

Preventing Perinatal Hepatitis B

Guidelines for Prenatal Care Providers

February 2024



Timely postexposure prophylaxis (PEP) for the infants born to hepatitis B-infected pregnant persons is very effective in preventing perinatal hepatitis B virus (HBV) transmission. When a pregnant person is infected with hepatitis B, their infant must be given hepatitis B immune globulin (HBIG) and hepatitis B vaccine within 12 hours of birth per the recommendations of the Advisory Committee on Immunization Practices (ACIP)¹.

However, even infants who have received appropriate PEP can still become infected, typically when the birthing parent has had a high HBV viral load during pregnancy. To ensure that HBV-infected pregnant persons with high viral loads are identified, the [Centers for Disease Control and Prevention \(CDC\)](#) and the [American College of Obstetricians and Gynecologists \(ACOG\)](#) recommend HBV DNA screening of all HBV-infected pregnant persons. The American Association for the Study of Liver Disease (AASLD) also recommends antiviral therapy for pregnant persons with HBV DNA levels >200,000 IU/mL.¹ For more information, see the Figure on page 2, the latest [ACIP Recommendations](#)¹, or the [ACOG website](#).

TEST PREGNANT PATIENTS

- **Providers are mandated to test pregnant patients for hepatitis B surface antigen (HBsAg)** (California Health and Safety Code, Section 125085). The HBsAg test should be ordered at an early prenatal visit and should be ordered during every pregnancy (regardless of previous testing or vaccination history). Providers may also order a triple panel (HBsAg, anti-HBs, anti-HBc) per [CDC](#) and [ACOG guidance](#).
- **Re-test an HBsAg-negative pregnant patient before delivery** if they have clinical hepatitis or if they were at risk for hepatitis B exposure during pregnancy. Risk factors include recent or current intravenous drug use, having an HBsAg-positive sex partner, having more than one sex partner in the past 6 months, or recent treatment for an STI.
- **Test all HBsAg-positive pregnant persons for HBV DNA** (viral load), ideally at 26 to 28 weeks of pregnancy. Patients with HBV DNA >200,000 IU/mL are at increased risk of perinatal transmission of hepatitis B virus and are recommended to receive antiviral treatment.
- **Refer all HBsAg-positive pregnant patients** to a liver specialist or other provider (e.g., primary care physician) with experience treating hepatitis B for evaluation and possible antiviral treatment.

DISCREPANT HBSAG LABORATORY TESTING RESULTS

- Occasionally, prenatal care providers receive unexpected HBsAg-positive test results for pregnant patients who do not have known risk factors for hepatitis B infection or who may have multiple sets of HBsAg results during their pregnancy with conflicting findings. In these cases, **CDC and CDPH recommend ordering total anti-HBc, IgM anti-HBc, anti-HBs, and HBV DNA testing**. If the patient's status remains unclear at the time of delivery, the healthcare provider should provide PEP to the infant. For additional information, please see [CDC's guidance on discrepant HBsAg results during pregnancy](#). For additional questions, feel free to contact your [local health department](#) with any questions about hepatitis B testing.

¹ Schillie S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the

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Advisory Committee on Immunization Practices. MMWR Recomm Rep 2018;67(No. RR-1):1–31. DOI: <http://dx.doi.org/10.15585/mmwr.rr6701a1>

REPORT HEPATITIS B CASES

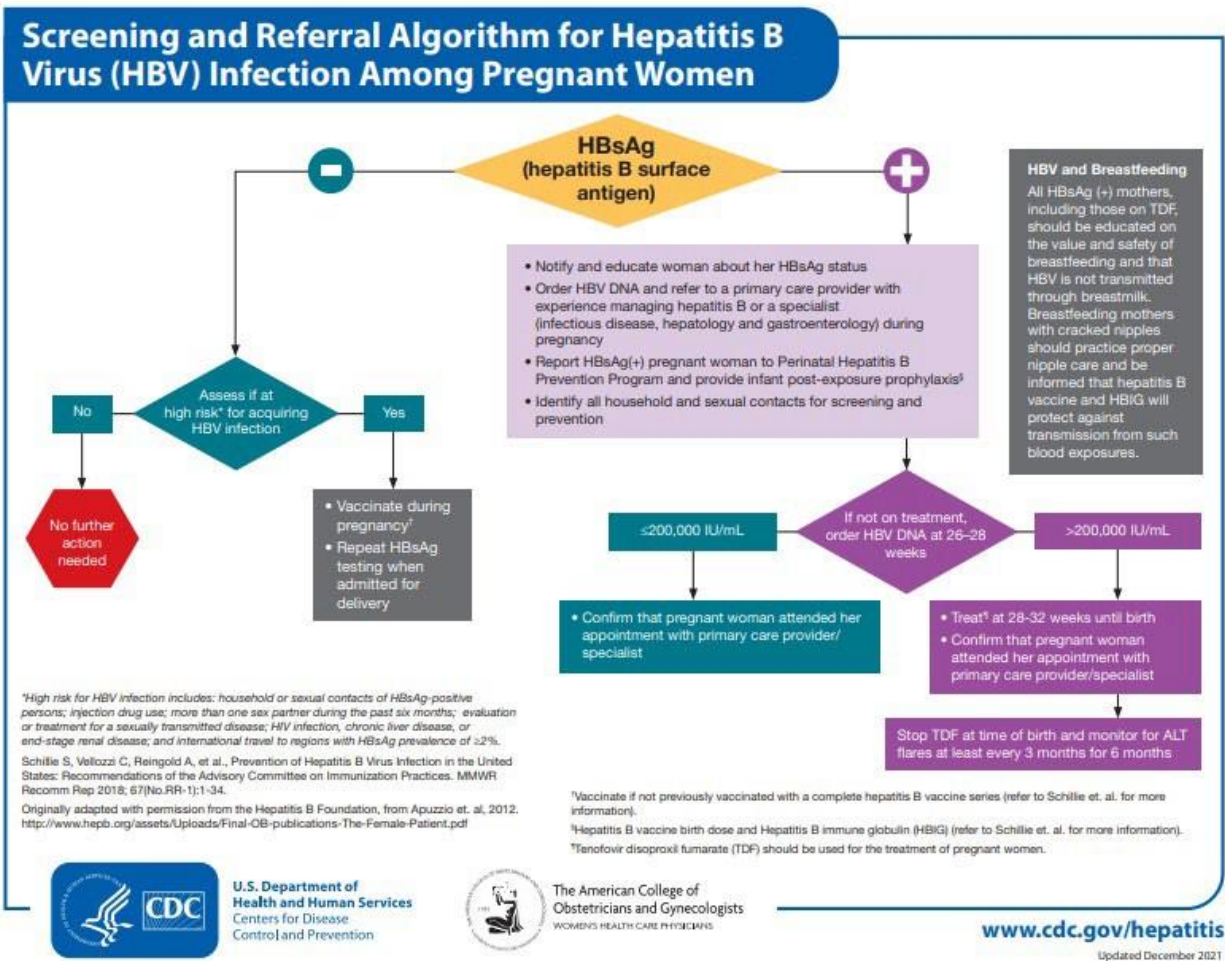
- **Laboratories and medical providers are mandated to report positive HBsAg results** to the local health department where the patient resides (California Code of Regulations, Section 125085, and Title 17, Section 2500 [b]).
- **Submit a copy of the laboratory report** documenting the pregnant patient’s HBsAg status to the anticipated birth hospital. Notation of the patient’s HBsAg status on the prenatal record is not sufficient because laboratory test results can be misinterpreted and transcription errors can occur.

VACCINATE

- **Vaccinate** pregnant persons who are at risk for hepatitis B infection if they are HBsAg- negative and are not immune (anti-HBs negative).

INFORM AND REFER

- **Inform** HBsAg-positive pregnant persons of the importance of **postexposure prophylaxis** and **postvaccination serologic testing** for their infants, and that **breastfeeding** is safe after their infant receives HBIG and hepatitis B vaccine at birth.
- **Refer** HBsAg-positive pregnant persons to a specialist for **medical management and counseling** if they are not already receiving such care.



For additional information, go to the [CDC Perinatal Hepatitis B Prevention Program website](#) or the [CDPH Perinatal Hepatitis B Prevention Program website](#).