

# ISOSS hepatitis B outcome – higher infectivity

form date 06/23

## CONFIDENTIAL

Woman'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?  Yes  No, details.....

### PART 1: NEONATAL DETAILS

Livebirth or  Stillbirth (please include details in additional information, part 5)  
If twins\*, tick here:   
\*if multiple birth please complete part 6

Date of birth: \_\_\_/\_\_\_/\_\_\_  
Gestational age: \_\_\_wks \_\_\_days

Male  
 Female  
 Indeterminate

Child hospital no.: ..... Child NHS no.: .....

### PART 2: PREGNANCY INFORMATION

#### I. Care in specialist services

Was the woman on treatment at conception?  No  Yes

Did the woman 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? .....

Was a viral load repeated during the pregnancy by specialist team?

Yes, details.....  No

#### II. Care by screening team

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

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

Yes  No, reason: .....

#### III. Other pregnancy details

Any pregnancy complications?

- None
- Pre-eclampsia
- Gestational diabetes
- Other:

.....  
.....

Invasive procedures in pregnancy:

- None  Amniocentesis
- CVS  Cordocentesis
- Other.....

If yes, date of procedure: \_\_\_/\_\_\_/\_\_\_

Viral load at time of procedure:

..... copies/ml Date: \_\_\_/\_\_\_/\_\_\_

Any other infections? (including if Covid-19 has been suspected/diagnosed in the pregnancy)

No  Yes, please specify: .....

Social complicating issues reported at notification: [Pre-populated from notification]

Any additional issues identified by delivery:

- Housing concerns  Intimate partner violence/domestic abuse  Drug or alcohol misuse
- Mental health issues  Immigration issues (incl refugee/asylum seeker)  Prison/detention centre  Sex work
- Social services involvement/safeguarding  Learning difficulties  Not engaging with healthcare services
- Financial concerns (incl accessing foodbank)  None

Other, details: .....

### Part 3: Delivery information

Invasive procedures during labour (tick all that apply):

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

<input type="checkbox"/> ARM
<b>Rupture of membranes?</b> <input type="checkbox"/> No / Only at delivery <input type="checkbox"/> Yes, duration: ..... hours ..... minutes
<b>Mode of delivery:</b> <input type="checkbox"/> Vaginal <input type="checkbox"/> ELCS, reason: ..... <input type="checkbox"/> EmCS, reason: .....
<b>Was the hepatitis B delivery box available at delivery?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, reason: ..... <b>Did the box contain the named HBIG? Yes/No, reason:</b> .....
<b>PART 4: NEONATAL INFORMATION</b>
I. Neonatal outcome
<b>Birthweight:</b> ..... kg
<b>Congenital conditions?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify details: .....
<b>Other neonatal infections?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify details:.....
<b>Any other neonatal complications?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: specify details:.....
<b>Admitted to Neonatal Unit?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify details:.....
II. Neonatal follow-up
<b>Was the UKHSA hepatitis B dried blood spot (DBS) taken prior to administration of HBIG and vaccine?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, reason:.....
<b>Was hepatitis B vaccination given within 24 hours of birth?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, reason..... If not within 24 hours, duration after birth..... hours
<b>Was HBIG given within 24 hours of birth?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, reason..... If not within 24 hours, duration after birth..... hours
<b>Was the UKHSA delivery suite box, completed forms and samples returned to the screening team?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, reason: .....
<b>Were the completed forms and samples returned to UKHSA Colindale?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, reason: .....
<b>Has a <a href="#">notification letter/communication</a> been sent to:</b> <b>GP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, reason: ..... <b>Child Health Records Department?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, reason: ..... <b>Health visitor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, reason:.....
<b>Has the baby been referred to paediatric care?</b> <input type="checkbox"/> No (being followed up by GP) <input type="checkbox"/> Yes, Name of clinician.....
<b>PART 5: ADDITIONAL INFORMATION</b>

Please complete part 6 in the case of a twin pregnancy.

<b>PART 6: CHILD INFORMATION FOR SECOND TWIN</b>	
<input type="checkbox"/> Livebirth or <input type="checkbox"/> Stillbirth	<b>Date of birth:</b> ___/___/___ <b>Gestational age:</b> __wks __days
<b>Child hospital no.:</b> ..... <b>Child NHS no.:</b> .....	
<b>Birthweight:</b> ..... kg	
<b>Congenital conditions?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify details: .....	
<b>Other neonatal infections?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify details:.....	
<b>Any other neonatal complications?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: specify details:.....	
<b>Admitted to Neonatal Unit?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify details:.....	