

SCREENING FOR HEPATITIS B VIRUS (HBV) INFECTION IN PREGNANCY CLINICAL SUMMARY OF U.S. PREVENTIVE TASK FORCE RECOMMENDATION

Population	All Pregnant Women
Recommendation	Screen at the first prenatal visit Grade: A

Screening Tests	Serologic identification of hepatitis B surface antigen (HBsAg). Reported sensitivity and specificity are greater than 98%.
Timing of Screening	Order HBsAg testing at the first prenatal visit. Re-screen women with unknown HBsAg status or new or continuing risk factors at admission to hospital, birth center, or other delivery setting.
Interventions	Administer hepatitis B vaccine and hepatitis B immune globulin to HBV-exposed infants within 12 hours of birth. Refer women who test positive for counseling and medical management. Counseling should include information about how to prevent transmission to sexual partners and household contacts. Reassure patients that breastfeeding is safe for infants who receive appropriate prophylaxis.
Implementation	Establish systems for timely transfer of maternal HBsAg test results to the labor and delivery and newborn medical records.
Relevant USPSTF Recommendations	USPSTF recommendations on the screening of pregnant women for other infections, including asymptomatic bacteriuria, bacterial vaginosis, chlamydia, HIV, and syphilis, can be found at http://www.preventiveservices.ahrq.gov .

For a summary of the <u>evidence</u> systematically reviewed in making these recommendations, the full <u>recommendation statement</u>, and <u>supporting documents</u> please go to <u>http://www.preventiveservices.ahrq.gov.</u>

This document is a summary of the 2009 recommendation of the U.S. Preventive Services Task force on screening for Hepatitis B infection in pregnancy. It is intended for use by primary care clinicians. This summary was first published in *Annals of Internal Medicine* in June 2009 (*Ann Intern Med.* 2009;150:871 http://www.annals.org. AHRQ Publication No. 09-05134-EF-2. Current as of June 2009.