

POSTNATAL MANAGEMENT OF INFANTS BORN TO MOTHERS WITH HEPATITIS B

Introduction

- All pregnant women are offered antenatal screening for Hepatitis B infection.
- Positive antenatal screening results are passed to the Women's Health Advisor Team (ext 4716) and the Maternity Hepatitis B Algorithm is then followed.
- When the Neonatal Service is informed, an insert for the maternal notes is created as follows:
 - Hepatitis B Immunisation Consent Form – this has often been signed antenatally following counselling with the Women's Health Advisor Team (ext 4716).
 - Hepatitis B Notification Form – this is an electronic form on the TMBUSHO Drive.
 - A postnatal management plan and details of correspondence.
- Copies of correspondence will also be placed in the antenatal file on TMBU/PRH SCBU.
- If immunoglobulin is required this will have been pre-ordered by Samantha Lippett, Lead Antimicrobial Pharmacist, Tel: 01273 696955 ext 4078. It will have been made available on delivery suite six weeks before EDD.

General Considerations

- Hepatitis B vaccine with/without immunoglobulin should be given within 12 hours of delivery.
- Immunisation is effective up to 48 hours post delivery and should be considered up to 7 days.

For infants of mothers with low infectivity Hepatitis B infection:

- Vaccinate within 12 hours of birth, if:
 - Mothers are HBs-Ag positive, HBe-Ag neg.
 - Also vaccinate if parent is intravenous drug user or likely to progress to injecting for example those who are currently smoking heroin and/or crack cocaine, and heavily dependent amphetamine users.

For infants at high risk of perinatal infection:

- Give 250 I/U of HBV immunoglobulin i.m. within 12 hours of birth with vaccine in the contralateral thigh, if:
 - Mothers are HBe-Ag pos.
 - Mothers HbeAg neg but HBV viral load $>10^6$ IU/ml (or as instructed by Dr Verma/Dr Gilleece)
 - Babies born to mothers who have had acute hepatitis B during pregnancy.

Preterm Infants with Birthweight less than 1500 g:

- Give 250 I/U of HBV immunoglobulin i.m. within 12 hours of birth with vaccine in the contralateral thigh regardless of the HBeAg status of the mother.

Babies whose mothers are HIV positive:

- Vaccinate within 12 hours of birth.

Breast Feeding:

- Uncommon mode of transmission for Hepatitis B despite Hepatitis B surface antigen being detectable in breast milk. Breast-feeding in a cohort of HBV carriers (with a low prevalence of HBe-Ag) did not increase the risk of HBV transmission. Those mothers who are HBe-Ag positive may well decide not to breastfeed.

Record Keeping and Communication:

- Give signed consent form to mother for the infant's Red Book.
- Complete the electronic Hepatitis B Notification Form and save a copy NIFE/Hep B referrals folder.
- Explain to the mother that the second dose is due at one month of age and that she should discuss this with her Health Visitor and make an appointment with her GP. Appointments are not sent out for Hepatitis Vaccinations.

HEPATITIS B NOTIFICATION FORM

Dear Doctor

Baby's Name:		DOB:		TOB:	
NHS Number:		Hospital Number:			
Mum's Name:		DOB:			
Address:					

This baby received the first of six hepatitis B vaccinations because he/she was considered to be at increased risk of acquiring the disease. Parental consent has been obtained.

The details of the 1st dose are as follows:

Date:		Time:		Dose:	
Product:			Batch Number:		
Immunoglobulin given:					

Please would you complete the course as follows:

2: Monovalent at 4 weeks of age	3: Hexavalent in routine primary immunisations
4: Hexavalent in routine primary immunisations	5: Hexavalent in routine primary immunisations
6: Monovalent at 1 year	

Appointments for the additional Hepatitis B vaccinations **will not** be sent from the child health record unit. Please arrange for appointments to be sent by your surgery.

It is recommended that antigen titres should be checked after 12 months of age. This will be organised by the Community Paediatric Team directly and will require a blood test.

The details and consent should also have been recorded in the personal child health record book and this information has been given to the parents. Please record all future vaccinations in this book.

Yours faithfully

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NB: To person completing this form:

1. Ensure that separate consent form/insert has been signed and given to parents (for red Child Health Record book)
2. Distribute as follows: -
 - GP
 - Michelle Wright, Community Child Health Information Service (CCHIS): michellewright2@nhs.net
 - Dr R Sundrum, Community Paediatrician, Seaside View Child Development Centre: ratna.sundrum@nhs.net
 - Dr Sarah Lock, KSS Public Health England, County Hall North, Chart Way, Horsham RH12 1XA
 - Sarah Trotman, Women's Health Adviser, RSCH, Eastern Road, BN2 5BE. sarahrtrotman@nhs.net
3. File in Child's Hospital Notes

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Dear Doctor

Baby's Name:		DOB:		TOB:	
NHS Number:		Hospital Number:			
Mum's Name:		DOB:			
Address:					

This baby received the first of six hepatitis B vaccinations because he/she was considered to be at increased risk of acquiring the disease. Parental consent has been obtained.

The details of the 1st dose are as follows:

Date:		Time:		Dose:	0.5ml intramuscularly
Product:				Batch Number:	
Immunoglobulin given:	Yes/No (delete)				

Please would you complete the course as follows:

2: Monovalent at 4 weeks of age	3: Hexavalent in routine primary immunisations
4: Hexavalent in routine primary immunisations	5: Hexavalent in routine primary immunisations
6: Monovalent at 1 year	

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Yours faithfully

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Midwife/Neonatal ST3/Registrar

<p>NB: To person completing this form:</p> <ol style="list-style-type: none"> Ensure that separate consent form/insert has been signed and given to parents (for red Child Health Record book) Distribute as follows: - <ul style="list-style-type: none"> GP Michelle Wright, Child Health Bureau Manager: michellewright2@nhs.net Immunisation Team for Sussex: SC-TR.Immunisation@nhs.net Dr Sarah Lock, KSS Public Health England, County Hall North, Chart Way, Horsham RH12 1XA File in Child's Hospital Notes
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