HUTT maternity
Hutt Valley Maternity Care

HUTT VALLEY DHB

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Hepatitis B Positive: Care of Mother Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose

The purpose of this policy is to:

- provide safe and effective care for women
- establish a local approach to care, that is evidence based and consistent
- inform good decision making

Scope

All medical and midwifery staff employed by Hutt Valley DHB.
All Hutt Valley DHB Maternity access holders.
All Special Care Baby Unit staff

Definitions

AHBe	Antibody to Hepatitis B e antigen
DNA PCR	Deoxyribose Nucleic Acid Polymerase Chain Reaction
GP	General Practitioner
HBeAg	Hepatitis B e antigen
HBIG	Hepatitis B immune globulin
HbsAg	Hepatitis B surface antigen
HBV	Hepatitis B virus
LMC	Lead Maternity Carer

Introduction

Hepatitis B (HBV) is the world's most common blood-borne viral infection. It affects the liver and people that have the virus are frequently asymptomatic but may exhibit any of a number of symptoms. The virus is transmitted via blood or body fluids.

When contracted in childhood the infection usually becomes chronic (positive for greater than 6 months) as opposed to infection as an adult, which usually spontaneously clears. Chronic HBV is the main cause of primary liver cancer. Chronic HBV carriers may benefit from treatment with antiviral drugs and follow up blood tests.

Diagnosis

In chronic infections HBsAg is present continually and will be either HBsAg or HBeAg or AHBe positive. HBeAg is an antigen which when positive is usually associated with a greater degree of infectivity (although a negative e-antigen does not necessarily mean low infectivity – the HBV DNA PCR level may be high

indicating a precore mutant, the infectivity of which has not clearly been established).

The risk to the baby

The virus can be transmitted to the baby during the birth process. The risk of chronic HBV infection is in the range of 70–90% from mothers HbeAg positive and about 5–20% from those who are HbeAg negative.

Management:-

The woman

If known HBsAg +ve it is recommended that she have a HBV DNA taken. If DNA is greater than 20,000 iu/ml the woman needs to be referred to the secondary care clinic, as soon as possible, who may prescribe *Tenofovir*. Treatment is based on the 28 week HBV DNA and then treated for 4 months from 32 weeks and will cover 2 months post-partum (note there may soon be an amendment allowing continued treatment whilst breastfeeding).

- **Standard precautions are to be used at all times** (see attachment).
- All women should be screened when initial antenatal bloods are done. Consider screening late in the pregnancy for women who are negative but are at high risk of HBV infection through lifestyle choices or are clinically symptomatic.
- *Infection Alert* stickers are to be placed on the booking form, labour page and baby page.
- On admission to the maternity unit women not tested antenatally for HBV should have bloods drawn for urgent screening.
- Any pregnant woman found to be Hepatitis B antigen positive should be discussed with the Medical Officer of Health.
- No isolation is necessary except if the woman has uncontrolled external bleeding or explosive diarrhoea.
- Linen soiled with blood or body fluids must be placed in a soluble alginate bag lining a fabric linen bag.
- Dressings and other soiled disposable articles (other than sharps) must be disposed of, in a yellow rubbish bag.
- Avoid the use of fetal scalp clips during labour.
- Staff involved in caring for the woman should know their immunity status and where there is no immunity they will be offered a vaccination course.
- If a staff member has had contact with blood or body fluids follow the instructions in the *Blood and body fluid exposure policy* ICB1*.*
- Caesarean Section is not a preventative
- For delay in second stage a ventouse or easy lift out is not contraindicated

The baby

- **Standard precautions are to be used at all times** (see attachment).
- At birth, excess fluids are to be wiped off and the baby could be bathed using pH 5.5 soap and water.
- Babies born of mothers who are positive should receive the immune globulin and Hepatitis B vaccine preferably within an hour of birth (but can be within 12 hours).
- Babies born while awaiting their mother's results should receive the standard Hepatitis B vaccine dose within 12 hours of birth. If the mother is found to be positive her infant should have Hepatitis B Immune Globulin (HBIG) as soon as possible. Then the baby will need to be vaccinated as per immunisation schedule. If the mother is found to be negative her infant should continue to receive Hepatitis B Vaccine as per immunisation schedule.
- Documented informed consent must be obtained from the mother.

Treatment as a preventive measure for baby

- The Lead Maternity Carer must chart the vaccine and the immune globulin on a drug chart and request form.

Hepatitis B vaccine

- The Hepatitis B Vaccine is synthetically produced and does not contain blood products. It stimulates the body to make antibodies to fight infection.
    - 5 mcg in 0.5ml of Hepatitis B vaccine (HB VAX II)
- Order from the pharmacy (2 vials are kept in the drug fridge)
- Intramuscular injection in lateral thigh (vastus lateralis) of the **right** leg.

Immune globulin

- The immune globulin is a purified blood product containing high levels of Hepatitis B antibody. It stays in the body for a few weeks until the vaccine has time to work.
    - 100 units Hepatitis B Immune globulin (HBIG)
- Take both the signed request for the immune globulin on *Hutt Valley DHB Request for blood products* (form HVH300056) and the *Blood and Blood Transfusion Record Form* (form HVH9109) to the blood bank.
- Slow intramuscular injection in lateral thigh (vastus lateralis)of the **left** leg
- If a woman infected with HBV (or unknown status) comes into labour, obtain the HBIG before the blood bank staff go home.

Documentation

The documentation regarding the administration of the immune globulin and vaccine that should be completed includes:

- Consent form (the LMC is responsible for ensuring 1 copy is sent to local medical officer of health, 1 copy to the GP and 1 copy to be left in the notes) **include batch number of immune globulin**
- The neonatal notes
- Drug chart **include batch number of immune globulin**
- Well Child Tamariki Ora health book
- Ministry of Health Hepatitis B personal record card

- discharge summary to the LMC and GP
- National Immunisation Register (electronically via hospital data collection – Oct 2005).

Note: in the event of HBIG being inadvertently administered follow HVDHB guidelines for medication incident (see Clinical policy manual, medicines policy CM1).

Hepatitis B and breastfeeding

Hepatitis B in the mother is NOT a contraindication to breastfeeding. The baby is protected through passive and active immunisation.

On discharge

The room should be cleaned according to *Standard Precautions* ICS3 1.9 (see attachment).

Follow Up

- Notification must be sent to the GP for follow up.
- The GP (as part of the National Childhood Immunisation Schedule) will follow the Hepatitis B vaccine schedule at 6 weeks, 3 months and 5 months of age. The usual Hepatitis B vaccine schedule is followed. At 5 months the baby will be given a blood test to check if it is protected against the virus. The provider (GP) will receive a reminder for the required serology from NIR administration. If the baby is not protected then it will require 2 further doses of vaccine.
- Household contacts and sexual partners should be tested and vaccinated.

References

Department of Vaccines and Biologicals, WHO, 2001. *Introduction of Hepatitis B vaccine into childhood immunization services – management guidelines, including information for health workers and parents.*

Ministry of Health, *Immunisation Handbook 2002.*

Ministry of Health, *Hepatitis B information for Health Professionals; Information for Pregnant Women*, Feb 2003, code 1402.

Ministry of Health, 2004. *National Immunisation Register (NIR) – manual for lead maternity carers and DHB maternity providers.* Wellington: Ministry of Health.
Care of Hepatitis B Positive Mothers and their Babies – Guidelines. Women & Maternity, Queen Mary, ODHB, 2003.

Associated documents

Hepatitis B immunisation for staff ICH4
Hepatitis B Recommended Best Practice
Blood and body fluid exposure policy ICB1
Recommended practices for standard precautions and transmission-based precautions ICS3.

Attachments
Standard Precautions poster ICS3

Informed Consent
The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).

STANDARD PRECAUTIONS

Assume all blood and body substances are potentially infectious (whether from patients, visitors or staff) whether you know their infectious diseases status or not.

Apply Standard precautions to all contacts with BLOOD, BODY SUBSTANCES, MUCOUS MEMBRANES and NON-INTACT SKIN.

Hand hygiene

Wash hands after:
touching blood or body fluids and immediately after removing gloves.
Wash or use handgel between physical cares or handling contaminated items.

Gown/plastic apron

Wear to protect skin and prevent soiling of clothing during procedures and care activities likely to generate splashes or sprays of blood.

Mask, eye protection, face shield

Worn to protect mucous membranes of eyes, nose and mouth during procedures and care activities likely to generate splashes or sprays of blood or body fluids.

Gloves

Should be worn for touching blood, body fluids, mucous membranes, non intact skin and contaminated items.

CARE EQUIPMENT

Soiled care equipment should be handled in a way that prevents skin and mucous membrane exposure, contamination of clothing and transfer of micro-organisms to others and to the environment. .
Reusable equipment must be cleaned and reprocessed before use in the care of others

Environment

Clean toilets after use with alcohol wipe cloths.
Clean up blood spills with paper towels then Virkon the area (in Delivery Suite Virkon the whole room).
Line linen bag with a soluble alginate bag.

Change the curtains if blood splattered

For blood spills on carpeted areas blot up & contact the cleaning supervisor to arrange for carpet shampooing.

Sharps

× DO NOT recap, remove, bend or break needles.

✓ Place sharps in a yellow sharps container.

Resuscitation

Use mouthpieces, resuscitation bags or other ventilation devices to avoid mouth to mouth resuscitation.

CARE OF BABY

For prophylactic care of the baby please refer to the appropriate policy eg; Vitamin K, BCG, Hepatitis B vaccination.

Placement

Women who are unable to maintain their own hygiene should be placed in single rooms.