

ISOSS hepatitis B outcome – lower infectivity

form date 06/23

CONFIDENTIAL

Your ref: [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 i) and ii)

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 women's viral load retested during pregnancy? Yes, details No

Did retesting result in change of infectivity risk status from low to high? No, Yes

Did the woman receive treatment for hepatitis B during pregnancy? No, Yes

reason:.....

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

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 UKHSA leaflet (or directed to online) '[Protecting your baby against hepatitis B with the hepatitis B vaccine](#)': Yes No,

reason:.....

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 maternal infections?

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
 ARM

Rupture of membranes? No / Only at delivery

Yes, duration: hours minutes

Laboured in pool but not delivered in pool

Yes No

Laboured and delivered in pool

Yes No

PART 4: NEONATAL INFORMATION

I. Neonatal outcome

Birthweight: kg

Congenital conditions? 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 not within 24 hours of birth, duration after birth..... hours

If the baby was ≤ 1.5 kg in weight, was HBIG given within 24 hours of birth?

Yes No, reason..... N/A

Was HBIG given for any other reason: No Yes, details.....

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 (being followed up by GP) Yes, **Name of clinician**.....

PART 5: ADDITIONAL INFORMATION

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

PART 6: CHILD INFORMATION FOR SECOND TWIN

<input type="checkbox"/> Livebirth or <input type="checkbox"/> Stillbirth	Date of birth: ___/___/___ Gestational age: __wks __days
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Child hospital no.: **Child NHS no.:**

Birthweight: kg

Congenital conditions? 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:.....