

ISOSS hepatitis B outcome – lower infectivity

form date 03/21

CONFIDENTIAL

Your ref: [Pre-populated]

EDD: [Pre-populated]

Hospital of delivery:

Maternal postcode at delivery (leave off last letter):

<GP at notification> Is GP the same? Yes No, details

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 service

Was a viral load repeated during the pregnancy? Yes No, 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 (or directed to online) '[Protecting your baby against hepatitis B with the hepatitis B vaccine](#)': Yes/No, reason: Yes No, reason:.....

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 [pre-populated] kg maternal height at booking [pre-populated] 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

Labouring in pool but not delivered in pool Yes No

Labouring and delivered in pool Yes No

Any complications in labour: No Yes, details.....

Mode of delivery:

Vaginal ELCS, reason: EmCS, 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 hepatitis B vaccination given within 24 hours of birth? Yes No, reason.....

If the baby was $\leq 1.5\text{kg}$ in weight, was HBIG given within 24 hours of birth? 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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