

**OLIVE VIEW-UCLA MEDICAL CENTER
INPATIENT OBSTETRICS
POLICY & PROCEDURE**

**NUMBER: 4775
VERSION: 2**

SUBJECT/TITLE: USE OF HBIG AND HEPATITIS B IN NEONATES

MD ORDER: YES [X] NO []

POLICY: To develop a plan for immunoprophylaxis of all infants with known and suspected pre-exposure to Hepatitis B.

PURPOSE: To ensure Hepatitis B immunoprophylaxis of all infants meeting criteria described below.

DEPARTMENTS: Inpatient Pharmacy, Medicine, Nursing 3D- PostPartum/Nursery

EXPECTED OUTCOME: All babies born at Olive View should be screened and treated based upon mother's Hepatitis B status.

DEFINITIONS: HBIG- Hepatitis B Immune Globulin (human)
HBV- Hepatitis B Virus
HBsAg- A test to assess a woman's risk of transmitting HBV to her unborn child.

PROCEDURE: **CONTENT**

ASSESSMENT:

All pregnant women should be screened at their first prenatal visit for HbsAg to prevent prenatal transmission (AAP Red Book, 2009).

INTERVENTION:

- 1. All pregnant women who are admitted to Labor and Delivery will have their HBsAg status reviewed.**
- 2. Only original laboratory reports will be accepted as verifiable documentation of Hepatitis B status. The test date must be verified as being current with this pregnancy.**
- 3. A hard copy of the maternal HBsAg test result will be placed on both the maternal record and the infant's record.**

4. **An HBsAg test will be performed if there is no current verifiable lab result or if the patient has clinical hepatitis.**
5. **All women who are known to have engaged in high risk behaviors will be retested.**
6. **The nursery and neonatal intensive care unit staff will be notified of all HBsAg positive women.**
7. **All infants born to HBsAg positive mothers** should receive HBIG (0.5 ml) within 12 hours of birth and initial dose of Hepatitis B vaccine should be given concurrently at a different site. This information should be faxed to Public Health within 24 hours of baby's birth using the "Hospital Report – Perinatal Hepatitis B" form.
8. **Term infants born to mothers not tested for HBsAg** should receive Hepatitis B vaccination if result is not known within 12 hours of birth. If mother is found to be positive, HBIG (0.5ml) should be given to the infant before discharge or within 7 days of birth; whichever comes first. Information of babies born to mothers with unknown HBsAg status should be faxed to Public Health within 24 hours of baby's birth using the "Hospital Report – Perinatal Hepatitis B" form.
9. **Preterm infants < 2kg at birth born to mothers not tested** should receive Hepatitis B vaccine and if mother's status will not be known within 12 hours, should receive HBIG 0.5ml.
10. **All infants born to mothers who are HBsAg negative** should receive Hepatitis B vaccination prior to discharge.
11. **Babies of mothers who were HBsAg positive** at some point in their pregnancy but are currently negative will have have HBsAg and HBsAb drawn.
12. **All HBsAg positive mothers will be given information and counseling as appropriate to explain the results and the implications for the mother's and infant's health, including any follow-up testing and care that are indicated.**
13. **All HBsAg positive mothers may breastfeed without delay.**
14. **Give the immunization record to the mother and remind her to bring it to the infant's first pediatric visit.**
15. **If a mother refuses the vaccine for herself or her baby, this information will be documented, as well as the education given.**

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DOCUMENTATION: Vaccination education is given and verbal consent is obtained from the parents. Document vaccinations given, dose, route, lot number, site, date and time on appropriate forms.
All education given to HBsAg positive mothers will be documented.
Document any findings after immunization in nursing notes.

References: Committee on Infectious Diseases, American Academy of Pediatrics, Kimberlin, D.W., Brady, M.T., Jackson, M.A., Long, S.S.(2015). Red Book (30 th ed.). Elk Grove Village, IL: AAP.	
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