**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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| 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 ☐ No  If '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: .………………………..…………………………………… | |