Sample Text for Developing Admission Orders in Newborn Units for the Hepatitis B Vaccine Birth Dose

**General orders for all newborns**

1. Review a copy of the mother’s original lab report to ensure that the correct serologic test (HBsAg) was ordered and that it was ordered during this pregnancy. Perform a repeat HBsAg blood test on the pregnant woman (mother) if she was HBsAg negative during a prenatal visit but was at risk for acquiring HBV infection during this pregnancy (e.g., not in a long-term, mutually monogamous relationship; had an HBsAg-positive sex partner; had evaluation or treatment for a sexually transmitted disease; currently uses or recently used injection drugs).

2. Determine if the newborn is high risk and needs immediate postexposure prophylaxis within 12 hours of birth. The infant is high risk if the mother’s HBsAg status is positive or unknown.

**For routine newborn hepatitis B vaccination: the mother is HBsAg negative**

1. Administer single-antigen hepatitis B vaccine, pediatric, 0.5 mL, intramuscular (IM), in anterolateral thigh at any time prior to hospital discharge. Prior to vaccination, give parent a Hepatitis B Vaccine Information Statement and obtain verbal consent to vaccinate. Give parent a record of the vaccination. If a regional immunization registry is available, notify it of the vaccination. If parent is unwilling to give consent, notify physician ASAP. Document vaccine administration or vaccine refusal in hospital record.

**For highest-risk infants: the mother is HBsAg positive**

1. Administer Hepatitis B Immune Globulin (HBIG), 0.5 mL, IM, in anterolateral thigh in the delivery room or ASAP within 12 hours of birth. Document HBIG administration in hospital record. Give parent a record of the HBIG dose.

2. At same time and in opposite anterolateral thigh, administer single-antigen hepatitis B vaccine, pediatric, 0.5 mL, IM, ASAP within 12 hours of birth. Document vaccine administration in hospital record. Give parent a record of the vaccination. If a regional immunization registry is available, notify it of both doses.

3. Prior to administering both HBIG and hepatitis B vaccine, give parent a Hepatitis B Vaccine Information Statement and obtain verbal consent to vaccinate. If parent is unwilling to give consent, notify physician ASAP. Consider notifying Child Protective Services if parent continues to refuse despite discussion with physician.

4. Notify local or state health department of the infant’s birth and the date and time of administration of HBIG and hepatitis B vaccine doses.

5. Obtain the name, address, and phone number of the newborn’s primary care provider.

6. Notify primary care provider of newborn’s birth, the date and time that HBIG and hepatitis B vaccine doses were administered, and the importance of additional on-time vaccination (infants weighing less than 2 kg [4.4 lbs] will require 4 doses of vaccine as the first dose does not “count”) and post-vaccination testing of the infant for HBsAg and antiHBs (antibody to HBsAg) after completion of the hepatitis B vaccine series at age 9–18 months.
7. Provide advice to the mother. Tell her the following:

   a. She may breast-feed her infant upon delivery, even before hepatitis B vaccine and HBIG are given;
   b. It is critical for her infant to complete the full hepatitis B vaccine series on the recommended schedule;
   c. Blood will need to be drawn from the infant following completion of the hepatitis B vaccine series (usually done at a well-child visit at age 9–18 months) to determine if the infant developed a protective immune response to vaccination or needs additional management;
   d. About modes of HBV transmission and the need for testing and vaccination of susceptible household, sexual, and needle-sharing contacts;
   e. She and other infected contacts need to have medical evaluations for chronic hepatitis B, including assessments to determine if they are candidates for antiviral treatment.

For high-risk infants: the mother’s HBsAg status is unknown

1. Administer single-antigen hepatitis B vaccine, pediatric, 0.5 mL, IM, within 12 hours of birth. For infants weighing less than 2 kg (4.4 lbs) at birth, also administer HBIG, 0.5 mL, IM, within 12 hours. Do not wait for test results to return before giving this dose of vaccine (and HBIG for infants weighing less than 2 kg [4.4 lb]). Document vaccine administration in the hospital record. Give the parent a record of the vaccination. If a regional immunization registry is available, notify it of the vaccination.

2. Confirm that the laboratory has received blood for the mother’s HBsAg test.

3. Verify when the mother’s HBsAg result will be available and that it will be reported to the newborn unit ASAP.

4. If the laboratory test indicates the mother’s HBsAg test result is positive, do the following:

   a. Administer HBIG, 0.5 mL, IM, ASAP, to the newborn weighing 2 kg (4.4 lb) or more ASAP. (Those weighing less than 2 kg [4.4 lb] at birth should have already received HBIG.) (Hepatitis B vaccine should have been given within 12 hours of birth to all infants of mothers with unknown HBsAg status.)
   b. Follow steps 4–7 of previous section (The Mother Is HBsAg Positive)

For additional detailed information about text that you might incorporate into newborn admission orders, including orders for premature infants, refer to Guidance for Developing Admission Orders in Labor & Delivery and Newborn Units to Prevent Hepatitis B Virus Transmission available on pages 23–25 of this booklet.