Obstetrical Tip Sheet for Hepatitis B Screening, Testing, and Management of Pregnant Women

Screening with HBsAg* should be performed in each pregnancy, regardless of previous HBV* vaccination or previous negative HBsAg test results. Offer triple panel (HBsAg, anti-HBs, total anti-HBc*) screening to all pregnant women ≥18 years of age who have not previously been screened with a triple panel.

	FIRST TRIMESTER 1-13 weeks	SECOND TRIMESTER 14-27 weeks	THIRD TRIMESTER ≥28weeks	DELIVERY AND POSTPARTUM
SCREENING AND TESTING	- Screen all pregnant women for HBsAg at first prenatal visit. Screen with triple panel if not previously screened. -All positive HBsAg results during the pregnancy should be confirmed with a licensed HBsAg neutralizing test according to manufacturer labeling. - If HBsAg positive, check HBV DNA.	- Screen for HBsAg those not previously screened during current pregnancy. See first trimester for specific details. - Check/recheck HBV DNA for all HBsAg positive women not on anti-viral treatment at 26-28 weeks.	- Screen for HBsAg those not previously screened during current pregnancy. See first trimester for specific details. - Check/recheck HBV DNA for all HBsAg positive women not on anti-viral treatment at 26-28 weeks or if DNA not checked at/after 26 weeks.	- Screen for HBsAg those not previously screened during current pregnancy. - Rescreen for HBsAg pregnant women with clinical hepatitis or risk exposures† during pregnancy at the time of admission to the hospital or birthing facility for delivery.
MANAGEMENT	- After initial HBsAg screen is drawn for current pregnancy, initiate vaccine series with Engerix-B, Recombivax-HB or Twinrix§ for those who have not previously been vaccinated. - Report HBsAg positives to Perinatal Hepatitis B Coordinator and refer to specialty care.	- After initial HBsAg screen is drawn for current pregnancy, initiate vaccine series if needed. See first trimester for specific details. - Report HBsAg positives to Perinatal Hepatitis B Coordinator and refer to specialty care.	- After initial HBsAg screen is drawn for current pregnancy, initiate vaccine series if needed. See first trimester for specific details. - Report HBsAg positives to Perinatal Hepatitis B Coordinator and refer to specialty care. - If HBV DNA is >200,000 IU/mL, treat at 28-32 weeks until birth.	- Post-exposure prophylaxis¶ for infants born to HBsAg positive pregnant women and for infants weighing less than 2,000 grams born to pregnant women with unknown HBsAg status. - Initiate mother's vaccine series if needed. See first trimester for specific details. - Breastfeeding does not increase the risk of HBV transmission to infants. - Report HBsAg positives to Perinatal Hepatitis B Coordinator and refer to specialty care.

*Abbreviations: HBsAg=hepatitis B (HepB) surface antigen; HBV= HepB virus; anti-HBsAg= antibody to HepB surface antigen; total anti-HBC= total antibody to HepB core antigen
† Recent or current injection-drug use, more than one sex partner in the previous 6 months, HBsAg-positive sex partner, or evaluated or treated for a sexually transmitted infection
§Heplisav and Prehevbrio are not recommended during pregnancy due to lack of safety data; Twinrix is a combination hepatitis A/hepatitis B vaccine that can be given during pregnancy when indicated(https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html)
¶Post-exposure prophylaxis: administer HepB immunoglobulin and HepB vaccine to the infant within 12 hours of birth and notify infant's Health Care Provider to f/u for timely vaccination and post vaccination serologic testing

Adapted from:

Weng MK, Doshani M, Mohammed AK, et al. Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022.
Conners EE, Panagiotakopoulos L, Hofmeister MG, et al. Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations — United States, 2023.
Terrault NA, Bzowej NH, Chang K-M, et al. AASLD guidelines for treatment of chronic hepatitis B. Hepatology 2016;63(1):261-83.
Schillie S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices.

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