

ISOSS hepatitis B outcome – higher infectivity

form date 03/21

CONFIDENTIAL

Mother's NHS no:

[Pre-populated]

EDD: [Pre-populated]

Hospital of delivery:

Maternal postcode at delivery (leave off last letter):

<GP details from notification> Is GP the same?

PART 1: Neonatal demographics

Livebirth or Stillbirth

If twins*, tick here:

*if multiple birth please complete part 6 i) and ii)

Date of birth: ___/___/___

Gestational age: ___wks ___days

Male or Female

Indeterminate

Child hospital no.: Child NHS no.:

PART 2: PREGNANCY INFORMATION

i) Care in specialist services

Was the mother on treatment at conception? No Yes

Did the mother receive treatment for Hepatitis B during this pregnancy?

No, not required No, other reason..... Yes

Treatment	Before preg?	Date started (or gest. week)	Date stopped (or gest. week)
Drug 1	Yes / No	___/___/___	___/___/___
Drug 2	Yes / No	___/___/___	___/___/___
Drug 3	Yes / No	___/___/___	___/___/___

What was the viral load at commencement of treatment? _____ IU/ml date: ___/___/___

If no result available, reason?

ii) Care by screening team

Was the woman seen for a screening team review in the 3rd trimester? Yes No, reason:

Was the woman given the PHE leaflet '[Protecting your baby against hepatitis B with the hepatitis B vaccine](#)':

Yes No, reason:

iii) Other pregnancy details

Invasive procedures in pregnancy:

None Amniocentesis

CVS Cordocentesis

Other.....

If yes, date of procedure: ___/___/___

Viral load at time of procedure:

..... copies/ml Date: ___/___/___

Any pregnancy complications? None

Pre-eclampsia

Gestational diabetes

Other:

Any other infections? (including if Covid-19 has been suspected/diagnosed in the pregnancy) No Yes

please specify:

.....

Maternal weight in 3rd trimester kg date: ____/____/____
Maternal weight at booking kg Maternal height at booking cm

Part 3: Delivery information

Invasive procedures during labour (tick all that apply):

- None
- Ventouse, type:
- Forceps, type:
- Scalp monitor
- FBS
- ARM

Rupture of membranes? No / Only at delivery Yes, duration: hours minutes

Any complications in labour: No / Yes, details:

Mode of delivery:

- Vaginal ELCS, reason: EmCS, reason:

Was the hepatitis B delivery box available at delivery? Yes/No, reason:

Did the box contain the named HBIG? Yes/No, reason:

PART 4: NEONATAL INFORMATION

i. Neonatal outcome

Birthweight: kg **Head circumference:**.....cm

Congenital anomalies? No Yes, specify details:

Other neonatal infections? No Yes, specify details:.....

Any other neonatal complications? No Yes: specify details:.....

Admitted to Neonatal Unit? No Yes, specify details:.....

ii. Neonatal follow-up

Was the PHE hepatitis B dried blood spot (DBS) taken prior to administration of HBIG and vaccine? Yes No, reason.....

Was hepatitis B vaccination given within 24 hours of birth? Yes No, reason.....

Was HBIG given within 24 hours of birth? Yes No, reason.....

Was the PHE delivery suite box, completed forms and samples returned to the screening team? Yes/No, reason:

Were the completed forms and samples returned to PHE Colindale? Yes/No, reason:

Has a [notification letter/communication](#) been sent to:

GP? Yes No, reason:

Child Health Records Department ? Yes No, reason:

Health visitor? Yes No, reason:.....

Has the baby been referred to paediatric care? No / Yes, Name of clinician.....

PART 5: ADDITIONAL INFORMATION

COVID-19 vaccine received Yes No

If 'Yes', please specify below which vaccine, number of doses and dates if known

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Please complete parts 5-6 in the case of a twin pregnancy.

PART 6: CHILD INFORMATION FOR SECOND TWIN