



ROYAL HOSPITAL FOR WOMEN

LOCAL OPERATING PROCEDURE

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee
December 2012

HEPATITIS B VACCINE FOR ALL NEONATES

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

For infants of Hepatitis B positive mothers, please refer to specific LOP of Hepatitis B positive mothers and neonates

1. AIM

- Prevention and reduction in the spread of Hepatitis B virus to neonates

2. PATIENT

- All neonates

3. STAFF

- Registered midwives
- Registered nurses
- Student midwives
- Medical staff

4. EQUIPMENT

- 25 Gauge (Orange) needle
- 2 mL syringe

5. CLINICAL PRACTICE

Intrapartum:

- Take Hepatitis B Surface Antigen (HBsAg) (and antenatal bloods) on admission for woman who has not been screened or who has had no antenatal care. The HBsAg should be marked as urgent, so vaccine (and immunoglobulin if required) can be administered to the baby within 12 hours of birth. The laboratory must be phoned: between 8am-5pm Ext. 29152. After Hours phone central reception desk Ext. 29601.
- Educate parents about the importance of Hepatitis B vaccination
- Obtain written consent. Use an interpreter if necessary
- Confirm the baby's weight and gestational age
 - Gestation <28 weeks or birth weight <1000 g – commence vaccination at 2 months of age
 - All other neonates – give the first dose soon after birth, preferably within the first 24 hours of life or as soon as the baby is physiologically stable
- Prescribe the medication as 0.5 ml intramuscular injection of H-B-VAX II paediatric on the baby's medication chart. H-B-VAX II paediatric is preservative (thiomersal) free
- Hepatitis B vaccine may be administered as a standing order, provided the above procedures have taken place
- Hepatitis B vaccination order should be signed on the medication chart by a medical officer, but this may be retrospective. An authorised nurse immunisation administrator may administer vaccine without a signed order from a medical officer



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- Administer the dose 0.5 ml intramuscularly on the anterolateral aspect of thigh. Use size 25 FG needle as it causes less tissue damage. Gluteal area should not be used
- Document the administration
- Advise parents of the importance of booster doses at 2 months, 4 months and 6 months of age. Infants born <32 weeks or < 2000 g birth weight an additional booster dose is required at 12 months of age

6. DOCUMENTATION

- Neonatal Medication chart with batch number
- Baby's Personal Health Record - my first health record Page 6.5,
- immunisation record Page 16.2
- ObstetriX

7. EDUCATIONAL NOTES

- Hepatitis B infection in young children is usually asymptomatic but up to 90% of those infected as neonates remain persistently infected and become chronic carriers
- Chronic active Hepatitis develops in more than 25% of carriers, and up to 25% die prematurely of cirrhosis or hepatocellular carcinoma

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Hepatitis B positive mothers and babies

9. REFERENCES

- 1 Australian Immunisation Handbook 9th ed 2008. Australian Government Department of Health and Aging. <http://www.immunise.health.gov.au/>

REVISION & APPROVAL HISTORY

Replaced previous titles

Hepatitis B Vaccination for Newborn Infants – endorsed Therapeutic & Drug Utilisation Committee 21/8/07 – approved Patient Care Committee 6/9/07

Hepatitis B Program Procedure for all babies – endorsed Neonatal Clinical Committee 8/7/03 & Maternity Services Clinical Committee 14/9/04 – approved Quality Council 20/9/04

Reviewed, combined & endorsed Maternity Services Division LOPs group November 2012

Amendment to reflect vaccine a standing order and can be administered without a script May 2013