Treatment and care pathway for babies born to mothers who are Hepatitis B positive in the North East and North Cumbria

Services covered by this protocol:

Maternity services

Primary care

0-19 Service (Health Visiting)

Child Health Information Service (CHIS)

Failsafe provider (tbc)

01st April 2021

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* Maternity service
* 0-19 Service - Health Visitor
* GP Practice
* Child Health Information Service (CHIS)
* Failsafe provider (tbc)

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Introduction

Infants who contract hepatitis B from their mother during pregnancy or childbirth have a poor prognosis for developing chronic liver disease from an early age. Targeted immunization and testing of these infants may provide them with a 95% chance of being protected from the disease.

This requires six doses of a Hepatitis B containing vaccine in infancy and a dry blood spot (DBS) screening test done at 12 months.

It is vitally important infants born to mothers with positive hepatitis B serology receive a complete course of vaccinations and testing in accordance with DH Green Book (2009) guidelines.

Purpose of this North East and North Cumbria pathway document

This pathway updates the previous regional North East protocol (2012) and should be read and used only in conjunction with the updated national hepatitis B antenatal screening and selective neonatal immunization pathway guidance 2021 <https://www.gov.uk/government/publications/hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway/guidance-on-the-hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway--2#app3>

The listed services in the North East and North Cumbria have linked responsibilities to make this pathway complete for the mother and baby. Each individual organisation identified in this pathway should develop its own Standard Operating Procedure (SOP) or other equivalent written guidance to ensure that their operational delivery reflects all their roles within the pathway as specified in the national guidance and this document.

This pathway acts as an addendum to the guidance to clarify the local position in the areas where local guidance are required and is demonstrated in its entirety in the pathway overview.

The following services will adopt this North East and North Cumbria pathway document

* Maternity services
* 0 – 19 service (Health Visiting)
* Child Health Information Services (CHIS)
* Primary Care
* Failsafe provider (tbc)

1. **PATHWAY OVERVIEW**

FAILSAFE DATABASE – TRACK, CHASE, REPORT

SCREENING AND IMMUNISATIONS TEAM – OVERVIEW, GOVERNANCE CHECKS

**Midwifery Service**

HEALTH VISITING – AWARENESS & CHECKING PROVIDES ADDITIONA LINE OF FAILSAFE THROUGHOUT

**LAB**

DiagnoseConfirm Inform

* Screen pregnant women at 10 weeks
* If positive community midwife (CMW) to notify the local screening coordinator (LCO)
* LCO notifies Failsafe/GP/HV/Pediatrics
* LCO documents Hep B status on maternity system/infectious diseases folder

**CHIS**

Failsafe

Record

Remind

Inform

* Baby born -Trust staff administer vaccine/Immunoglobulin and record in red book and NIPE SMART
* Birth notification sent direct to CHIS
* LCO send discharge letter to GP cc:- Parents pediatrics/HV/HPT/CHIS/CMW/Failsafe provider stating ongoing Hep B Immunisation & DBS serology testing requirements

**GP**

(Setup alerts on mother and child’s record, Appoint, Vaccinate, DBS, Inform, Record)

* CMW to Inform HV of Hep B status and complete risk assessment
* HV and CMW to consider vulnerable parent pathway
* CMW and HV consider a joint visit
* LCO orders the vaccine/immunoglobulin if needed and documents in red book

Immunise child at 12 months with a Hepatitis B Monovalent vaccination and perform (DBS) serology test

Await result of serology (DBS) testing and refer to specialist if positive.

Immunise child at 8, 12 and 16 weeks as per the primary schedule with the 6-1 Hexavalent vaccination

Immunise child at 4 weeks with a Hepatitis B Monovalent vaccination

Responsibility to assign responsible clinician to oversee child through the pathway

Set up alert /reminders

Inform

remind

handover

inform

Community Maternity Services

Local screening coordinator (LCO) to participate in list triangulation on a monthly basis with the failsafe provider and Child health information services (CHIS). This should detail the babies born in the previous month whose mother is Hepatitis B positive. A list must be sent to the failsafe provider and CHIS confirming the status of each child (if none- this must be a “nil return”). LCO to confirm receipt. If list triangulation is not happening consistently LCO to notify Screening and Immunisation team via [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)

Community Midwife ensures baby is registered with a GP in the early postnatal period and hands care of mother and baby over to health visitor when discharged from maternity care. Handover template to be used and examples may be found at <https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

0-19 Service (Health Visitor)

Health Visitor (HV) receives antenatal notification from nominated individual in midwifery services and Community Midwife re: mother’s Hepatitis B positive status and confirms receipt

HV notifies lead nominated Health Visitor for Hepatitis B antenatally

HV receives risk assessment from community midwife and considers whether the family require any additional support as a potential vulnerable family and consider a joint visit to the family.

HV receives discharge letter from nominated individual in midwifery services when baby is born and confirms receipt

HV receives hand over of care of mother and baby from midwifery services once baby is discharged. Handover template should be used by midwife <https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

HV ensures baby is registered with a GP at the new baby review at 10-14 days and that arrangements are in place for the 4-week monovalent vaccine dose.

Health Visitor acts as failsafe to check baby has received vaccinations as per schedule or if any doses have been missed or delayed. The health visitor or other relevant health professional should discuss the reasons why doses have been missed with the parent(s) or carers and liaise with the infant’s GP to ensure immunisation takes place as soon as possible.

Where infant moves into/out of area mid schedule, HV ensures all relevant immunisation information is shared in order to continue to provide timely vaccination including informing failsafe provider, Screening and Immunisation Team and CHIS.

GP Practice

GP receives ante natal notification from LCO re mothers Hep B status and confirms receipt of notification. Lead clinician to be nominated for family and responsible clinician in the practice to ensure that diagnosis is clearly documented in appropriate systems. <https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

GP practice to ensure lead nominated clinician for family is aware and if GP practice is unable to offer vaccinations and/or dried blood spot testing (DBS) make suitable alternative arrangements and discuss this with parents/carers and Public health commissioning team on [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)

PHC GENERIC EMAIL .

GP practice to ensure all correspondence is seen and appropriate action taken by nominated clinician <https://www.gov.uk/government/publications/hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway>

<https://www.gov.uk/government/publications/hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway/guidance-on-the-hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway--2#app3>

GP practice to use their practice IT system to set reminders for when baby is due to be born and when vaccines are due

GP receives discharge and birth notification from Maternity services and confirm receipt of notification. <https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

GP practice to generate appointments and use their systems to send reminders of appointment to baby’s parent/carer. If unable to offer vaccinations; suitable alternative should have been arranged by the practice in advance and discussed with the parent/carer and escalated to the Public health commissioning team on [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)

GP practice to complete paperwork following vaccination (or non-vaccination) and return to CHIS. To use secure email where possible, retaining responsibility to ensure receipt is acknowledged.

GP practice to ensure a DBS test kit is available for the 12 months appointment and that DBS testing is offered prior to the vaccine being given in line with the national hepatitis B antenatal screening and selective neonatal immunization pathway guidance 2021 , if the Practice is unable to offer this , suitable alternative provision should have been arranged by the practice in advance and discussed with the parent/carer and escalated to the Public health commissioning team on [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)

GP practice to ensure management of the 12-month Hepatitis B Virus test result is in line with the national hepatitis B antenatal screening and selective neonatal immunization pathway guidance 2021 including escalation to the screening and immunisation team on [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net) and the Health Protection Team as an incident

Where an infant moves into/out of area mid schedule, the GP practice nominated clinician is to ensure all relevant immunisation information is shared in order to continue to provide timely vaccination including informing the failsafe provider, their local CHIS department and the screening and immunisation team on [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)

Child Health Information Services (CHIS)

CHIS receive birth notification identifying mothers Hep B positive status and Hepatitis B discharge letter from Maternity services and confirm receipt of notification and record on the CHIS record <https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

CHIS to send a paper/email reminder to the GP when the baby is approaching 2 weeks old to alert them to arrange an appointment for the four-week dose of monovalent vaccine. Include in the text of the reminder that the vaccination is post exposure treatment to prevent chronic infection, liver disease and cancer so it is important that the vaccine is given on time. Also include in the text that the practice can claim reimbursement for the dose from NHS business services authority using form FP43 and Enclose/attach the aide memoire for primary care staff.

CHIS to schedule a paper/email reminder to the practice when the infant is 11 months old that the practice need to arrange an appointment with the child and family for the 12-month dose of monovalent vaccine and the DBS test.

CHIS to send reminder letters/emails/communications to the GP practice to advise when the baby is due vaccinations at 8,12, and 16 weeks.

If CHIS do not receive notification of vaccination or DBS within 5 working days of the due date then CHIS to notify the practice of ‘no data return’ for these babies’ and escalate to the Public Health Commissioning team on [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net) and follow the national hepatitis B antenatal screening and selective neonatal immunization pathway guidance 2021 Hep B guidance 2021.

CHIS to update baby’s vaccination record when received from practice

CHIS to participate in list triangulation on a monthly basis with the failsafe provider and LCO. Regardless of the current number of children requiring the Hep B schedule, a list must be sent to the failsafe provider confirming the status of each child (if none- this must be a “nil return”). CHIS to confirm receipt. If list triangulation is not happening consistently CHIS to notify Screening and Immunisation Team on [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)

CHIS to notify failsafe provider /HV for any movers in and notify failsafe provider and receiving CHIS for movers out

Failsafe provider

Failsafe provider receives notification from the midwifery services regarding mother’s positive Hep B status and confirms receipt and records as per SOP. <https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

Failsafe provider receive discharge and birth notification from nominated individual in midwifery services and confirms receipt <https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

Failsafe provider checks that immunisations are received on time and 12-month DBS serology Is completed as per agreed SOP/Protocol

Failsafe provider participate in list triangulation on a monthly basis with LCO and CHIS. Regardless of the current number of children requiring the Hep B schedule, a list must be sent confirming the status of each child (if none- this must be a “nil return”). HPT to confirm receipt. If list triangulation is not happening consistently HPT to notify Screening and Immunisation Team.

**Appendix and resources for health care professionals**

**Hepatitis B chapter 18 – Green Book**

Hepatitis B immunisation information for public health professionals. .<https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18>

**The Green Book**

The Green Book has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK.

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

**Hepatitis B 2021 Guidance**

Guidance on the delivery of antenatal screening and selective neonatal immunisation services for pregnant women living with hepatitis B and their babies.

<https://www.gov.uk/government/publications/hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway>

**Clinical Pathways Appendix**

Primary care aide memoir can be found using this link under Appendix 2

<https://www.gov.uk/government/publications/hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway/guidance-on-the-hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway--2#app3>

**Hep B Maternal/Neonatal Checklist**

<https://www.gov.uk/government/publications/hepatitis-b-maternal-and-neonatal-checklist>

**Hep B Notification Letters**

<https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

**Patient Leaflets**

<https://www.gov.uk/government/publications/protecting-your-baby-against-hepatitis-b-leaflet>

**Hepatitis B dried blood spot (DBS) testing for infants guidance**

Information and service documents on the national DBS testing service offered by PHE to improve uptake of 12 month testing of infants born to hepatitis B infected mothers

[**https://www.gov.uk/guidance/hepatitis-b-dried-blood-spot-dbs-testing-for-infants**](https://www.gov.uk/guidance/hepatitis-b-dried-blood-spot-dbs-testing-for-infants)

**Screening and Immunisation Team**

**The NHS England Screening and Immunisation Team (SIT) can be contacted to report incidents and for support in interpretation of national policy and guidelines.**

Contact the team via email You will receive a response within 2 working days.

Note – The team does not provide clinical guidance.  All clinicians should consult clinical colleagues and read the local and national policy and guidance before consulting the team.

[england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)