother has Hepatitis B infection	<input type="checkbox"/>
2. Father or close household contact has Hepatitis B	<input type="checkbox"/>

1st DOSE MUST BE GIVEN WITHIN 24 HOURS OF BIRTH.

Refer to GP to complete full course of Hepatitis B vaccine. Schedule as below:

It is of vital importance for full protection to be achieved that the second dose is given exactly at 4 weeks after the first dose was given & at 12 months (this is in addition to the routine Hexavalent (Hep B vaccinations given to all babies at 8, 12 & 16 weeks).

Baby antigen & antibody levels should be checked 1-4 months following completion of the immunisation schedule as per Colindale Reference Laboratory. Serum samples can be taken in local surgeries or via the Phlebotomy Service available at Derby Children's Hospital.

Maternal Details (affix label):	
Surname:.....	First name:.....
DOB:.....	NHS Number:.....
Hospital Number:.....	

Maternal Hepatitis Status Antenatally:			
	Positive	Negative	Unkown
HBsAntigen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HBeAntigen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-HBe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viral Load:.....iu/ml	Date:.....		
Acute Hepatitis in Pregnancy:	Yes / No		

Infant Details (affix label where available):	
Surname:.....	First name:.....
DOB:.....	NHS Number:.....
Hospital Number:.....	

Hep B vaccine given to baby:	Yes / No
Date:.....	Time:.....
Baby's Time of Birth :.....	
If not given <24 hours of age document & datix.	
Batch Number:.....	Thigh: Left / Right
Administered by (Print & Sign):.....	

Hep B Immunoglobulin given to baby:	Yes / No
Date:.....	Time:.....
Baby's Time of Birth :.....	
If not given <24 hours of age document & datix.	
Batch Number:.....	Thigh: Left / Right
Administered by (Print & Sign):.....	

Yours faithfully,

The Antenatal & Newborn Screening Team,
 Royal Derby Hospital,

Any queries please contact 01332 785435 or
 01332 789924

**Paediatrician or ANNP giving vaccine or
 HBIG completes this HB1 form:**

1 copy in baby notes (original filed after copying).

**3 photocopies minimum required
 (prior to discharge by the discharging Midwife):**

- 1 copy to **Health Visitor** (FILE in babies' PCHR 'red book' in an envelope FAO Health Visitor) or email to Health Visitor team generic email address.
- 1 copy to **GP**, send by post or electronically attached to PN discharge - address FAO Practice Nurse (Please **DO NOT** give to mums).
- 1 copy to **Antenatal Screening Specialist Team**, email to dhft.antenatalandnewbornscreeningRDH@nhs.net
- 1 copy to **CHIS**, Team Manager **Child Health** email to scwcsu.derbyshire.chis@nhs.net

Any forms sent by email request confirmation of receipt please

Form A. Notification of Hepatitis B Positive Antenatal Patient

Maternity Unit			
Lead Professional		EDD	Click or tap to enter a date.
+			
Mother Details			
NHS Number		Unit Number	
First Name		Surname	
Date of Birth	Click or tap to enter a date.	Ethnic Origin	
Preferred Language		Is an interpreter required?	Choose an item.
Address			
Telephone Number		Mobile Number	
GP Name			
GP Address			
Was this woman previously known to be Hepatitis B Positive?		Choose an item.	
Latest Hepatitis B Blood Results			
Sample Date	Click or tap to enter a date.	Sample Number	
HbsAg	Choose an item.	AntiHbc (total)	
AntiHbc (IGM)	Choose an item.	HbeAg	Choose an item.
AntiHbe	Choose an item.		
Is Neonatal Immunoglobulin required? (See table below)		Choose an item.	
Interpretation of Serology Results			
Status of Mother	HepB Vaccine	Hep B Immunoglobulin	
HBsAg positive + HBeAg Positive	Yes	Yes	
HBsAg positive + negative for BOTH HBeAg and AntiHBe	Yes	Yes	
HBsAg positive + e markers not known	Yes	Yes	
HBsAg positive + AntiHBe negative	Yes	Yes	
HBsAg positive + AntiHBe positive	Yes	No	
Acute Hepatitis B in Pregnancy	Yes	Yes	
Reported by		Date	Click or tap to enter a date.

The completed Neonatal Hepatitis B Notification form must be sent to;

- 1) West Midlands Screening and Immunisation Team- phe.wmnoids@nhs.net england.hbat@nhs.net
- 2) The responsible School Aged Immunisation Service- EITHER Staffordshire SAIShepb@mpft.nhs.uk OR Shropshire NOT BOTH Shropcom.immunisationteam@nhs.net
- 3) The responsible Child Health Information Department- childhealth@sshis.nhs.uk
- 4) Registered GP Practice
- 5) Health Visitor



Form B: Notification of Birth to a Hepatitis B Positive Patient

Paediatrician/Neonatologist	
-----------------------------	--

Mother's Details

NHS Number	
------------	--

Full Name	
-----------	--

Baby's Details

NHS Number		Unit Number	
------------	--	-------------	--

First Name		Surname	
------------	--	---------	--

Date of Birth	Click or tap to enter a date.	Sex	Choose an item.
---------------	-------------------------------	-----	-----------------

Address (if different from mothers)	
-------------------------------------	--

--	--

GP Name and Address (if different from mother's)	
--	--

--	--

Immunisation Details

Immunoglobulin (HBIG) Within 24 hours of birth if applicable	Date	Click or tap to enter a date.	Time	
---	------	-------------------------------	------	--

	Batch Number			
--	--------------	--	--	--

1 st Hepatitis B Vaccine Within 24 hours of birth	Date	Click or tap to enter a date.	Time	
---	------	-------------------------------	------	--

	Batch Number			
--	--------------	--	--	--

Reason vaccine or HBIG was not given or given outside the appropriate timeframe (if applicable)

--

--

Reported by		Date	Click or tap to enter a date.
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The completed Neonatal Hepatitis B Notification form must be sent to;

- 1) West Midlands Screening and Immunisation Team- phe.wmnoids@nhs.net england.hbat@nhs.net
- 2) The responsible School Aged Immunisation Service- EITHER Staffordshire SAIShepb@mpft.nhs.uk OR Shropshire NOT BOTH Shropcom.immunisationteam@nhs.net
- 3) The responsible Child Health Information Department- childhealth@sshis.nhs.uk
- 4) Registered GP Practice
- 5) Health Visitor

Documentation Control

Reference Number: UHDB/12:23/H12	Version: UHDB Version 2	Status: FINAL		
Royal Derby prior to merged document:				
Version / Amendment	Version	Date	Author	Reason
	1	Oct 2022	Rachel McLean - Antenatal and Newborn Screening Lead Midwife	New
	2	Oct 2023	Rachel McLean - Antenatal and Newborn Screening Lead Midwife	Addition of appendix I & J notification forms
Intended Recipients: All Obstetric Staff				
Training and Dissemination: Cascaded through lead midwives/doctors, Published on Intranet, NHS mail circulation list. Article in BU newsletter				
To be read in conjunction with:				
Keywords:				
Consultation with:	Obstetricians & midwifery staff			
Business Unit sign off:	24/11/2023: Maternity Guidelines Group: Miss A Joshi – Chair 04/ 12 /2023: Maternity Governance Group / CD - Mr R Deveraj			
Notification Overview sent to TIER 3 Divisional Quality Governance Operations & Performance: 19/12/2023				
Implementation date:	22/12/2023			
Review Date:	December 2026			
Key Contact:	Joanna Harrison-Engwell			