

ISOSS hepatitis B outcome – higher infectivity

form date 04/24

CONFIDENTIAL

Woman's NHS no: [Pre-populated] EDD: [Pre-populated] Hospital of delivery:

Maternal postcode at delivery (leave off last letter):

<GP details from notification> Is GP the same? Yes No, details.....

PART 1: NEONATAL DETAILS

<input type="checkbox"/> Livebirth or <input type="checkbox"/> Stillbirth (please complete, part 7) If twins*, tick here: <input type="checkbox"/> *if multiple birth please complete part 6	Date of birth: ___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate
	Gestational age:wks +days	If baby died, date of death: ___/___/___ (complete part 7)
Child hospital no.: Child NHS no.:		

PART 2: PREGNANCY INFORMATION

I. Care in specialist services

Was the woman on treatment at conception? No Yes

Did the woman receive treatment for Hepatitis B during this pregnancy?

No, not required No, other reason..... Yes

Treatment	Before preg?	Date started (or gest. week)	Date stopped (or gest. week)
Drug 1	Yes / No	___/___/___	___/___/___
Drug 2	Yes / No	___/___/___	___/___/___
Drug 3	Yes / No	___/___/___	___/___/___

What was the viral load at commencement of treatment? _____ IU/ml date: ___/___/___

If no result available, reason?

Viral load reported from screening sample/earliest result in pregnancy: _____ IU/ml Date:...../...../.....

Was a viral load repeated during the pregnancy by specialist team?

Yes, details..... No

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 UKHSA leaflet '[Protecting your baby against hepatitis B with the hepatitis B vaccine](#)'?

Yes No, reason:

III. Other pregnancy details

Any pregnancy complications? <input type="checkbox"/> None <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Gestational diabetes <input type="checkbox"/> Other:	Invasive procedures in pregnancy: <input type="checkbox"/> None <input type="checkbox"/> Amniocentesis <input type="checkbox"/> CVS <input type="checkbox"/> Cordocentesis <input type="checkbox"/> Other..... If yes, date of procedure: ___/___/___ Viral load at time of procedure: copies/ml Date: ___/___/___
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Any other infections?

No Yes, please specify:

Social complicating issues reported at notification: [Pre-populated from notification]

Any additional issues identified by delivery:

Housing concerns Intimate partner violence/domestic abuse Drug or alcohol misuse
 Mental health issues Immigration issues (incl refugee/asylum seeker) Prison/detention centre Sex work
 Social services involvement/safeguarding Learning difficulties Not engaging with healthcare services

Financial concerns (incl accessing foodbank) None

Other, details:

Part 3: Delivery information

Invasive procedures during labour (tick all that apply):
 None Scalp monitor
 Ventouse, type: FBS
 Forceps, type: ARM

Rupture of membranes? No / Only at delivery Yes, duration: hours minutes

Mode of delivery:
 Vaginal ELCS, reason: EmCS, reason:

Was the hepatitis B delivery box available at delivery? Yes No, reason:
Did the box contain the named HBIG? Yes/No, reason:

PART 4: NEONATAL INFORMATION

I. Neonatal outcome

Birthweight: kg

Congenital conditions? No Yes, specify details: NK
Other neonatal infections? No Yes, specify details:..... NK
Any other neonatal complications? No Yes: specify details:..... NK
Admitted to Neonatal Unit? No Yes, specify details:..... NK

II. Neonatal follow-up

Was the UKHSA hepatitis B dried blood spot (DBS) taken prior to administration of HBIG and vaccine?
 Yes No, reason:.....

Was hepatitis B vaccination given within 24 hours of birth? Yes No, reason.....
If not within 24 hours, duration after birth..... hours

Was HBIG given within 24 hours of birth? Yes No, reason.....
If not within 24 hours, duration after birth..... hours

Was the UKHSA delivery suite box, completed forms and samples returned to the screening team?
 Yes No, reason:

Were the completed forms and samples returned to UKHSA Colindale?
 Yes No, reason:

Has a [notification letter/communication](#) 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 (being followed up by GP) Yes, Name of clinician.....

If woman died, date of death: ___/___/___ Details:

PART 5: ADDITIONAL INFORMATION

Please complete part 6 in the case of a twin pregnancy.

PART 6: CHILD INFORMATION FOR SECOND TWIN

<input type="checkbox"/> Livebirth or <input type="checkbox"/> Stillbirth	Date of birth: ___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate
Child hospital no.: Child NHS no.:	Gestational age: ___wks ___days	If baby died, date of death: ___/___/___

Birthweight: kg

Congenital conditions? No Yes, specify details: NK
Other neonatal infections? No Yes, specify details:..... NK
Any other neonatal complications? No Yes: specify details:..... NK
Admitted to Neonatal Unit? No Yes, specify details:..... NK

Chorionicity: Monochorionic Dichorionic Chorionicity not known

Amnionicity: Monoamniotic Diamniotic Amnionicity not known

Please complete part 7 in the case of a stillbirth or neonatal death

PART 7: STILLBIRTHS AND NEONATAL DEATHS

I. Stillbirth:

Was hepatitis B through to have caused or contributed to the stillbirth Yes No

What was the cause of death reported as?

Was a postmortem accepted? Yes No

Were fetal swabs sent? Yes No

Were placental swabs sent? Yes No

Were placental swabs sent for histology? Yes No

Were fetal blood samples sent for infection testing? Yes No

Were maternal blood samples sent for infection testing? Yes No

I. Neonatal death:

Was hepatitis B through to have caused or contributed to this neonatal death Yes No

What was the cause of death reported as?

Was a postmortem accepted? Yes No

Were neonatal swabs sent? Yes No

Were placental swabs sent? Yes No placenta not available

Were placental samples sent for histology? Yes No placenta not available

Were neonatal blood samples sent for infection testing? Yes No

Were maternal blood samples sent for infection testing? Yes No