



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

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| Department: | Neonatal Intensive Care Unit (NICU) | | |
| Document: | Departmental Policy and Procedure | | |
| Title: | Hepatitis B Surface Antigen Prophylaxis | | |
| Applies To: | All NICU Staff | | |
| Preparation Date: | January 05, 2025 | Index No: | NICU-DPP-028 |
| Approval Date: | January 19, 2025 | Version : | 2 |
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1. PURPOSE:

- 1.1 To determine the HBsAg status of pregnant women prior to delivery to provide the appropriate prophylaxis to the newborn.

2. DEFINITIONS:

- 2.1 **Hepatitis B immune globulin (HBIG)** provides immediate, short-term protection against hepatitis B infection. HBIG has large amounts of hepatitis B antibodies taken from donated human blood. Antibodies are proteins that a person's immune system makes to fight germs, such as bacteria and viruses like hepatitis B.

3. POLICY:

- 3.1 The NICU will have a standing protocol that Hepatitis B immunoglobulin and Hepatitis B vaccine will be incorporated into the routine care orders for all newborn of HBsAg positive mothers.

4. PROCEDURE:

- 4.1 Any women presenting at the hospital for delivery without an accessible record of a Hepatitis B surface antigen will be screened immediately for HBsAg.
- 4.2 Newborn of a women known to be HBsAg positive:
 - 4.2.1 Will receive one dose of Hepatitis B Immunoglobulin (0.5ml) and the first dose of Hepatitis B vaccine (0.5ml) as soon as they are physiologically stable after birth and have had their first bath (within 12 hours of life).
 - 4.2.2 The injections can be given at the same time, but at different anatomical sites.
- 4.3 Neonate born to women whose HBsAg status is confirmed negative will be given the Hepatitis B vaccine at the time of discharge from the hospital.
- 4.4 The neonatologist will verify that the obstetrician and pediatrician have been notified of the mother's HBsAg status prior to the newborn's discharge.
- 4.5 Newborn discharged prior to knowing the final results of hospital HBsAg screening will have the laboratory forward all results to the treating physician.
- 4.6 Nursing staff will educate the mother on the importance of completing the Hepatitis B vaccine series (second dose in two (2) months and third dose in six (6) months for the newborn).
- 4.7 Upon determining that the mother is HBsAg positive, it must be clear in the vaccination card to facilitate the newborn's completion of Hepatitis B vaccine series.
- 4.8 Documentation of the mother's HBsAg status on admission or within 24 hours of admission will be in the newborn's medical record.
- 4.9 There will be documentation that the obstetrician and pediatrician were informed of the mother's HBsAg status, including date, time and the neonatologist who did the notification.
- 4.10 Documentation:
 - 4.10.1 When documenting the administration of the vaccine include:
 - 4.10.1.1 Manufacturer

- 4.10.1.2 Lot number
- 4.10.1.3 Dose, route, site, date and time.
- 4.10.2 The newborn's tolerance of the medications.
- 4.11 **Note:** Premature newborn in NICU will receive the vaccine prior to discharge when they reach 2000g. (Or 1800 gram if 4 weeks or more age).

5. MATERIAL AND EQUIPMENT:

- 5.1 Hepatitis B immunoglobulin
- 5.2 Hepatitis B vaccine
- 5.3 Syringes
- 5.4 Alcohol swabs
- 5.5 Cotton
- 5.6 Plaster

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse







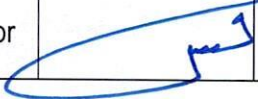
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Ministry of Health, Policies and Procedures in Neonatology, Guidelines for Neonatal Care, page no: 245-246.

9. APPROVALS:

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