



DELIVERY REPORT

FOR FOLLOW-UP OF INFANTS BORN TO **HBsAg+** PREGNANT PERSONS OR PERSONS WITH **UNKNOWN HBsAg** STATUS

INSTRUCTIONS: Complete this report and fax/email along with the pregnant persons hepatitis B laboratory report and a copy of the admission face sheet to (213) 351-2781 or vpdc-phb@ph.lacounty.gov within **24 hours of delivery**. For guidance, review the quicksteps or call (213) 351-7800.

| | | | | | | |
|--|--|------------------|--|--|--|---|
| MOTHER | Pregnant Person's Last Name | | First Name | | Middle Name | |
| | Medical Record # | | DOB | | Ethnicity/Race | |
| | Address: Number, Street, Apt/Unit Number | | | | Preferred Language | |
| | City, State and Zip Code | | Insurance: (√ one) <input type="checkbox"/> Private <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Self Pay <input type="checkbox"/> No Insurance | | | |
| | <input type="checkbox"/> Home Phone # | | <input type="checkbox"/> Cell Phone # | | | |
| TESTING | Hepatitis B Tests | | Test Date | Positive | Negative | Pending |
| | HBsAg (Hepatitis B surface antigen) <i>(Document all HBsAg test results done during the current pregnancy)</i> | | 1. | <input type="checkbox"/> | <input type="checkbox"/> | Final results MUST be faxed ASAP |
| | | | 2. | <input type="checkbox"/> | <input type="checkbox"/> | |
| | HBeAg (Hepatitis B e antigen) | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | HBV DNA Quantitative | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Anti – HBc (Hepatitis B Core Total) | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anti – HBs (Hepatitis B Surface Antibody) | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| INFANT | Prenatal Care Provider: | | | | Phone # | |
| | Infant's Name | Medical Record # | Gender | Date of Birth | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Birth Weight |
| | Name & Phone Number of Pediatrician AFTER Discharge | | Name | Phone # () - | | |
| ADMINISTER HEPATITIS B IMMUNEGLOBULIN (HBIG) & HEPATITIS B VACCINE TO INFANT WITHIN 12 HOURS OF BIRTH | | | | | | |
| PROPHYLAXIS (PEP) | Prophylaxis (PEP) | Date | Time | Reasons PEP NOT Administered | | |
| | HBIG 0.5ml | / / | AM PM | <input type="checkbox"/> Parent refused – Notify Supervisor and facility Social Worker if mom is HBsAg+ and refuses PEP. Notify DCFS | | |
| | Hep B Vaccine Dose #1 | / / | AM PM | <input type="checkbox"/> Mom is HBsAg (-) – Attach a copy of the mom's HBsAg negative (-) lab report <input type="checkbox"/> Fetal demise – attach copy of medical notes <input type="checkbox"/> PEP Error – provide a corrective action plan documented on your agency's letterhead | | |
| | Name & Address of Delivery Facility | | | <input type="checkbox"/> L&D <input type="checkbox"/> Postpartum <input type="checkbox"/> NICU <input type="checkbox"/> Couplet Care | Phone # | |
| Print Name of Person Completing Report | | | Signature | | Date | |

Quicksteps for Completing the Delivery Report

For the Follow-Up of Infants Born to HBsAg (+) Pregnant Persons or Persons with Unknown HBsAg Status

These quicksteps are provided to help prevent the transmission hepatitis B from pregnant person to baby. Contact the Perinatal Hepatitis B Prevention Unit (PHBPU) at **213-351-7800** should you need guidance.

Pregnant Persons Information:

- Complete each section. Please **print** legibly.

Testing Section:

- Order a Hepatitis surface antigen (HBsAg) lab test when a pregnant presents without any prenatal labs for hepatitis B or when discrepant lab results are presented, e.g. both HBsAg (+) and HBsAg (-).

| Labs | Repeat Labs | Diagnosis | Treatment for Infant |
|---|--|---|--|
| Both HBsAg + & HBsAg – during the current pregnancy | <ul style="list-style-type: none">• HBsAg• HBV DNA• Total anti - HBc• IgM anti – HBc• Anti - HBs | If any of the tests are positive (+) the pregnant person is most likely infected (acute or chronic. Provide prophylaxis (HBID & Hep B vaccine) for infant and complete report. See Discrepant HBsAg lab results during pregnancy: recommended next steps. | If status is unknown at the time of delivery, administer HBIG and Hepatitis B vaccine to the infant within 12 hours of birth. Complete the Delivery Report and fax to the PHBPU. |
| | | If the tests are negative (-), the pregnant person is most likely not infected. Please contact the PHBPU for clarification. | |

- If lab results are still pending when you fax the Delivery Report, please obtain the final lab results, and fax the results to the PHBPU.

Infant Information:

- Complete the name and phone number of the prenatal care provider.
- Complete all the information for the infant.
 - Writing Baby Boy or Baby Girl with the parent's last name is acceptable. If the infant has been named at the time of completing the Delivery Report, please provide the infant's full name. For multiple births, please complete a separate form for each infant.
 - Be sure to check off either AM or PM or use military time to document the time of birth.
 - Complete information for pediatrician after discharge. If mother is uncertain provide attending pediatrician's information.

Post – Exposure Prophylaxis (PEP) Administration & Status:

- Document the date and time prophylaxis is administered.
 - Be sure to check off either AM or PM or use military time.
- Document reasons for not administering PEP.
 - Forward supporting documentation (e.g. medical notes, lab reports, etc.) along with the delivery report.
- Complete the delivery hospital information. Date and sign the report.
- Forward report via fax or email to the PHBPU at (213) 351 – 2781 or vpdc-phb@ph.lacounty.gov.