Management of Pregnant Women

Prenatal HBsAg Testing
• **Test ALL** pregnant women during an early prenatal visit in EACH pregnancy, even if tested before or previously vaccinated.
• **Send** copy of lab report with the HBsAg-positive results to the delivery hospital and the infant’s health care provider.
• **Report to the West Virginia Department of Health and Human Resources, Bureau for Public Health** all HBsAg-positive women within one working day of knowledge of the pregnancy.
• **Refer for or provide** HBsAg-positive women with counseling and medical management. Give the following information:
  ▪ Modes of hepatitis B transmission.
  ▪ Perinatal concerns (i.e., HBsAg-positive mothers may breastfeed, treatment of newborns for exposure to hepatitis B).
  ▪ Prevention of hepatitis B to contacts, include testing and/or hepatitis B vaccination for household, sexual, and needle-sharing contacts.
  ▪ Substance abuse treatment and/or mental health care if appropriate.

Management of Delivery and Infant

At admission for delivery:
• **Review** HBsAg status of all pregnant women. Perform STAT testing if HBsAg result for the current pregnancy is unavailable.
• **Retest** HBsAg-negative women (at time of hospital delivery) if high-risk for infection.
• Place copy of maternal HBsAg results in labor/delivery record, infant’s delivery summary, and nursery medical record.

After delivery:
Infants born to **HBsAg-positive mothers**:
• Give hep B vaccine and HBIG within 12 hours of birth.
• Complete hep B vaccine series.
• Perform post-vaccination serology at 9-12 months.
Screening and Referral Algorithm for Hepatitis B Virus (HBV) Infection among Pregnant Women*

Assess if at high risk* for acquiring HBV infection

Yes

No

Report HBsAg positive pregnant women to Perinatal Hepatitis B Prevention Program

Identify all household and sexual contacts and recommend screening by primary care provider

Order Additional Tests:
- HBsAg (hepatitis B surface antigen)
- HBV DNA Concentration
- ALT (alanine aminotransferase)

Consider vaccination during pregnancy or postpartum

Repeat HBsAg testing when admitted for delivery

High risk for HBV infection includes: household or sexual contact of HBsAg-positive persons; injection drug use; more than one sex partner during the past 6 months; HIV infection, chronic liver disease, or end-stage renal disease international travel to regions with HBsAg prevalence of ≥2%.

*CDC Algorithm from Perinatal Transmission website (www.cdc.gov/hepatitis/hbv/perinatalxmtn.htm)

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