ISOSS hepatitis B positive antenatal notification

form date 04/23

CONFIDENTIAL

HOSPITAL NAME: HOSPITAL CODE:

PART 1: MATERNAL DETAILS

I. Demographic information

Date of birth: ____/____/____ **Soundex:** ……

NHS no.: …… **Hospital no.:** ……

GP name: …… **Practice:** ……..

Not registered at GP ☐

Gender the same as when registered at birth? ☐ **Yes F,** ☐ **No M,** ☐ **No non-binary,** ☐ **No - other**

Ethnic origin:

White
☐ British
☐ Irish
☐ Any other White background

Black or Black British
☐ Caribbean
☐ African
☐ Any other Black background

Other Ethnic Groups
☐ Chinese
☐ Any other ethnic group, please specify……

☐ Not stated

Mixed
☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other mixed background

Asian or Asian British
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background

Home postcode (leave off last letter)**:** ☐☐☐☐ ☐☐■

Country of birth: …… **If country of birth not UK, date of arrival:** ____/____/____

☐ Exact date/year not known, timing: ☐ during pregnancy (date not known) ☐ <1year prior to pregnancy ☐ 1-5 years prior to pregnancy ☐ 5-10years prior to pregnancy ☐ >10years prior to pregnancy

II. Social circumstances

Employment status at booking: ☐ Employed (full or part-time) ☐ Home ☐ Sick ☐ Student ☐ Unemployed ☐ Retired ☐ Voluntary ☐ Not known

Main support during pregnancy: ☐ Partner (cohabiting) ☐ Partner (not cohabiting) ☐ Family/friend ☐ Other ☐ None ☐ Not known

Employment status at booking: ☐ Employed (full or part-time) ☐ Home ☐ Sick ☐ Student ☐ Unemployed ☐ Retired ☐ Voluntary ☐ Not known ☐ N/A (no partner)

Any documented social/complicating issues (tick all that apply)?

☐ Housing concerns ☐ Intimate partner violence/domestic abuse ☐ Drug or alcohol misuse
☐ Mental health issues ☐ Immigration issues (incl refugee/asylum seeker) ☐ Prison ☐ Sex work
☐ Social services involvement/safeguarding ☐ Learning difficulties ☐ Not engaging with healthcare services
☐ Financial concerns (incl accessing foodbank)
☐ None
☐ Other, details: ……..

Does the woman speak English? ☐ Yes ☐ No

If yes, is English her first language? ☐ Yes ☐ No, what is her first language?……

Were translation services required? ☐ No ☐ Yes*

***If yes, was a formal interpreter used?** ☐ Yes, details of service: ……..

☐ No, reason ……

Which language did the woman require translation service for? ……

III. Obstetric history

Gravida……. Parity……+……. Date(s) of previous livebirths if known: _____

☐ Obstetric history not known

PART 2: PREGNANCY DETAILS

Woman known to have booked at another hospital in this pregnancy? ☐ No ☐ Yes, details ……

Woman known to be transferring her pregnancy care to another hospital? ☐ No ☐ Yes, details ……

Date booked for antenatal care at your hospital: ____/____/____ ☐ **Unbooked** (arrived in labour)

Was there a delay to the woman being booked ☐ No ☐ Yes, reason ……

Maternal weight at booking …….. kg **maternal height at booking** …….. cm

Is this an IVF pregnancy? ☐ Yes ☐ No ☐ Not known

Estimated date of delivery (by ultrasound): ____/____/____ and/or **LMP:** ____/____/____

Pregnancy status:
☐ Continuing to term
☐ Miscarriage* – date: ____/____/____ at …….. weeks gestation
☐ Termination* – date: ____/____/____ at …….. weeks gestation
*If miscarriage or termination, any congenital abnormality? ☐ No ☐ Yes: ……..

PART 3: ANTENATAL HEPATITIS B SCREENING

Was infectious diseases screening offered and accepted for <u>all</u> infections? ☐ Yes ☐ No, reason……

Is this a new diagnosis of hepatitis B? ☐ Yes ☐ No
If no, when was the diagnosis of hep B given? (if info available, please provide year)**……..**

Date screening sample taken: ____/____/____

Was HBV diagnosis a result of the IDPS screening? ☐ Yes ☐ No, details……

Date screening result (HBsAg) reported to the screening team by the laboratory: ____/____/____

Previously screened negative in *this* pregnancy? ☐ date of screen negative result ____/____/____

PART 4: THE SCREENING ASSESSMENT VISIT

Date first seen by a member of the screening team: ____/____/____

Was the result given to the woman within 5 working days? ☐ Yes ☐ No, See Screening Standard IDPS-S05 (referral: timely assessment of screen positive and known positive women)

reason: ……
Was this appointment: face to face ☐ virtual via phone ☐ virtual other ☐, details……..

Referral made to specialist team (e.g. Hepatology/Gastroenterology)? ☐ Yes ☐ No, reason:
……

If not referred is she already under care of specialist team who are aware she is pregnant? ☐ Yes ☐ No

Has the hepatitis B maternal and neonatal checklist commenced? ☐Yes ☐ No, reason:
……

Has the woman been given/been directed to the UKHSA leaflet 'Hepatitis B. A guide to your care in pregnancy and after your baby is born': ☐Yes ☐ No, reason: ……

Has antenatal surveillance sample been taken and sent to Colindale? Yes/No, reason:
……

Has the 3rd trimester review visit been arranged? ☐Yes ☐ No, reason:
……

Has a notification letter/communication been sent to:

GP? ☐Yes ☐ No

Child Health Records Department? ☐Yes ☐ No

Health visitor? ☐Yes ☐ No

Blood results

Is this considered to be acute hepatitis B infection? ☐Yes ☐ No ☐ Unknown

Please provide test results from screening sample/earliest results in pregnancy:

Type of test	Date of test	Result	
		positive	negative
HBV surface antigen (HBsAg)	____/____/____	☐	☐
HBV e antigen (HBeAg)	____/____/____	☐	☐
HBV e antibody (anti-HBe)	____/____/____	☐	☐
HBV DNA (viral load)	____/____/____	_____IU/ml*	

*if result not given in IU/ml please state the units

(info button): Please indicate in the notes if you don't have access to one or more of these results (with a reason)

Infectivity classification (as reported by virologist/laboratory)

☐ Lower infectivity ☐ Higher infectivity

If higher infectivity, was HBIG been ordered: Yes/No, reason:……

Concurrent maternal infection(s)? ☐ None ☐ Syphilis ☐ HCV ☐ HIV ☐ Other, specify:

……

PART 5: CLINICAL MANAGEMENT

Date first seen by specialist team: ____/____/____

Name of specialist……

Type of specialist: ☐ Hepatology ☐ gastroenterologist ☐clinical nurse specialist ☐ other (please specify)……

If new diagnosis / higher infectivity, was the woman seen within 6 weeks of referral (IDPS S06 standard)

☐Yes ☐ No, reason…….. ☐ N/A

If lower infectivity, was the woman seen within the 18week NHS outpatient department target? ☐Yes ☐ No, reason…….. ☐ N/A

Was this woman on hepatitis B treatment at conception? ☐Yes ☐ No

Details of treatment (please include all drugs and start dates): ……

PART 6: ADDITIONAL INFORMATION