

Perinatal Hepatitis B Prevention Pocket Guide – Prenatal

Management of Pregnant Persons

Prenatal HBsAg Testing

- **Test ALL** pregnant persons 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 MDH** all HBsAg-positive pregnant persons within one working day of knowledge of the pregnancy.
- **Refer for or provide** HBsAg-positive persons with counseling and medical management. Give the following information:
 - Modes of hepatitis B transmission.
 - Perinatal concerns (i.e., HBsAg-positive persons 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:

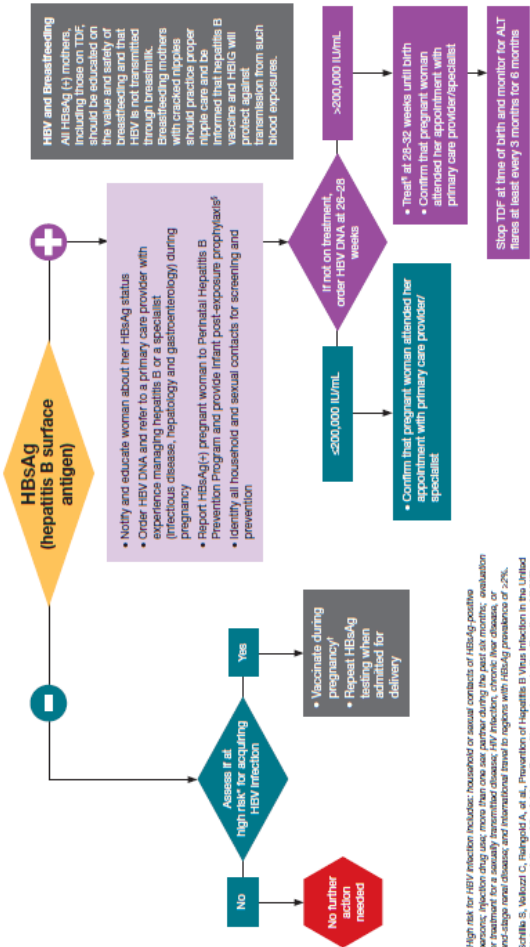
- **Review** HBsAg status of all pregnant persons. Perform STAT testing if HBsAg result for the current pregnancy is unavailable.
- **Retest** HBsAg-negative persons (at time of hospital delivery) if high-risk for infection.
- Place copy of birthing parent's HBsAg results in labor/delivery record, infant's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

After delivery:

Infants born to HBsAg-positive persons:

- Give hep B vaccine and HBIG within 12 hours of birth.
- Complete hep B vaccine series.
- Perform post-vaccination serology at 9-12 months.

CDC: Screening and Referral Algorithm for Hepatitis B Virus (HBV) Infection among Pregnant Women*



HBV and Breastfeeding
All HBsAg (+) mothers, including those on TDF, should be educated on the value and safety of breastfeeding and that HBV is not transmitted through breastmilk. Breastfeeding mothers with cracked nipples should practice proper nipple care and be informed that hepatitis B vaccine and HBIG will protect against transmission from such blood exposures.

*Vaccinate if not previously vaccinated with a complete hepatitis B vaccine series (refer to Schillie et al. for more information).
†Hepatitis B vaccine birth dose and Hepatitis B Immune Globulin (HBIG) (refer to Schillie et al. for more information).
‡Transovarial placental transmission (TDF) should be used for the treatment of pregnant women.

*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 $\geq 2\%$.
Schillie S, Velazquez C, Beigelman A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. *MMWR Recomm Rep* 2018; 67(No. RR-11):1-34.
Originally adopted with permission from the Hepatitis B Foundation, from Aguzo et al., 2012. http://www.hepb.org/assets/Uploads/Final-08-publications-The_Female_Patient.pdf

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