

**Procedures for HBsAg-Negative Mothers and Newborns
Non-Patient Specific Standing Order Universal Hepatitis B Birth Dose¹**

POLICY STATEMENT:

In 2005, the Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) recommended that hepatitis B vaccine be administered to all newborns within 12 hours of birth referred to as the universal hepatitis B birth dose. The hepatitis B birth dose serves as a “safety net” so that if a mother was improperly diagnosed as HBsAg-negative, and was indeed positive, the newborn is still properly protected at birth.

EQUIPMENT/SUPPLIES:

- Hepatitis B Vaccine Information Statement
- Screening and consent form
- Hepatitis B Vaccine (RECOMBIVAX HB or Engerix-B) Intramuscular, Dose: 0.5 mL.
- Syringe with 5/8" (22-25 gauge) needle

COMPETENCY REQUIRED: Current CPR certification¹

PROCEDURES:

For HBsAg negative mothers upon admission to labor and delivery

1. Examine a copy of the original laboratory report of the pregnant woman’s hepatitis B surface antigen (HBsAg) test result to verify that the correct test was performed and to verify that the testing date was during this pregnancy and not a previous one.
 - a. Place a copy of the original HBsAg laboratory report into the pregnant woman’s medical record and the newborn’s medical record. HBsAg test results, including date, must be in **both** mother and newborn medical records.²
 - b. If pregnant woman indicates hepatitis B risk behavior, then repeat HBsAg test on admission.³
 - c. If the HBsAg test result is not available see “Procedures for HBsAg-Positive and Unknown Mothers and Newborns”.
2. Provide the mother with a Vaccine Information Statement (VIS) upon admission to labor and deliverable or before vaccine administration and ensure the VIS date is accurate.⁴
3. Obtain written consent for vaccination from the mother upon admission to the hospital preferably before the mother enters the delivery room.

For newborns of HBsAg negative mothers

1. Administer single-antigen hepatitis B vaccine (0.5 mL, IM) preferably in the delivery room and within 12 hours of birth but always before hospital discharge to all newborns weighing 2000 grams or more at birth.⁵
2. Document the hepatitis B vaccine dose in the newborn’s medical record, including date, time, site of administration, and manufacturer lot number.

SAMPLE: Enter Your Own Facility Information | Date

3. Give the mother an immunization record card that includes the hepatitis B vaccination date.
 - a. Explain the need for the complete hepatitis B vaccine series to protect her newborn.
 - b. Remind the mother to bring the card with her each time her child sees a provider.
4. If the mother refuses the hepatitis B vaccine, then document the reason on the screening and consent form.⁶
5. Indicate the mother's HBsAg status on the NYSDOH Newborn Screening Blood Collection Form as Neg. (negative). It is rare to have Unk. (unknown) status.
6. Indicate the hepatitis B vaccine administration on the Statewide Perinatal Data System (SPDS).⁷

REFERENCES

¹ NYS Nurse Practice Act (Education Law Article 139 §6909) authorizes the administration of non-patient specific orders for certain immunizations, anti-anaphylactic agents, and HIV and tuberculosis tests across all service delivery systems. A registered professional nurse may execute a non-patient specific regimen prescribed or ordered by a licensed physician or certified nurse practitioner, pursuant to regulations promulgated by the Commissioner of Education. www.op.nysed.gov/prof/nurse/immunguide.htm

² NYSPHL 2500-e mandates that all newborns born to HBsAg-positive women are treated with hepatitis B vaccine and HBIG within 12 hours of birth. Title 10 Subpart 69-3.3 requires health care facilities to screen and report HBsAg status for all pregnant women, record tests results in newborn medical records, respond to inquiries from local health officers, and provide written documents to accompany newborns transferring between facilities

³ Perform a repeat blood test for HBsAg if the pregnant woman was HBsAg negative during a prenatal visit but was at risk for acquiring HBV infection during this pregnancy (e.g., not in a long-term, mutually monogamous relationship; had an HBsAg-positive sex partner; had evaluation or treatment for a sexually transmitted disease; currently uses or recently used injection drugs).

⁴ Federal law requires that you give parents a Hepatitis B Vaccine Information Statement (VIS) before vaccine administration. To obtain a VIS, download it from the IAC website at www.immunize.org/vis or call your county health department.

⁵ Newborns weighing less than 2000g at birth and whose mothers are documented to be HBsAg negative should receive the first dose of vaccine 1 month after birth or at hospital discharge, whichever comes first.

⁶ Exceptions to administering the birth dose of hepatitis B vaccine are allowed only in the case of HBsAg-negative status of the mother. If a birth dose is not administered, a copy of the mother's negative HBsAg test result from the current pregnancy must be placed in the newborn's medical record and the attending physician must write a specific order directing staff not to administer the birth dose in the hospital. Newborns who do not receive the first dose of hepatitis B vaccine before hospital discharge should receive the first dose no later than age 2 months.

⁷ This information is automatically transferred to the NYS Immunization Information System (NYSIIS) as required by NYSPHL 2168.

Authorizing Physician or Nurse Practitioner

From ___/___/___ to ___/___/___
Effective Dates