

Prenatal Care Providers Tasks Overview

The following seven strategies can help guide you, as a prenatal care provider, to prevent perinatal hepatitis B transmission.

1. Develop and follow a written policy to screen **every** pregnant woman for HBsAg **early** in each pregnancy. Both the Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists recommend this policy. **If the woman tests HBsAg negative but remains or becomes high-risk for hepatitis B infection, do the HBsAg testing again late in her pregnancy.** High-risk behaviors or markers include injection drug use, multiple sexual partners, and having other sexually transmitted infections. If it is not possible to determine the mother's HBsAg status (e.g. when a parent or person with lawful custody safely surrenders an infant confidentially shortly after birth), the vaccine series should be completed according to the recommended schedule for infants born to HBsAg-positive mothers.
2. Screen all pregnant women. HBV DNA testing should be done for all HBsAg-positive pregnant women to guide the use of maternal antiviral therapy during pregnancy for the prevention of perinatal HBV transmission.
3. Offer hepatitis B vaccine at any time during the pregnancy to HBsAg-negative and anti-HBs-negative pregnant women who are at high risk of infection. Women can get vaccinated during pregnancy (no contraindication exists). However, consult with the patient's provider before giving any vaccine to a pregnant woman. If you give hepatitis B vaccine during pregnancy, do HBsAg serologic testing 1-2 months later to avoid transient HBsAg positivity.
4. Report **every** HBsAg-positive pregnant woman to your local health jurisdiction (LHJ) within three working days. **State law requires that you report every case of perinatal hepatitis B** (see [WAC 246-101-101](#)). Your LHJ provides case management and follow-up services for infants, household contacts, and sexual partners. Use DOH's [perinatal hepatitis B program coordinators list](#).
5. Tell each HBsAg-positive pregnant woman about:
 - How hepatitis B spreads.
 - How to prevent hepatitis B.
 - The need for her to get medical follow-up with a liver specialist.
 - Her infant's need to get protection. The baby needs HBIG and hepatitis B vaccine within 12 hours of birth; two additional doses of hepatitis B vaccine at 1-2 and 6 months of age; and post-vaccine screening at 9-12 months of age.
 - The need for her household contacts and sexual partners to get pre-vaccination screening. If the household contacts and sexual partners are HBsAg-negative and anti-HBs negative, they need to get three doses of hepatitis B vaccine at intervals of 0, 1-2, and 4-6 months.
 - How her LHJ will contact her to follow up with necessary services for her family.
 - Referrals for infected household contacts and sexual partners.
6. Send all HBsAg-positive lab results to the hospital before the pregnant woman gets admitted for delivery to make sure her baby gets proper post-exposure prevention.
7. Provide educational materials about hepatitis B.