

# Hepatitis B Screening, Testing, and Management of Pregnant Women

Screening with HBsAg should be performed in each pregnancy, regardless of previous HBV vaccination or previous negative HBsAg test results.  
Offer triple panel (HBsAg, anti-HBs) screening to all pregnant women ≥18 years who have not previously been screened with a triple panel.

	FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER	DELIVERY AND POSTPARTUM
<b>SCREENING AND TESTING</b>	<ul style="list-style-type: none"> <li>- Screen all pregnant women for HBsAg* at first prenatal visit</li> <li>- All positive HBsAg results should be confirmed with a licensed HBsAg neutralizing test according to manufacturer labeling</li> </ul>	<ul style="list-style-type: none"> <li>- Screen those not previously tested during current pregnancy</li> <li>- Check HBV DNA for those who are HBsAg positive and not on treatment at 26-28 weeks</li> </ul>	<ul style="list-style-type: none"> <li>- Screen those not previously tested during current pregnancy</li> <li>- Check HBV DNA for those who are HBsAg positive if not previously done</li> </ul>	<ul style="list-style-type: none"> <li>- Screen those not previously tested during current pregnancy</li> <li>- Retest pregnant women with clinical hepatitis or risk exposures† during pregnancy at the time of admission to the hospital or birthing facility for delivery</li> </ul>
<b>INTERVENTIONS</b>	<ul style="list-style-type: none"> <li>- After serology is drawn, initiate vaccine series with Engerix-B, Recombivax-HB or Twinrix§ for those who have not previously been vaccinated</li> <li>- If HBsAg positive, check HBV DNA and refer to a provider with expertise in hepatitis B management during pregnancy</li> <li>- Report HBsAg positive to perinatal program -<a href="#">Perinatal Hepatitis B Coordinator List   CDC</a></li> </ul>	<p>If HBV DNA is ≥ 200,000 IU/mL, treat at 28-32 weeks until birth</p>	<p>If HBV DNA is ≥ 200,000 IU/mL, treat at 28-32 weeks until birth</p>	<ul style="list-style-type: none"> <li>- Post-exposure prophylaxis** for all infants born to HBsAg positive pregnant women and for infants weighing less than 2,000 grams born to pregnant women with unknown HBsAg status</li> <li>- Breastfeeding is safe</li> <li>- Engage with perinatal HB program</li> <li>- Refer mother to specialty care</li> <li>- Ensure infant receives timely vaccination and post-vaccination serologic testing</li> </ul>

† Recent or current injection-drug use, having had more than one sex partner in the previous 6 months or an HBsAg-positive sex partner, having been evaluated or treated for an STI

§ Heplisav and Prehevbrio are not recommended during pregnancy due to lack of safety data; Twinrix is a combination hepatitis A and hepatitis B vaccine that can be given during pregnancy when indicated

(<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>)

\*\*Post-exposure prophylaxis: administer HBIG and hepatitis B vaccine to the infant within 12 hours of birth

Adapted from:

Weng MK, Doshani M, Mohammed AK, et al. [Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022.](#)

Connors EE, Panagiotakopoulos L, Hofmeister MG, et al. [Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations — United States, 2023.](#)

Schillie S, Vellozzi C, Reingold A, et al. [Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices.](#)



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