Los Angeles County Department of Public Health
Vaccine Preventable Disease Control Program, Perinatal Hepatitis B Prevention Unit
3530 Wilshire Boulevard, Suite 700, Los Angeles, 90010

County of Los Angeles Public Health

DELIVERY REPORT

Email Completed Form

FOR FOLLOW-UP OF INFANTS BORN TO HBsAg+ PREGNANT PERSONS OR PERSONS WITH UNKNOWN HBsAg STATUS

INSTRUCTIONS: Complete this report and email along with the pregnant person's hepatitis B laboratory report(s) and a copy of the admission facesheet to vpdc-phb@ph.lacounty.gov **(click Email Completed Form above)** or fax to 213-351-2781 within **24 hours of delivery.** For guidance, review the quicksteps on page 2.

MOTHER

Pregnant Person's Last Name	First Name	Middle Name
Medical Record #	DOB	Ethnicity/Race
Address: Number, Street, Apt/Unit Number		Preferred Language
City, State and Zip Code	Insurance: (√ one) ◯ Private ◯ Medi-Cal ◯ Self Pay ◯ No Insurance	
Home Phone:	Cell Phone:	

TESTING

Hepatitis B Tests	Test Date	Positive	Negative	Pending
HBsAg (Hepatitis B surface antigen) *(Document all HBsAg test results done during the current pregnancy)*	1.	☐	☐	☐
	2.	☐	☐	**Final results *MUST* be faxed ASAP**
HBeAg (Hepatitis B e antigen)		☐	☐	
HBV DNA Quantitative		☐	☐	
Anti-HBc (Hepatitis B Core Total)		☐	☐	
Anti-HBs (Hepatitis B Surface Antibody)		☐	☐	

INFANT

Prenatal Care Provider:				Phone #	
Infant's Name	Medical Record #	Gender	Date of Birth	Time (24 hr format)	Birthweight (grams)
Name & Phone Number of Pediatrician AFTER Discharge	Name		Phone #		

ADMINISTER HEPATITIS B IMMUNEGLOBULIN (HBIG) & HEPATITIS B VACCINE TO INFANT WITHIN 12 HOURS OF BIRTH

PROPHYLAXIS (PEP)

Prophylaxis (PEP)	Date Given	Time (24 hr format)	Reason(s) PEP NOT Administered ≤12 hours
HBIG 0.5ml	_____	_____	☐ Parent refused – Notify Supervisor and facility Social Worker if mom is HBsAg+ and refuses PEP. Notify DCFS ☐ Mom is HBsAg (-) – Attach a copy of the mom's HBsAg negative (-) lab report ☐ Fetal demise – attach copy of medical notes ☐ PEP Error – provide a corrective action plan documented on your agency's letterhead
Hep B Vaccine Dose #1	_____	_____	

Name of Delivery Facility	☐ L&D ☐ Postpartum ☐ NICU ☐ Couplet Care	Phone #
Name of Person Completing Report		Date Submitted

Quicksteps for Completing the Delivery Report

For the Follow-Up of Infants Born to HBsAg (+) Pregnant Persons or Persons with Unknown HBsAg Status

These quicksteps are provided to help prevent the transmission of hepatitis B from pregnant person to baby. Contact the Perinatal Hepatitis B Prevention Unit (PHBPU) at 213-351-7800 if you need further guidance.

☐ Pregnant Person's Information:

Complete each section. Please type into the fillable PDF to avoid transcription errors.

☐ Testing Section:

Order a Hepatitis surface antigen (HBsAg) lab test if patient presents without any prenatal labs for hepatitis B. When discrepant lab results are presented (both HBsAg (+) and HBsAg (-) in same pregnancy), follow steps below.

Labs	Repeat Labs	Diagnosis	Treatment for Infant
Both HBsAg + & HBsAg – during the current pregnancy	• HBV DNA • Total anti-HBc • IgM anti-HBc • Anti-HBs	Follow Discrepant HBsAg Labs Flowchart to determine diagnosis. All available tests must be interpreted together to confirm or rule out diagnosis.	If HBsAg status is positive, unknown, or discrepant at time of delivery, **give HBIG & Hep B within 12 hours of birth. Do not wait for additional labs.** Complete page 1 of this PDF and click the button to email, or fax to 213-351-2781.

- If lab results are still pending when you fax the Delivery Report, please obtain the final lab results, and securely email to VPDC-PHB@ph.lacounty.gov or fax to 213-351-2781.

☐ Infant Information:

- Complete the name and phone number of the prenatal care provider.
- Complete all the information for the infant.
  - Writing Baby Boy or Baby Girl with the parent's last name is acceptable. If the infant has been named at the time of completing the Delivery Report, please provide the infant's full name. For multiple births, please complete a separate form for each infant.
  - Be sure to use military time (00:00-23:59) to document the time of birth.
  - Complete information for pediatrician after discharge. If mother is uncertain, provide attending pediatrician's information.

☐ Post-Exposure Prophylaxis (PEP) Administration & Status:

- Document the date(s) and time(s) prophylaxis is administered.
  - Be sure to use military time (00:00-23:59).
- Document reasons for not administering PEP within 12 hours of birth if applicable.
  - Forward supporting documentation (e.g. medical notes, lab reports, etc.) along with the delivery report.
- Complete the delivery hospital information.
- Click the button at the top right of page 1 to email after completing the form, or fax to 213-351-2781.