

Perinatal Hepatitis B Prevention Pocket Guide – Prenatal

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.

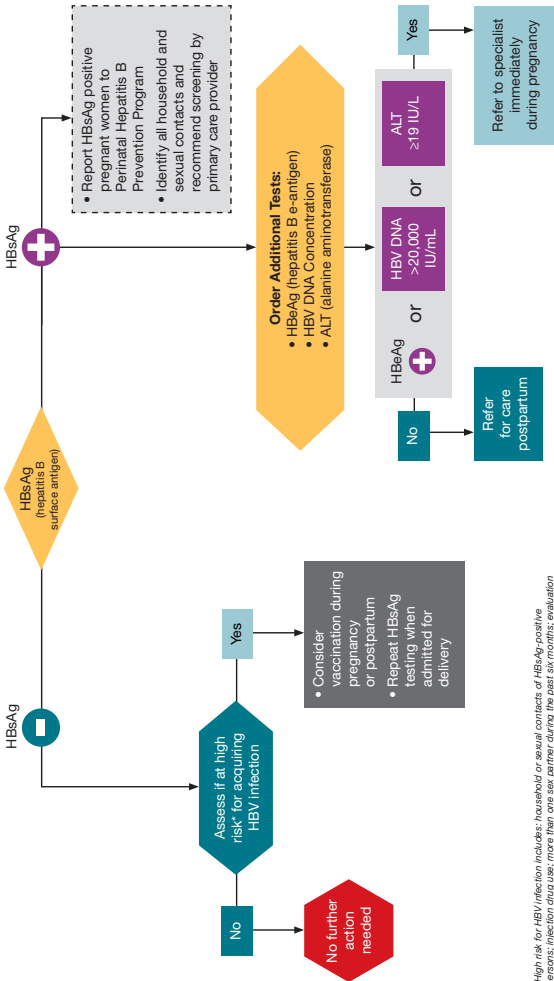
After delivery:

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*



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

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