Hepatitis B Screening, Testing, and Management of Pregnant Womena,b,c,d

Screen all pregnant women of all ages for hepatitis B with a test for HBsAg during each pregnancy, regardless of previous hepatitis B vaccination or previous negative HBsAg test results.

Offer triple panel (HBsAg, anti HBs, total anti HBc) screening to all pregnant women ≥18 years who have not previously been screened with a triple panel.

	FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER	DELIVERY AND POSTPARTUM
SCREENING AND TESTING	- Screen all pregnant women for hepatitis B with a test for HBsAg (typically a part of the routine obstetric panel in early pregnancy) at first prenatal visit during each pregnancy - Positive HBsAg results should be confirmed with a licensed HBsAg neutralizing test according to manufacturer labeling	- Screen women not previously tested during current pregnancy - Check HBV DNA for women who are HBsAg positive and not on treatment at 26-28 weeks	- Screen women not previously tested during current pregnancy - Check HBV DNA for women who are HBsAg positive if not previously done	- Screen women not previously tested during current pregnancy - Retest pregnant women with clinical hepatitis or risks for exposure ^e during pregnancy at the time of admission to the hospital or birthing facility for delivery
INTERVENTIONS	- After serology is drawn, administer vaccine series with Engerix-B, Recombivax-HB, Heplisav-B, or Twinrix ^f for women without documentation of a complete vaccine series - If HBsAg positive, check HBV DNA and refer to a specialist in hepatitis B care (e.g., infectious disease specialist or hepatologist) - Report HBsAg positive results to perinatal hepatitis B prevention program Perinatal Hepatitis B Coordinator List Vaccines & Immunizations CDC	- If HBV DNA is ≥ 200,000 IU/mL, initiate treatment at 28-32 weeks through birth in consultation with a specialist in hepatitis B care (e.g., infectious disease specialist or hepatologist)	- If HBV DNA is ≥ 200,000 IU/mL, treat at 28-32 weeks until birth in consultation with a specialist in hepatitis B care (e.g., infectious disease specialist or hepatologist)	- Give post-exposure prophylaxis ^g to a infants born to HBsAg positive women and all infants weighing less than 2,00 grams born to women with unknown HBsAg status within 12 hours of birth - Advise breastfeeding is safe - Engage with perinatal hepatitis B prevention program - Refer mother to specialist in hepatitis B care - Ensure infant receives routine hepatitis B vaccination to complete th vaccine series and timely post-vaccination serologic testing ^h

Abbreviations: HBV, hepatitis B virus; HBsAg, hepatitis B surface antigen; anti-HBs, antibody to hepatitis B surface antigen; total anti-HBc, total antibody (both immunoglobulin M (IgM) and immunoglobulin G (IgG)), to hepatitis B core antigen; HBIG, hepatitis B immunoglobulin.



- ^a Adapted from <u>Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices United States, 2022 b Adapted from <u>Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations United States, 2023</u>.</u>
- ^C Adapted from Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices.
- d Adapted from Viral Hepatitis in Pregnancy: ACOG Clinical Practice Guideline No. 6. Obstet Gynecol. 2023 Sep 1;142(3):745-759.
- e Recent or current injection-drug use, having had more than one sex partner in the previous 6 months or an HBsAg-positive sex partner, having been evaluated or treated for an STI Twinrix is a combination hepatitis A and hepatitis B vaccine that can be given during pregnancy when indicated.
- ⁸ Post-exposure prophylaxis: administer HBIG and single hepatitis B vaccine to the infant within 12 hours of birth
- h Postvaccination serologic testing for anti-HBs and HBsAg should be ordered 1-2 months after administration of the final dose of the infant vaccine series and not before age 9–12 months