

VIRGINIA DEPARTMENT OF HEALTH
Division of Immunization
Perinatal Hepatitis B Prevention (VPHBP) Program

HOSPITAL POLICY SURVEY
February 2009

A statewide hospital policy survey to assess current hospital policies and procedures regarding prevention of perinatal hepatitis transmission was mailed on February 2, 2009 to the **64** birthing hospitals in Virginia. A followup letter and survey were mailed on March 25, 2009 to those hospitals not responding to the original survey. Sixty responses were received. Of these, one hospital reported it was not a birthing hospital and one reported that it no longer provided OB services. Therefore, the current number of birthing hospitals in Virginia is 62. Four hospitals did not return the survey – two military hospitals and two birthing hospitals. The return rate is 93.5%.

Number of birthing hospitals	62	Percent
Responses	58	93.5
No responses	4	6.4
2 birthing hospitals		
2 military hospitals		

The Advisory Committee on Immunization Practices (ACIP) recommends that delivery hospitals implement policies and procedures along with standing orders to improve identification and medical management of infants born to hepatitis B-positive mothers and mothers with unknown status. Also the ACIP recommends that standing orders be in place for vaccination of all infants prior to hospital discharge.

The responses to the survey questions are summarized in the following tables:

I. Review prenatal HBsAg (hepatitis B surface antigen) test results for all women admitted to Labor & Delivery:

Policy/Standing Orders	Yes	Percent
Written Policy	22	37.9
Standing Orders	24	41.3
Both	31	53.4
Unwritten Policy	20	34.4
No Policy/Standing Orders	5	8.6

COMMENT: A copy of the original laboratory HBsAg test result for all pregnant women should be transferred from the prenatal care provider to the delivery hospital. HBsAg-positive women should be aware of their test result and advised to notify delivery staff of the positive result.

II. Perform HBsAg testing as soon as possible after admission to Labor & Delivery on women with no documented HBsAg test result:

Policy/Standing Orders	Yes	Percent
Written Policy	24	41.3
Standing Orders	25	43.1
Both	31	53.4
Unwritten Policy	9	15.5
No Policy/Standing Orders	9	15.5

COMMENT: The prevalence of HBsAg is higher in pregnant women with no prenatal care than in pregnant women who receive prenatal care. According to the Centers for Disease Control and Prevention (CDC), approximately 5% of pregnant women do not receive prenatal care before delivery.

III. Perform repeat testing of pregnant HBsAg-negative women who are at high-risk for hepatitis B virus infection during pregnancy:

Policy/Standing Orders	Yes	Percent
Written Policy	3	5.1
No Policy/Standing Orders	52	89.6
Don't know	3	5.1

COMMENT: High-risk factors are >1 sex partner in past 6 months, evaluation or treatment for an STD, recent or current history of Injection Drug Use, partner is HBsAg positive. Women who had clinical hepatitis since previous testing should also have repeat testing.

IV. Document maternal HBsAg test results in the infant's medical record

Policy/Standing Orders	Yes	Percent
Written Policy	38	65.5
No Policy/Standing Orders	19	32.7
Don't know	1	1.7

COMMENT: Documentation ensures identification of infants born to HBsAg-positive mothers and receipt of appropriate post-exposure prophylaxis.

V. Administer hepatitis B immune globulin (HBIG) within 12 hours of birth to all infants born to HBsAg-positive mothers.

Policy/Standing Orders	Yes	Percent
Written Policy	31	53.4
Standing Orders	30	51.7
Both	20	34.4
Unwritten Policy	14	24.1
No Policy/Standing Orders	3	5.1

COMMENT: Date and time of birth and date and time of administration of HBIG should be documented.

VI. Administer hepatitis B vaccine within 12 hours of birth to all infants born to HBsAg-positive mothers.

Policy/Standing Orders	Yes	Percent
Written Policy	31	53.4
Standing Orders	31	53.4
Both	21	36.2
Unwritten Policy	15	25.8
No Policy/Standing Orders	2	3.4

COMMENT: Date and time of birth and date and time of administration of hepatitis B vaccine should be documented.

VII. Administer hepatitis B vaccine within 12 hours of birth to all infants born to mothers with unknown HBsAg status.

Policy/Standing Orders	Yes	Percent
Written Policy	25	43.1
Standing Orders	26	44.8
Both	14	24.1
Unwritten Policy	11	18.9
No Policy/Standing Orders	10	17.2

COMMENT: Date and time of birth and date and time of administration of hepatitis B vaccine as well as mother's HBsAg test results (when received) should be documented.

VIII. Administer hepatitis B vaccine to all infants prior to hospital discharge (birth dose).

Policy/Standing Orders	Yes	Percent
Written Policy	21	36.2
Standing Orders	43	74.1
Both	17	29.3
Unwritten Policy	1	1.7
No Policy/Standing Orders	10	17.2

COMMENT: The 2007 National Immunization Survey birth dose rate (day 3) for Virginia is 34.8±6.5%; the national birth dose rate is 53.2±1.3%. Barriers identified for not giving the birth dose are providers prefer to give in office or administration of the birth dose requires parental consent. Only in rare instances should the first dose of hepatitis B vaccine be delayed until after hospital discharge for those babies born to HBsAg-negative mothers. Both a physician's order to withhold the birth dose and a copy of the mother's HBsAg-negative test result should be documented in the baby's medical record.

MISCELLANEOUS

Report to the Virginia Perinatal Hepatitis B Prevention Program all babies born to HBsAg-positive mothers.

Report all Babies		Percent
Yes	38	65.5
No	9	15.5
Don't know	11	18.9

COMMENT: The CDC projects that Virginia should be identifying between 576 and 786 babies born to HBsAg-positive mothers each year. During calendar year 2008, only 207 (median 30%) of these babies were identified. Respondents indicated that babies are reported if information is received from the State prior to delivery. **All babies born to HBsAg-positive mothers should be reported to the VPHBP Program.** The Program is not aware of pregnant women with no prenatal care or those with unknown status. Also many HBsAg-positive pregnant women who are receiving prenatal care are not reported to the VPHBP Program.

Enrolled in Virginia Vaccines for Children Program

Enrolled in VVFC		Percent
Yes	25	43.1
No	15	25.8
Don't know	17	29.3

COMMENT: All birthing hospitals should enroll in the Virginia Vaccines for Children Program to receive free hepatitis B vaccine for all babies who qualify.