

Babies at High Risk of Hepatitis B - Summary Clinical Neonatal Guideline - Joint Derby & Burton

Reference no.: NIC IN 15

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). Vertical transmission (mother to child) is an effective mode of transmitting HBV infection and can happen any time during pregnancy or at delivery. Hepatitis B prophylaxis (via an accelerated four dose immunisation programme) is given to babies born to infected mothers can be 90-95% effective in preventing the development of chronic Hepatitis B infection.

Babies Born to hepatitis B infected mothers/ Immunisation schedule:

Hepatitis status of the mother (see appendix for definitions)	Baby should receive Hepatitis B vaccine	Hepatitis B Immunoglobulin
HBsAg positive & HBeAg positive	Yes	Yes
HBsAg positive, HBeAg negative & anti-HBe negative	Yes	Yes
HBsAg positive where e-markers have not been determined	Yes	Yes
Mother had acute Hepatitis B during pregnancy	Yes	Yes
Mother is HBsAg seropositive & infant is born weighing 1500g or less	Yes	Yes
HBsAg positive and known to have any HBV DNA level equal or above 1×10^6 IUs/ml in any antenatal sample during pregnancy	Yes	Yes
HBsAg positive & anti-HBe positive (unless < 1500g)	Yes	No

Age	Routine Childhood Programme	Babies born to hepatitis B infected mothers	Responsible Clinician
Birth	X	Monovalent Hep B +/- HBIG	Neonatal Staff
4 weeks	X	Monovalent Hep B	GP
8 weeks	DTaP/IPV/Hib/HepB	DTaP/IPV/Hib/HepB	GP
12 weeks	DTaP/IPV/Hib/HepB	DTaP/IPV/Hib/HepB	GP
16 weeks	DTaP/IPV/Hib/HepB	DTaP/IPV/Hib/HepB	GP
1 year	Non-hep B Vaccinations	Monovalent Hep B Test for HBsAg	GP

Breast Feeding

Breast feeding should be encouraged and supported. There is no contra-indication to breast feeding when a baby is born to a Hep B positive mother and begins the Hep B immunisation programme within 24 hours of birth.

Documentation

- After indicating there are risk factors for Hepatitis B during the NIPE examination a letter will be generated by NIPE Smart. This must be printed off and sent to the appropriate parties as listed (See appendix)
- In Derby this includes (Total 4)
 - 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
- In Burton this includes (Total 5)
 - 1 copy to Health Visitor (**FILE** in babies' PCHR 'red book' in an envelope FAO Health Visitor).
 - 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 Midwife**, Antenatal Clinic or email bhft.antenatalscreening@nhs.net
 - 1 copy to **West Midlands Health Protection Team**, Stonefield House, Corporation Street, Stafford, ST16 3SR or phe.wmnoids@nhs.net
 - 1 copy to CHIS, Team Manager **Child Health**, Mellor House, Corporation Street, Stafford, ST16 3SR or email childhealth@sshis.nhs.uk
 - Copy to **NHS England** Screening & Immunisation Team via email england.hbat@nhs.net
- Also complete and Insert 'Hepatitis B infant immunisation programme' (Appendix 2) in Personal Child Health Record (Red book).

Please refer to the full paediatric guideline for further information.