**PURPOSE:**

Hepatitis B virus (HBV) infection is a major public health problem in the United States and the world. There are approximately 22,000 new cases in the U.S. each year, one third of which are acquired through perinatal or early childhood transmission. Hepatitis B virus (HBV) infection in a pregnant woman poses a serious risk to her infant at birth. Without postexposure immunoprophylaxis, approximately 40% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, approximately one-fourth of whom will eventually die from chronic liver disease.

**PROCEDURE:**

**If not administered at referring hospital:**

* 1. For infants born to mothers who are known to be HBsAg-positive at birth, after consent is obtained, administer hepatitis B immune globulin (0.5ml IM) and hepatitis B vaccine (Engerix-B 10 mcg IM or Recombivax-HB 5 mcg IM) in different, no later than 12 hours after birth.
  2. For infants born to mothers whose HBsAg is unknown, notify the physician emergently for additional orders. After consent is obtained, administer hepatitis B vaccine as soon as the baby is stabilized and bathed, no later than 12 hours after birth. If the mother is later found to be HBsAg-positive, administer hepatitis B immune globulin to the infant as soon as possible and within 7 days after birth.

1. Confirm that lab has drawn HBsAg on mothers who do not have HBsAg result on chart.
2. Notify the physician ASAP for orders if HBsAg result, upon return, is positive.
3. Notify Infection Prevention and Control of the positive HBsAg positive result
4. Report any maternal HBsAg-positive test to the health department.
5. Provide educational material to the mother who is HBsAg-positive, including recommendations for testing and/or vaccinating members of her household, sexual and needle-sharing contacts as well as hepatitis B treatment information for her and any other HBsAg-positive household members.
6. If the infant must be discharged before the mother’s HBsAg result is available, document clearly how to reach the parent as well as the infant’s future primary care clinic in case further treatment is needed.
7. If the infant’s mother is HBsAg-positive, make sure the infant’s future well childcare provider is notified of treatment already provided for the infant and the follow-up that is needed. Directly notify the infant’s clinic as well as document in the infant’s discharge summary that the mother is HBsAg-positive and that the baby received HBIG and the first dose of hepatitis B vaccine (including the brand and dose in mcg). Also provide notification that the infant will need Hepatitis B vaccine at 1 month of age and at 6 months of age as well as post- vaccination serology (HBsAg and anti-HBs) at 9-15 months of age. For infants <2000g, the initial vaccine dose should not be counted and included in the 3-dose schedule. The subsequent 3 doses (1 month, 6 months, 9-15 months) should be given in accordance with the schedule for immunization of infants weighing <2000g.
8. Notify the local health jurisdiction of the post-vaccination screening and fax the lab results to the local health jurisdiction.

**REFERENCES:**

1. RM Jacobson, MD, Community Pediatrics, Mayo Clinic, Rochester, MN. Written Policy for Prevention of Perinatal Hepatitis B, Example. 8/25/1999.
2. Human Milk. Red Book 2018-2021
3. Hepatitis B. Red Book 2018-2021
4. Centers for Disease Control and Prevention. Prenatal Care Provider Policies and Procedures to Prevent Perinatal Hepatitis B Virus Transmission. 2 Oct. 2015. <http://www.cdc.gov/hepatitis/hbv/pdfs/prenatalcareproviderpoliciesandprocedures.pdf>.Centers for Disease Control and Prevention. Surveillance for Viral Hepatitis – United States, 2013, 31 May 2015. Web. <http://www.cdc.gov/hepatitis/statistics/2013surveillance/commentary.htm#hepatitisB>.

**POLICY OWNER:**

*Director, Accreditation, Infection Prevention, and Emergency Management*