



COUNTY OF LOS ANGELES
Public Health

DELIVERY REPORT

FOR FOLLOW-UP OF INFANT(S) BORN TO HBsAg+ MOTHERS OR UNKNOWN HBsAg STATUS MOTHERS

INSTRUCTIONS: Complete & fax this report, mother's hepatitis B laboratory reports & a copy of her admission face sheet to (213) 351-2781 within **24 hours of delivery**. Review the quicksteps on the reverse side of this report or call (213) 351-7400 for any questions or additional guidance.

MOTHER	Mother's Last Name		First Name		Middle Name			
	Medical Record #		DOB		Ethnicity/Race			
	Address: Number, Street, Apt/Unit Number				Mother's Preferred Language			
	City, State and Zip Code		Insurance: (√ one) <input type="checkbox"/> Private <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Self-Pay <input type="checkbox"/> No Insurance					
	<input type="checkbox"/> Home Phone #		<input type="checkbox"/> Cell Phone #					
TESTING	Hepatitis B Tests		Test Date	Positive	Negative	Pending		
	HBsAg (Hepatitis B surface antigen) <i>(Document all HBsAg test results done during the current pregnancy)</i>		1.	1.	1.	Final results MUST be faxed ASAP		
			2.	2.	2.			
	HBeAg (Hepatitis B e antigen)							
	HBV DNA Quantitative							
Anti – HBc (Hepatitis B Core antibody)								
INFANT	Prenatal Care Provider:				Phone #			
	Infant's Name	Medical Record #	Gender	Date of Birth	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Birth Weight		
	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	Time	Reasons PEP NOT Administered				
	HBIG 0.5ml	____/____/____	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Mom refused – Notify Supervisor and facility Social Worker if mom is HBsAg+ and refuses PEP. Notify DCFS <input type="checkbox"/> Mom is HBsAg (-) – Attach a copy of the mom's HBsAg negative (-) lab report <input type="checkbox"/> Fetal demise – attach copy of medical notes <input type="checkbox"/> PEP Error – provide a corrective action plan documented on your agency's letterhead				
							Hep B Vaccine Dose #1	____/____/____
	Name & Address of Delivery Facility						<input type="checkbox"/> L&D <input type="checkbox"/> Postpartum <input type="checkbox"/> NICU <input type="checkbox"/> Couplet Care	Phone #
Print Name of Person Completing Report		Signature					Date	

Quicksteps for Completing the Delivery Report

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

These quicksteps are provided to help prevent the transmission hepatitis B from mother to baby. Do not hesitate to contact the Perinatal Hepatitis B Prevention Unit (PHBPU) at **213-351-7400** should you need any further guidance.

Mother's Information:

- Complete all of the mother's information. Please print legibly.

Testing Section:

- Order a Hepatitis surface antigen (HBsAg) lab test when the mother presents without any prenatal labs for hepatitis B or when discrepant lab results are presented, e.g. both HBsAg (+) and HBsAg (-).

Labs	Repeat Labs	Diagnosis	Treatment for Infant
Both HBsAg + & HBsAg – within 6 months	<ul style="list-style-type: none">• HBsAg• Total anti – HBc• IgM anti – HBc• HBV DNA	If any of the tests are positive (+) the mother is most likely infected (acute or chronic). Provide prophylaxis (HBIG & Hep B vaccine) for infant and complete report. See Interpretation Hepatitis B Serologic Results .	If mother's status is unknown at the time of delivery, administer HBIG and Hepatitis B vaccine to the infant within 12 hours of birth. Complete the Delivery Report and fax to the PHBPU.
		If the tests are negative (-), mother is most likely not infected. Please contact the PHBPU for clarification.	

- If lab results are still pending when you fax the Delivery Report, please obtain the final lab results and fax the results to the PHBPU.

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 mother'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 check off either AM or PM or use military time 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 and time prophylaxis is administered.
 - Be sure to check off either AM or PM or use military time.
- Document reasons for not administering PEP.
 - Forward supporting documentation (e.g. medical notes, lab reports, etc.) along with the delivery report.
- Complete the delivery hospital information. Date, and sign the report.
- Forward report via fax to the PHBPU at (213) 351 – 2781.