**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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| **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 i) and ii) | **Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_**Gestational age:** \_\_\_ wks \_\_\_days | [ ]  **Male** [ ]  **Female** [ ]  **Indeterminate**  |
| **Child hospital no.:** ……………………………. **Child NHS no.:** …………………………… |

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| **PART 2: PREGNANCY INFORMATION** |
| I. Care in specialist services |
| **Was a viral load repeated during the pregnancy?** [ ] Yes [ ]  No, 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 (or directed to online) ‘**[**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**:** …………………………………………………………………………….. |
| **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  |
| **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 |
| **Any complications in labour:** [ ]  No [ ]  Yes, details: **…………………………………………………………………..****Mode of delivery:** [ ]  Vaginal [ ]  ELCS, reason: ……………………………. [ ]  EmCS, reason: …………………. |

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**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 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 ☐ NoIf '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: .………………………..…………………………………… |