Screening and Referral Algorithm for Hepatitis B Virus (HBV) Infection Among Pregnant Women

- Assess if at high risk* for acquiring HBV infection
  - No further action needed
  - Yes
    - No
      - HBsAg (hepatitis B surface antigen)
    - Yes
      - Vaccinate during pregnancy†
      - Repeat HBsAg testing when admitted for delivery

If not on treatment, order HBV DNA at 26–28 weeks

- ≤200,000 IU/mL
  - Confirm that pregnant woman attended her appointment with primary care provider/specialist
- >200,000 IU/mL
  - Treat§ at 28-32 weeks until birth
  - Confirm that pregnant woman attended her appointment with primary care provider/specialist

Stop TDF at time of birth and monitor for ALT flares at least every 3 months for 6 months

*High risk for HBV infection includes: household or sexual contacts of HBsAg-positive persons; injection drug use; more than one sex partner during the past six months; evaluation or treatment for a sexually transmitted disease; HIV infection, chronic liver disease, or end-stage renal disease; and international travel to regions with HBsAg prevalence of ≥2%.

†Vaccinate if not previously vaccinated with a complete hepatitis B vaccine series (refer to Schillie et. al. for more information).

§Hepatitis B vaccine birth dose and Hepatitis B immune globulin (HBIG) (refer to Schillie et. al. for more information).

¶Tenofovir disoproxil fumarate (TDF) should be used for the treatment of pregnant women.

†Vaccinate if not previously vaccinated with a complete hepatitis B vaccine series (refer to Schillie et. al. for more information).

‡Hepatitis B vaccine birth dose and Hepatitis B immune globulin (HBIG) (refer to Schillie et. al. for more information).

§Tenofovir disoproxil fumarate (TDF) should be used for the treatment of pregnant women.

†Vaccinate if not previously vaccinated with a complete hepatitis B vaccine series (refer to Schillie et. al. for more information).

©Hepatitis B vaccine birth dose and Hepatitis B immune globulin (HBIG) (refer to Schillie et. al. for more information).

¶Tenofovir disoproxil fumarate (TDF) should be used for the treatment of pregnant women.

**High risk for HBV infection includes:** household or sexual contacts of HBsAg-positive persons; injection drug use; more than one sex partner during the past six months; evaluation or treatment for a sexually transmitted disease; HIV infection, chronic liver disease, or end-stage renal disease; and international travel to regions with HBsAg prevalence of ≥2%.
