**CONFIDENTIAL**

**Your ref:** [Pre-populated] **EDD:** [Pre-populated] **Hospital of delivery: ……**……………………………..

**ISOSS hepatitis B outcome – lower 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 hepatitis B vaccination given within 24 hours of birth?**  Yes  No, reason: ………………….……………  **If the baby was ≤1.5kg in weight, was HBIG given within 24 hours of birth?**  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 parts 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: .………………………..…………………………………… | |