ID _____

Medical Record Abstraction Form

Instructions: Please review the infant and maternal medical records

Please review the maternal medical record for questions 1-15:

1. What is the mother's month and year of birth? ___/_____
2. What is the ethnicity of the mother?
   ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ unknown
3. What is the race of the mother? Please check all that apply.
   ☐ White ☐ African American ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other or unknown
4. Mother's Insurance Status?
   ☐ Private ☐ Medicaid ☐ Other or Unknown
5. Please indicate admission date ___/___/_____ and time ___:___ am/pm

Prenatal Care

6. Was there a prenatal HBsAg (hepatitis B surface antigen) test performed **prior to admission**?
   ☐ Yes ☐ No
7. What was the prenatal HBsAg test date? ___/___/_____ ☐ Not documented
8. What was the prenatal HBsAg test result?
   ☐ Positive ☐ Negative ☐ Not documented
9. How was HBsAg status of mother documented?
   ☐ Copy of laboratory report
   ☐ Clinician transcription of information into medical record from other source
   ☐ Other, describe: _____
10. Was there an HIV test performed **prior to admission**?
    ☐ Yes ☐ No
11. What was the prenatal HIV test date? ____/___/____ ☐ Not documented

Consider adding additional questions on syphilis, GBS, etc.

Admission to Labor and Delivery

12. Was there an HBsAg test performed **during the hospital stay**?
    ☐ Yes ☐ No
13. What was the result of the HBsAg test performed **during the hospital stay**?
    ☐ Positive ☐ Negative ☐ Not documented
14. Was there an HIV test performed **during the hospital stay**?
    ☐ Yes ☐ No
15. Type of attending provider
    ☐ Obstetrician ☐ Family practitioner ☐ Other or unknown

Please review <u>neonatal</u> medical record for Questions 16-29:

16. Please indicate infant's date of delivery ___/___/_____ and time of delivery ___:___ am/pm
17. Did the infant weigh <2,000 grams at birth?

    ☐ Yes ☐ No
18. Is there a recorded maternal HIV test result?

    ☐ Yes ☐ No
19. Is there a recorded maternal HBsAg test result?

    ☐ Yes ☐ No
20. What was the maternal HBsAg test result?

    ☐ Positive ☐ Negative
21. Was HBIG (hepatitis B immune globulin) given to the infant?

    ☐ Yes; date ___/___/_____ Time ___:___ am/pm

    ☐ No
22. Was infant HBIG administered as a result of hospital pre-printed admission orders*?

    ☐ Yes ☐ No
23. If there were no hospital pre-printed admission orders*, was infant HBIG administered as a result of a specific physician order?

    ☐ Yes ☐ No
24. Was hepatitis B vaccine given to the infant?

    ☐ Yes ☐ No
25. Please indicate date of hepatitis B vaccine ___/___/_____ and time of administration ___:___ am/pm
26. Was hepatitis B vaccine administered as a result of hospital pre-printed admission orders*?

    ☐ Yes ☐ No
27. If there were no hospital pre-printed admission orders*, was hepatitis B vaccine administered as a result of a specific physician order?

    ☐ Yes ☐ No
28. Was there any specific order in the neonatal medical record ***not*** to vaccinate against hepatitis B virus?

    ☐ Yes ☐ No; end survey
29. If there was an order ***not*** to vaccinate, what was documented as the reason for not vaccinating? Please check all that apply.

    ☐ Infant was <2,000 grams at birth

    ☐ Infant was not medically stable

    ☐ Mother was HBsAg negative

    ☐ Guardian refused

    ☐ No reason documented

    ☐ Other reason; please specify below:

Thank you for your participation!

* Routine, pre-printed admission orders for patient care under specified circumstances that are signed by a physician. These are also referred to as "standing orders" in the 2005 childhood hepatitis B ACIP recommendations. Please also check yes if you have standing orders that do not require a physician's signature.