**CONFIDENTIAL**

**Mother’s NHS no:** [pre-populated]  **EDD:** [pre-populated] **Hospital of delivery: ……**……………………………..

**ISOSS hepatitis B outcome – higher infectivity**

***form date 07/21***

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| **Maternal postcode at delivery (leave off last letter):** □□□□ □□■ |
| <GP details from notification> **Is GP the same?** [ ]  Yes [ ]  No, details ……………………………..  |
| **PART 1: NEONATAL DETAILS** |
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| [ ]  **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 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’**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/736029/Protecting_your_baby_against_hepatitis_B_leaflet.pdf)**:** ☐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: **…………………………………………………………………………………………………** |
| **Maternal weight in 3rd trimester** ………... kg **date**: \_\_\_\_\_/\_\_\_\_ /\_\_\_\_\_**Maternal weight at booking** [pre-populated]… kg **Maternal height at booking** [pre-populated]… cm  |

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| **Part 3: Delivery information** |
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| **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**](https://www.gov.uk/government/publications/hepatitis-b-notification-letters) **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 ☐ NoIf 'Yes', please specify below which vaccine, number of doses and dates if known…………………………………………………………………………………………………………………………………… |
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**Please complete part 6 in the case of a twin pregnancy.**

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| **PART 6: CHILD INFORMATION FOR SECOND TWIN** |

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| [ ]  **Livebirth** or [ ]  **Stillbirth**   | **Date of birth:** **\_\_\_\_/\_\_\_\_/\_\_\_\_****Gestational age: wks \_\_\_\_ days \_\_\_\_\_** |
| **Child hospital no.:** ……………………………. **Child NHS no.:** …………………………… |
| **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: .………………………..…………………………………… |