



ID _____

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 _____

Admission to Labor and Delivery – Perinatal Hepatitis B Policy

4. Do you currently have a **written policy** to review prenatal HBsAg (hepatitis B surface antigen) test results at the time of admission to the Labor and Delivery (L & D) unit for all pregnant women?
 - 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

Prophylaxis Management of Infants According to Maternal HBsAg Status

9. Do you currently have a **written policy** 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
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

Thank you for your participation.

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