Perinatal Hepatitis B Hospital Policy and Practices Survey

The purpose of this questionnaire is to obtain data from delivery hospitals to assess current policies and practices regarding perinatal infections, particularly hepatitis B virus infection.

1. Please indicate your name _________________________ and telephone # _________________

2. Please indicate your professional category
   - [ ] Nurse
   - [ ] Pediatrician
   - [ ] Clinical Nurse Manager
   - [ ] Administrative personnel
   - [ ] Other – Please specify ________________________________

3. Please indicate your title ________________________________________

<table>
<thead>
<tr>
<th>Admission to Labor and Delivery – Perinatal Hepatitis B Policy</th>
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<tbody>
<tr>
<td>4. Do you currently have a <strong>written policy</strong> to review prenatal HBsAg (hepatitis B surface antigen) test results at the time of admission to the Labor and Delivery (L &amp; D) unit for all pregnant women?</td>
</tr>
</tbody>
</table>
|   - [ ] Yes  
|   - [ ] No  
|   - [ ] Don't Know |
| 5. Do you currently have **routine pre-printed admission orders*** to review HBsAg test results at the time of admission for delivery for all pregnant women? |
|   - [ ] Yes  
|   - [ ] No  
|   - [ ] Don't Know |
| 6. For women admitted to L & D who do not have a documented HBsAg test result, do you currently have a **written policy** for HBsAg testing as soon as possible after admission? |
|   - [ ] Yes  
|   - [ ] No  
|   - [ ] Don't Know |
| 7. For women admitted to L & D who do not have a documented HBsAg test result, do you currently have **routine pre-printed admission orders*** for HBsAg testing as soon as possible after admission? |
|   - [ ] Yes  
|   - [ ] No  
|   - [ ] Don't Know |
| 8. Do you currently have a **written policy** for repeat testing of pregnant, HBsAg-negative women who are at risk for HBV infection during pregnancy? (e.g. >1 sex partner in the previous six months, evaluation or treatment for an STD, recent or current injection drug use, HBsAg-positive sex partner or who have had clinical hepatitis). |
|   - [ ] Yes  
|   - [ ] No  
|   - [ ] Don't Know |

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<th>Prophylaxis Management of Infants According to Maternal HBsAg Status</th>
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<tr>
<td>9. Do you currently have a <strong>written policy</strong> for administration of HBIG (hepatitis B immune globulin) within 12 hours of birth for all infants born to HBsAg-positive mothers?</td>
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</table>
|   - [ ] Yes  
|   - [ ] No  
|   - [ ] Don't Know |
| 10. Do you currently have **routine pre-printed admission orders*** for administration of HBIG (hepatitis B immune globulin) within 12 hours of birth for all infants born to HBsAg-positive mothers? |
|   - [ ] Yes  
|   - [ ] No  
|   - [ ] Don't Know |

* 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.
11. Do you currently have a **written policy** for administration of hepatitis B vaccine within 12 hours of birth for all infants born to HBsAg-positive mothers?  
☐ Yes  ☐ No  ☐ Don’t Know

12. Do you currently have **routine pre-printed admission orders*** for administration of hepatitis B vaccine within 12 hours of birth for all infants born to HBsAg-positive mothers?  
☐ Yes  ☐ No  ☐ Don’t Know

13. Do you currently have a **written policy** for administration of hepatitis B vaccine within 12 hours of birth for all infants born to mothers with unknown HBsAg status?  
☐ Yes  ☐ No  ☐ Don’t Know

14. Do you currently have **routine pre-printed admission orders*** for administration of hepatitis B vaccine within 12 hours of birth for all infants born to mothers with unknown HBsAg status?  
☐ Yes  ☐ No  ☐ Don’t Know

**Maternal Status Documentation and Universal Vaccination of Infants**

15. Do you currently have a **written policy** for documentation of maternal HBsAg test results in the infant medical record?  
☐ Yes  ☐ No  ☐ Don’t Know

16. Do you currently have a **written policy** to routinely administer the hepatitis B vaccine to all newborns before hospital discharge?  
☐ Yes  ☐ No  ☐ Don’t Know

17. Do you currently have **routine pre-printed admission orders*** to routinely administer the hepatitis B vaccine to all newborns before hospital discharge?  
☐ Yes  ☐ No  ☐ Don’t Know

**Delivery Hospital Characteristics**

18. How many live births did your hospital have in “INSERT YEAR”? __________

19. Who is responsible for making policy within the hospital regarding neonatal practice (receipt/non-receipt of hepatitis B vaccine or HBIG) in the neonatal nursery? Please check all that apply.

☐ Neonatal nursery committee  
☐ Chief pediatrician  
☐ Chief obstetrician  
☐ Neonatologist  
☐ Nurse Manager  
☐ Clinical nurse educator  
☐ Pediatric department  
☐ Other: ____________________________

20. What levels of neonatal care does your hospital provide? Check all that apply.

☐ Level 1: basic  ☐ Level 2: specialty care  ☐ Level 3: neonatal intensive care

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Below are examples of additional questions that could be included on HIV (also consider adding questions on syphilis, GBS, etc)

### Admission to Labor and Delivery – HIV Policy

21. Do you currently have a **written policy** to review prenatal HIV test results at the time of admission to the Labor and Delivery (L & D) unit for all pregnant women?

   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

22. Do you currently have **routine pre-printed admission orders*** to review HIV test results at the time of admission for delivery for all pregnant women?

   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

23. For women admitted to L & D who do not have a documented HIV test result, do you currently have a **written policy** for HIV testing as soon as possible after admission?

   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

24. For women admitted to L & D who do not have a documented HIV test result, do you currently have **routine pre-printed admission orders*** for HIV testing as soon as possible after admission?

   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

### Prophylaxis Management of Women and Infants According to Maternal HIV Status

25. Do you currently have written policies for administration of intrapartum antiretroviral prophylaxis to all **HIV-infected women** to prevent mother-to-child transmission of HIV?

   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

26. Do you currently have written policies for administration of **neonatal** antiretroviral prophylaxis to all **HIV-exposed infants** to prevent mother-to-child transmission of HIV?

   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

27. Do you currently have written policies to test **newborns for HIV** if mothers HIV status remains **unknown** at delivery??

   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

### HIV Consent

28. Is **separate** maternal written consent for HIV testing required by this hospital?

   - [ ] Yes
   - [ ] No
   - [ ] Don’t Know

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