

Perinatal Hepatitis B Post-Exposure Prophylaxis Recommendations

Guidelines for Labor and Delivery Hospitals



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BACKGROUND

The California Department of Public Health (CDPH) recommends that delivery hospitals implement the following policies and procedures as stated by the Advisory Committee on Immunization Practices (ACIP)¹. Because failure to provide appropriate hepatitis B post-exposure prophylaxis (PEP) to at-risk infants is a serious error that can result in infant infection with hepatitis B virus (HBV), hospitals failing to provide appropriate PEP may be reported to the CDPH Licensing and Certification Program.

REVIEW MOTHER'S HBSAG LABORATORY REPORT AT THE TIME OF ADMISSION

- Review a copy of the mother's HBsAg lab report at the time of hospital admission to ensure that the correct test was performed during the current pregnancy and that the interpretation of the results is correct.
- Accepting results that were not issued by the lab performing the test (e.g., results written on prenatal records) is not acceptable because transcription and misinterpretation errors can occur.
- File a copy of the lab report in both the infant's and the mother's medical records.

TEST MOTHERS WITH UNKNOWN HBSAG STATUS AT THE TIME OF ADMISSION

- Perform HBsAg testing immediately upon admission if there is no documentation of the mother's HBsAg status for the current pregnancy. Instruct the lab to call the labor and delivery unit as soon as results are obtained.
- Women at risk for acquiring hepatitis B infection during pregnancy (more than one sex partner in the previous 6 months, evaluation or treatment for a sexually transmitted disease, recent or current injection-drug use, or an HBsAg-positive sex partner) should be retested close to the time of delivery.
- Women with unknown HBsAg status, but with other evidence suggestive of maternal HBV infection (e.g., presence of HBV DNA, HBeAg-positive, or mother known to be chronically infected with HBV) should be managed as if HBsAg-positive.

ENSURE APPROPRIATE ADMINISTRATION OF HEPATITIS B VACCINE AND HBIG

- HBsAg-positive mothers: Administer hepatitis B vaccine and HBIG within 12 hours of birth to all infants.
- HBsAg unknown status mothers (without evidence suggestive of maternal HBV infection):
 - Infants weighing **<2 kg** - Administer hepatitis B vaccine and HBIG within 12 hours of birth

¹ Schillie S, Vellozzi C, Reingold 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-1):1–31. DOI: <http://dx.doi.org/10.15585/mmwr.rr6701a1>

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- Infants weighing ≥ 2 kg - Administer hepatitis B vaccine within 12 hours. If the mother is found to be HBsAg positive, administer HBIG as soon as possible and no later than 7 days after birth. If infant has already been discharged when HBsAg positive results are obtained, it is the responsibility of the hospital to recall the infant and to administer HBIG.
- HBsAg-negative mothers:
 - Infants weighing ≥ 2 kg: Administer hepatitis B vaccine within 24 hours of birth.
 - Infants weighing < 2 kg: Administer hepatitis B vaccine at chronological age 1 month or hospital discharge (whichever is earlier, even if weight is still < 2 kg).
- HBIG and hepatitis B vaccine should be administered at different injection sites (e.g., in separate limbs).
- Document administration of hepatitis B vaccine in the infant's immunization record and provide this record to parents. Hospitals are encouraged to enter all vaccine doses in the California Immunization Registry.
- Federal law requires providers to give parents a [Hepatitis B Vaccine Information Statement \(VIS\)](#) before vaccine administration. To obtain a VIS, download it from the [CDC website](#).