Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET

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EXECUTIVE SPONSOR	Midwifery Clinical Co Director of Maternity Services
AUTHOR	I Khan – Clinical Midwifery Consultant
SUMMARY	To safely administer the hepatitis B vaccine to the neonate

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to safely administer Hepatitis B vaccination to neonates. The Hepatitis B vaccination can be administered as a Standing Order and must be signed by the Medical Officer (MO) within 24hours. Engerix-B® or H-B-Vax II® Paediatric may be administered based on local availability. Vaxelis® or Infanrix Hexa® is used for doses administered at 2, 4 and 6 months of age.

2 RESPONSIBILITIES

2.1 Staff (medical, midwifery, Nursing, Allied health)

- Medical staff to ensure vaccine is appropriately prescribed for all neonates who are recommended the vaccination
- Medical, midwifery and nursing staff to ensure appropriate and timely administration and documentation of neonatal hepatitis B vaccine
- Infection Prevention and Control Clinical Midwifery Consultant to submit vaccination records to the LHD as required
- Maternity Data Manager to ensure administration of vaccination records is fully completed

3 PROCEDURE

3.1 Clinical Practice points

- Recommend Hepatitis B vaccine to all neonates born at or over 28 weeks of gestation
- Discuss Hepatitis B vaccination of neonates born at less than 28 weeks with the Neonatal Consultant. The first dose may be delayed as per clinical advice.

- Offer Hepatitis B vaccination parent information leaflet from NSW (Appendix A.) or the NSW Health Hepatitis B vaccination for babies factsheet (Appendix B.) to all parents
- Obtain informed consent from parents prior to administration.
- Document consent and administration on Neonatal Care Plan or on the Newborn Care Centre admission sheet
- Administer vaccine at the earliest opportunity after birth
- Clean the injection sites with an alcohol swab if visibly soiled. It is not necessary to clean the skin prior to IM injection.
- Administer Hepatitis B vaccine using the intramuscular route. The anterolateral aspect of the thigh is recommended. The gluteal area should not be used in a neonate.
- Record administration of the vaccine (including batch number and expiry date) in:
    1. K2 Guardian
    2. eMR medication chart
    3. eRIC medication chart (if baby is transferred or admitted to the Newborn Care Centre)
    4. Newborn Personal Health Record (blue book)
    5. Neonatal Care Plan (Maternity)
    6. Newborn Care Centre Admission Sheet (Neonatal Unit)
- Remind parents before discharge of the importance of the neonate receiving second, third and fourth vaccinations at 6 weeks, four months and six months of age[1]. For newborns admitted to the Newborn Care Centre, schedule a task in eRIC to prompt a reminder for the 6 week vaccinations.

3.2 Documentation

1. K2 Guardian
2. eMEDS medical chart
3. eRIC medication chart (if baby is transferred or admitted in the Newborn Care Centre)
4. Newborn Personal Health Record (blue book)
5. Neonatal Care Plan
6. Newborn Care Centre Admission Sheet
7. Medical Notes

3.3 Education Notes

- Contraindications to administration of Hepatitis B vaccine include anaphylaxis following a previous dose of the Hepatitis B vaccine, anaphylaxis following any component of the vaccine or anaphylaxis to yeast[2]
- Adverse events can include swelling and tenderness. A fever can occur in 0.6-3.7% of cases
- The vaccine should be stored appropriately between 2−8°C. Storage above or below the recommended temperature may decrease potency[3]

3.4 CBR should include implementation, communication and education plan

The revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access

3.5 Related Policies/procedures

- Neonatal and Infant Hepatitis B Prevention and Vaccination Program Policy Directive (nsw.gov.au) [1]
- Hepatitis B – Universal Screening and The Management of the Positive Woman
- Hepatitis B positive mother – Neonatal management
- SESLHD Standing Order Hepatitis B Vaccine and Hepatitis B Immunoglobulin-Administration in Maternity Services

3.6 References

1. Nsw.gov.au. 2024 [cited 2024 Aug 8]. Available from: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2023_032
2. Australian Government Department of Health and Aged Care. 2022. Available from: https://www.health.gov.au/topics/immunisation/immunisation-services/hepatitis-b-immunisation-service-0
3. Vaccine storage and cold chain management - Immunisation Programs [Internet]. www.health.nsw.gov.au. Available from: https://www.health.nsw.gov.au/immunisation/Pages/cold-chain-management.aspx

4 NATIONAL STANDARDS

- Standard 3: Preventing and Controlling Healthcare-Associated Infections
- Standard 4: Medication Safety
- Standard 5: Comprehensive Care

5 ABORIGINAL HEALH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

6 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
18.3.25	1	I Khan
31.3.25	1	BRGC