ISOSS hepatitis B outcome – lower infectivity

form date 04/24

CONFIDENTIAL

Your ref: [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

☐ **Livebirth** or ☐ **Stillbirth** (please complete part 7) If twins*, tick here: ☐ *if multiple birth please complete part 6 i) and ii)	**Date of birth:** ____/____/____	☐ **Male** ☐ **Female** ☐ **Indeterminate**
Child NHS no.: …… **Child hospital no**:……	**Gestational age:** …… wks +……..days	If baby died, date of death: ____/____/____ (please complete part 7)

PART 2: PREGNANCY INFORMATION

I. Care in specialist services

Viral load reported from screening sample/earliest result in pregnancy:_____IU/ml **Date:……/…../……**

Was the women's viral load retested during pregnancy? ☐Yes, details …… ☐ No

Did retesting result in change of infectivity risk status from low to high? ☐ No, ☐Yes

Did the woman receive treatment for hepatitis B during pregnancy? ☐ No, ☐Yes

reason:…… ……

Details of treatment (please include all drugs and start dates): ……

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 (or directed to online) 'Protecting your baby against hepatitis B with the hepatitis B vaccine': ☐Yes ☐ No,

reason:……..

Any pregnancy complications? ☐ None ☐ Pre-eclampsia ☐ Gestational diabetes ☐ Other: …… ……..	**Invasive procedures in pregnancy:** ☐ None ☐ Amniocentesis ☐ CVS ☐ Cordocentesis ☐ Other…….. If yes, date of procedure: ____/____/____ Viral load at time of procedure: …….. copies/ml Date: ____/____/____

Any other maternal 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 ☐ FBS ☐ ARM

☐ Ventouse, type: ……☐ Forceps, type: ……

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

PART 4: NEONATAL INFORMATION

I. Neonatal outcome

Birthweight: …….. kg

Congenital conditions? ☐ No ☐ Yes, specify details: ……

Other neonatal infections? ☐ No ☐ Yes, specify details:……

Any other neonatal complications? ☐ No ☐ Yes: specify details:……

Admitted to Neonatal Unit? ☐ No ☐ Yes, specify details:……

II. Neonatal follow-up

Was hepatitis B vaccination given within 24 hours of birth? ☐ Yes ☐ No, reason……

If not within 24 hours of birth, duration after birth…… **hours**

If the baby was ≤1.5kg in weight, was HBIG given within 24 hours of birth?

☐ Yes ☐No, reason…… ☐N/A

Was HBIG given for any other reason: ☐ No ☐Yes, details……

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 parts 6 in the case of a twin pregnancy.

PART 6: CHILD INFORMATION FOR SECOND TWIN

☐ **Livebirth** or ☐ **Stillbirth** **Date of birth:** ____/____/____	**Gestational age:**___**wks** ___**days**	☐ **Male** ☐ **Female** ☐ **Indeterminate**
Child hospital no.: …… **Child NHS no.:** ……	**Birthweight:** …….. kg	If baby died, date of death: ____/____/____

Congenital conditions? ☐ No ☐ Yes, specify details: ……

Other neonatal infections? ☐ No ☐ Yes, specify details:……

Any other neonatal complications? ☐ No ☐ Yes: specify details:……

Admitted to Neonatal Unit? ☐ No ☐ Yes, specify details:……

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

II. 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