

**Clinical Summary: Screening for Hepatitis B Virus Infection in Pregnant Women**

<b>Population</b>	<b>Pregnant Persons</b>
<b>Recommendation</b>	<b>Grade: A</b> <b>Screen for hepatitis B virus (HBV) infection.</b>

<b>Risk Assessment</b>	In the United States, new cases of HBV among adults are largely transmitted through injection drug use or sexual intercourse, but most prevalent cases of HBV infection are chronic infections from exposure occurring in infancy or childhood. Another major risk factor for HBV infection is country of origin. In the United States, adults with HBV born in high-prevalence countries were commonly infected during childhood. In children, the primary source of infection is perinatal transmission at birth.
<b>Screening Tests</b>	The principal screening test for detecting maternal HBV infection is the serologic identification of hepatitis B surface antigen (HBsAg). Screening should be performed in each pregnancy, regardless of previous HBV vaccination or previous negative HBsAg test results
<b>Screening Intervals</b>	A test for HBsAg should be ordered at the first prenatal visit. Women with unknown HBsAg status or with new or continuing risk factors for HBV infection (eg, injection drug use or a sexually transmitted infection) should be screened at the time of admission to a hospital or other delivery setting.
<b>Treatment and Interventions</b>	Interventions to prevent perinatal transmission of HBV infection include screening all pregnant women for HBV, vaccinating infants born to HBV-negative mothers within 24 hours of birth, and completing the HBV vaccination series in infants by age 18 months. For HBV-positive mothers, case management during pregnancy includes HBV DNA viral load testing and referral to specialty care for counseling and medical management of HBV infection. For infants born to mothers who test positive for HBsAg, current guidelines for case management include HBV vaccination and hepatitis B immune globulin (HBIG) prophylaxis within 12 hours of birth, completing the vaccine series, and serologic testing for infection and immunity at age 9 to 12 months. For infants born to mothers with unknown HBsAg status, current guidelines for case management include HBV vaccination within 12 hours of birth, followed by HBIG prophylaxis.

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <https://www.uspreventiveservicestaskforce.org>.