Obstetrical Tip Sheet for Hepatitis B Screening, Testing, and Management of Pregnant Women

Screening with HBsAg^{*} should be performed in each pregnancy, regardless of previous HBV^{*} vaccination or previous negative HBsAg test results. Offer triple panel (HBsAg, anti-HBs, total anti-HBc^{*}) screening to all pregnant women ≥18 years of age who have not previously been screened with a triple panel.

	FIRST TRIMESTER 1-13 weeks	SECOND TRIMESTER 14-27 weeks	THIRD TRIMESTER <u>></u> 28weeks	DELIVERY AND POSTPARTUM
SCREENING AND TESTING	 Screen all pregnant women for HBsAg at first prenatal visit. Screen with triple panel if not previously screened. All positive HBsAg results during the pregnancy should be confirmed with a licensed HBsAg neutralizing test according to manufacturer labeling. If HBsAg positive, check HBV DNA. 	 Screen for HBsAg those not previously screened during current pregnancy. See first trimester for specific details. Check/recheck HBV DNA for all HBsAg positive women not on anti- viral treatment at 26-28 weeks. 	 Screen for HBsAg those not previously screened during current pregnancy. See first trimester for specific details. Check/recheck HBV DNA for all HBsAg positive women not on anti- viral treatment at 26-28 weeks or if DNA not checked at/after 26 weeks. 	 Screen for HBsAg those not previously screened during current pregnancy. Rescreen for HBsAg pregnant women with clinical hepatitis or risk exposures[†] during pregnancy at the time of admission to the hospital or birthing facility for delivery.
MANAGEMENT	 After initial HBsAg screen is drawn for current pregnancy, initiate vaccine series with Engerix-B, Recombivax-HB or Twinrix§ for those who have not previously been vaccinated. Report HBsAg positives to Perinatal Hepatitis B Coordinator and refer to specialty care. 	 After initial HBsAg screen is drawn for current pregnancy, initiate vaccine series if needed. See first trimester for specific details. Report HBsAg positives to Perinatal Hepatitis B Coordinator and refer to specialty care. 	 After initial HBsAg screen is drawn for current pregnancy, initiate vaccine series if needed. See first trimester for specific details. Report HBsAg positives to Perinatal Hepatitis B Coordinator and refer to specialty care. If HBV DNA is >200,000 IU/mL, treat at 28-32 weeks until birth. 	 Post-exposure prophylaxis¶ for infants born to HBsAg positive pregnant women and for infants weighing less than 2,000 grams born to pregnant women with unknown HBsAg status. Initiate mother's vaccine series if needed. See first trimester for specific details. Breastfeeding does not increase the risk of HBV transmission to infants. Report HBsAg positives to Perinatal Hepatitis B Coordinator and refer to specialty care.

*Abbreviations: HBsAg=hepatitis B (HepB) surface antigen; HBV= HepB virus; anti-HBsAg= antibody to HepB surface antigen; total anti-HBC= total antibody to HepB core antigen † Recent or current injection-drug use, more than one sex partner in the previous 6 months, HBsAg-positive sex partner, or evaluated or treated for a sexually transmitted infection §Heplisav and Prehevbrio are not recommended during pregnancy due to lack of safety data; Twinrix is a combination hepatitis A/hepatitis B vaccine that can be given during pregnancy when indicated(<u>https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html</u>)

¶Post-exposure prophylaxis: administer HepB immunoglobulin and HepB vaccine to the infant within 12 hours of birth and notify infant's Health Care Provider to f/u for timely vaccination and post vaccination serologic testing

Adapted from:

Weng MK, Doshani M, Mohammed AK, et al. Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022.

Conners EE, Panagiotakopoulos L, Hofmeister MG, et al. <u>Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations — United States, 2023</u>. Terrault NA, Bzowej NH, Chang K-M, et al. <u>AASLD guidelines for treatment of chronic hepatitis B</u>. Hepatology 2016;63(1):261-83. Schillie S, Vellozzi C, Reingold A, et al. <u>Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices</u>.



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