

## **Hepatitis B Sample Standing Orders Based on the CDC Recommendations 2006**

### Labor & Delivery:

Review HBsAg laboratory report. Place a copy of the original laboratory report into the L&D record and a copy into baby's delivery record.

If no laboratory report is available, order the test ASAP. Have results called to the nursery as soon as ready.

Alert nursery if the mother is HBsAg-positive or if her hepatitis B status is unknown.

If mother is HBsAg-positive or of unknown status, inform mother of need for immunoprophylaxis of her baby within 12 hours of birth. Inform mother that breastfeeding is OK and encouraged.

### Nursery Unit:

#### **Infants born to HBsAg negative mothers**

1. Give Hepatitis B (HepB) vaccine (0.5 ml, IM) within 12 hours of birth.
2. Document administration of Hepatitis B vaccine in the infant's medical record.
3. Document that the Vaccine Information Statement was provided to mother in the medical record. Also give the mother her infant's immunization card indicating the date and type of vaccine administered.
4. If physician chooses not to give the birth dose, **an order must be written** and placed in the infant's chart. A copy of the mother's negative HBsAg laboratory test must also be placed in the infant's chart.

#### **Infants born to HBsAg status unknown mothers**

1. Give HepB vaccine (0.5 ml, IM) within 12 hours of birth.
2. If mother's HBsAg status comes back positive, give Hepatitis B Immune Globulin (HBIG 0.5 ml, IM) ASAP. HBIG must be given within 7 days of birth.
3. Document administration of HepB vaccine (and HBIG) in the infant's medical record.
4. If mother's status is still unknown at time of nursery discharge, clearly document how to reach parents and infant's primary care provider in case further treatment is needed.
4. For infants weighing < 2 kg (2,000 gm), whose mother's HBsAg status cannot be determined within 12 hours, give **both** HBIG (0.5 ml, IM) and HepB vaccine (0.5 ml, IM) at separate sites within 12 hours of birth. This birth dose of HepB vaccine will not be counted as the first dose.
6. Document administration of HepB vaccine (and HBIG) in the infant's medical record.

7. Document that the Vaccine Information Statement was provided to mother in the medical record. Also give the mother her infant's immunization card indicating the date and type of vaccine administered.
8. Reassure mother that breastfeeding is OK and encouraged.

**Infants born to HBsAg positive mothers**

1. Give **both** HBIG (0.5 ml, IM) and HepB vaccine (0.5 ml, IM) at separate sites within 12 hours of birth.
2. For infants weighing < 2 kg (2,000 gm), give **both** HBIG (0.5 ml, IM) and HepB vaccine (0.5 ml, IM) at separate sites within 12 hours of birth. This dose of HepB vaccine will not be counted as the first dose.
3. Document administration of HepB vaccine and HBIG in the infant's medical record.
4. Document that the Vaccine Information Statement was provided to mother in the medical record. Also give the mother her infant's immunization card indicating the date and type of vaccine administered.
5. Reassure mother that breastfeeding is OK and encouraged.
6. Provide educational and written materials to Mother regarding:
  - a. the importance of having her baby complete the HepB vaccination schedule on time
  - b. the importance of post vaccination testing for the infant following the HepB series to assure immunity
  - c. The mother's need for ongoing medical follow-up for her chronic HBV infection
  - d. The importance of testing household members for hepatitis B and then vaccinating if susceptible.
7. Notify your local or State Public Health Department that mother delivered and infant received post exposure prophylaxis.
8. Forward copies of medical records to mother's primary care physician.
9. Notify infant's pediatrician of mother's HBsAg positive status.

For further information: Immunization Action Coalition [www.immunize.org](http://www.immunize.org) or  
Center for Disease Control [www.cdc.gov/mmwr/pdf/rr/rr5416.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr5416.pdf), Recommendation  
and Reports 12/23/2005