

**Treatment and care pathway for babies born to pregnant people who are Hepatitis B positive in the North East and North Cumbria**

**Services covered by this protocol:**

**Maternity services  
Primary care  
0-19 Service (Health Visiting)  
Child Health Information Service (CHIS)  
Failsafe provider (CDDFT)**

**1<sup>st</sup> July 2025**

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## Introduction

Hepatitis B infection can be transmitted from infected mothers to their babies at or around the time of birth (perinatal transmission). Babies acquiring infection at this time, have a high risk of becoming chronically infected with the virus. The development of the chronic infection after perinatal transmission can be prevented in over 90% of cases by appropriate vaccination, starting immediately at birth.

This requires six doses of a Hepatitis B containing vaccine in infancy and a dry blood spot (DBS) screening test scheduled at 12 months with some flexibility up to the age of 18 months.

It is vitally important infants born to birthing parents with positive hepatitis B results receive a complete course of vaccinations and testing in accordance with Green Book (2009) guidelines. [The Green Book on Immunisation - Chapter 18 Hepatitis B \(publishing.service.gov.uk\)](https://www.gov.uk/publishing.service.gov.uk)

## Purpose of this North East and North Cumbria pathway document

This pathway should be read and used only in conjunction with the national hepatitis B antenatal screening and selective neonatal immunisation pathway guidance 2021:

<https://www.gov.uk/government/publications/hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway/guidance>

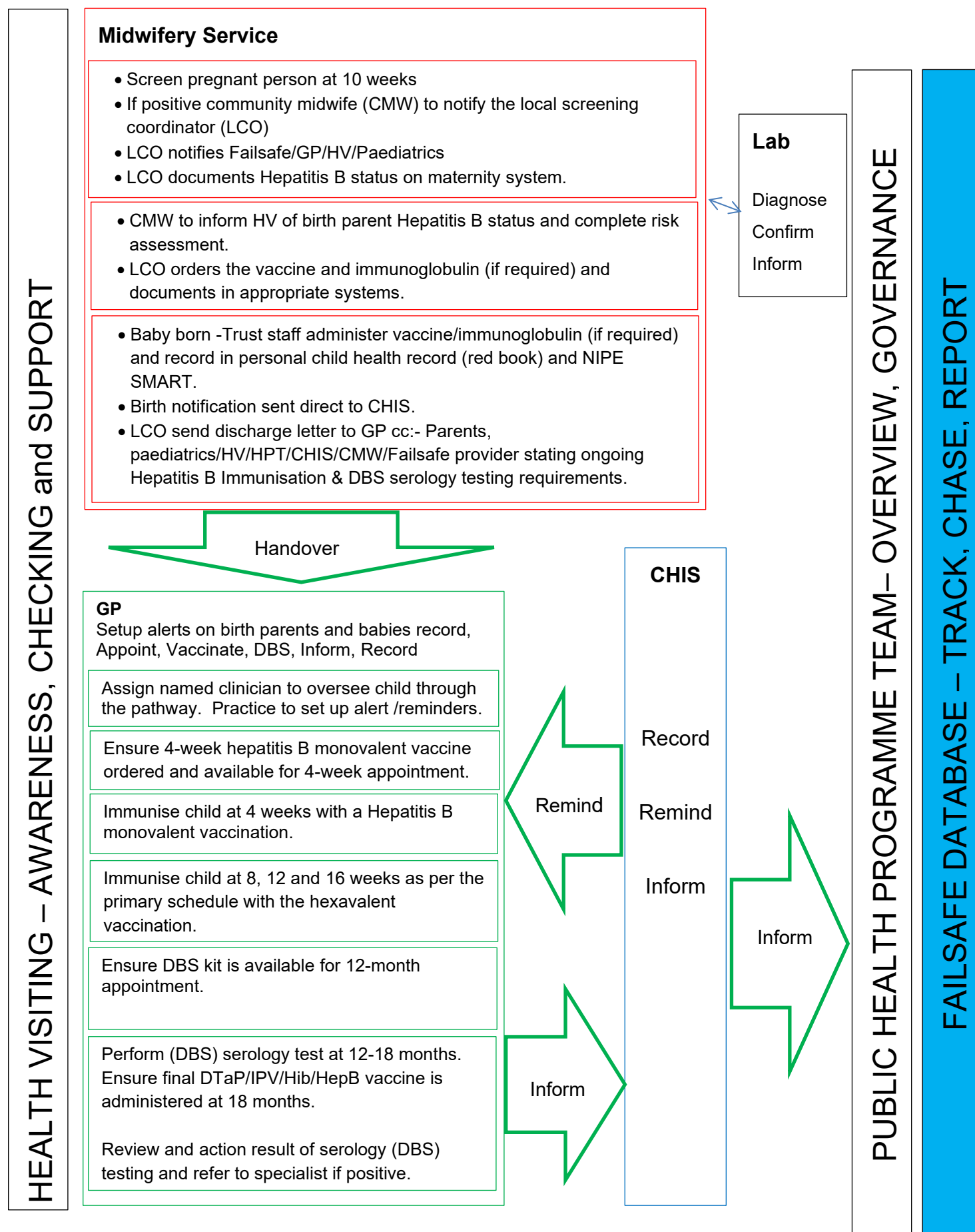
The listed services in the North East and North Cumbria have linked responsibilities to make this pathway complete for the birth parent and baby. Each individual organisation identified in this pathway should develop its own Standard Operating Procedure (SOP) or other equivalent written guidance to ensure that their operational delivery reflects all their roles within the pathway as specified in the national guidance and this document.

This pathway acts as an addendum to the national guidance to clarify the local position in the areas where local guidance is required and is demonstrated in its entirety in the pathway overview.

The following services will adopt this North East and North Cumbria pathway document:

- Maternity services
- 0 – 19 service (Health Visiting)
- Child Health Information Services (CHIS)
- Primary Care
- Failsafe provider

## Pathway overview



## Community and Trust maternity Services

Community Midwife ensures baby is registered with a GP in the early postnatal period and hands care of pregnant person and baby over to health visitor when discharged from maternity care. Handover template to be used and examples may be found at <https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

Local screening coordinator (LCO) to participate in list triangulation between local failsafe and CHIS service on a monthly basis initiated by the failsafe provider. This should detail babies born in the previous month whose birth parent is Hepatitis B positive. LCO to confirm receipt.

A return list must be sent to the failsafe provider and CHIS confirming the status of each child (if none- this must be marked as a "nil return").

If list triangulation is not happening consistently LCO to notify Public Health Programmes team via email at:

[england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)

## 0-19 Service (HV)

Health Visitor (HV) receives antenatal notification from nominated individual in midwifery services and Community Midwife re: birth parent's Hepatitis B positive status and confirms receipt.

HV receives risk assessment from community midwife and assesses whether the family require any additional support as a potential vulnerable family and consider a joint visit to the family.

HV receives discharge letter from nominated individual in midwifery services when baby is born and confirms receipt.

HV receives hand over of care of birth parent and baby from midwifery services once baby is discharged. Handover template should be used by midwife <https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

HV ensures baby is registered with a GP at the new baby review at 10-14 days and that arrangements are in place for the 4-week monovalent vaccine dose.

Health Visitor to check baby has received vaccinations/DBS test as per schedule or if any doses/DBS have been missed or delayed. The health visitor should discuss the reasons why doses/DBS have been missed with the parent(s) or carers and liaise with the infant's GP to ensure immunisation/DBS takes place as soon as possible.

Where infant moves into the area with outstanding Hepatitis B vaccine(s)/DBS testing, HV to ensure all relevant immunisation information is shared to continue to provide timely vaccination and DBS testing including informing the local failsafe provider and CHIS.

## GP Practice

GP receives antenatal notification from Trust maternity services regarding pregnant persons Hepatitis B status and confirms receipt of notification. Named clinician to be nominated for family and responsible clinician in the practice to ensure that diagnosis is clearly documented in appropriate systems. <https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

GP practice to ensure named clinician for family is aware and if GP practice is unable to offer vaccinations and/or dried blood spot testing (DBS) to make suitable alternative arrangements and discuss this with parents/carers and Public health programmes team at: [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)

GP practice to ensure all correspondence is seen and appropriate action taken by named clinician as per guidance below: <https://www.gov.uk/government/publications/hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway>  
<https://www.gov.uk/government/publications/hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway/guidance-on-the-hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway--2#app3>

GP practice to use their practice IT system to set reminders for when baby is due to be born and when vaccines are due.

GP receives discharge and birth notification from Trust maternity services and confirm receipt of notification. <https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

GP practice to generate appointments and use their systems to send reminders of appointment to babies' parent/carer. GP to ensure monovalent vaccine have been ordered and in stock ready for 4-week appointment. The practice can claim reimbursement for the 4 week monovalent doses from NHS Business Services authority using form FP43.

GP practice to complete records following vaccination (or non-vaccination) and return to CHIS/local failsafe. To use secure email, retaining responsibility to ensure receipt is acknowledged.

GP practice to ensure DBS kit available for 12 month appointment. Ideally the test should be performed at the 12 month appointment but can be performed opportunistically at any point up to and beyond the 18 month appointment should it not be completed at the 12 month appointment. If the Practice is unable to offer this, suitable alternative provision should have been arranged by the practice in advance and discussed with the parent/carer and escalated to the Public health commissioning team on [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)

GP practice to review and ensure management of the 12-18 month Hepatitis B Virus DBS test result is in line with the national hepatitis B antenatal screening and selective neonatal immunisation pathway guidance 2021, including escalation to the Public Health Programmes Team at: [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net) and the Health Protection Team as an incident if a positive result.

Where an infant moves into/out of area mid schedule, the GP practice named clinician is to ensure all relevant immunisation information is shared in order to continue to provide timely vaccination including informing the failsafe provider, their local CHIS department and new GP.

## Child Health Information Services (CHIS)

CHIS receive birth notification identifying pregnant persons hepatitis B positive status and hepatitis B discharge letter from maternity services and confirm receipt of notification and record on the CHIS record:  
<https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

CHIS to send a paper/email reminder to the GP when the baby is approaching 2 weeks old to alert them to arrange an appointment for the four-week dose of monovalent vaccine.  
Include in the text of the reminder that the vaccination is post exposure treatment to prevent chronic infection, liver disease and cancer so it is important that the vaccine is given on time. Also include in the text that the practice can claim reimbursement for the 4-week monovalent doses from NHS business services authority using form FP43 and enclose/attach the aide memoire for primary care staff.

If CHIS do not receive notification of vaccination or DBS within 5 working days of the due date then CHIS to notify the practice of 'no data return' for these babies' and escalate to the Public Health Commissioning team on [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net) and follow the national hepatitis B antenatal screening and selective neonatal immunisation pathway guidance 2021.

CHIS to update baby's vaccination record when received from practice.

CHIS to send reminder letters/emails/communications to the GP practice to advise when the baby is due vaccinations at 8,12, and 16 weeks.

CHIS to schedule a paper/email reminder to the practice when the infant is 11 months old that the practice need to arrange an appointment with the child and family for the 12-18 month DBS test.

CHIS to participate in list triangulation between local failsafe and LCO on a monthly basis initiated by the failsafe provider. CHIS to confirm receipt. This should detail all babies currently on the selective hepatis B pathway.  
A return list must be sent to the failsafe provider and LCO confirming the status of each child. If none this must be marked as a 'nil return'  
If list triangulation is not happening consistently CHIS to notify Public Health Programmes Team on [england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)

CHIS to notify failsafe provider /HV for any movers in and notify failsafe provider and receiving CHIS for movers out.

## Failsafe provider

Failsafe provider receives antenatal notification from the midwifery services regarding pregnant person's positive Hepatitis B status and confirms receipt and records as per SOP. <https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

Failsafe providers receive discharge and birth notification from nominated individual in midwifery services and confirms receipt  
<https://www.gov.uk/government/publications/hepatitis-b-notification-letters>

Failsafe provider checks that immunisations are received on time and 12-18 month DBS serology is completed as per agreed SOP/Protocol.

Failsafe provider initiates triangulation on a monthly basis with LCO and CHIS. Regardless of the current number of children requiring the Hepatitis B schedule, a list must be sent confirming the status of each child (if none- this must be a "nil return").  
If list triangulation is not happening consistently to notify Public Health Programmes team at:  
[england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)



## **Appendix and resources for health care professionals**

### **Hepatitis B chapter 18 – Green Book**

Hepatitis B immunisation information for public health professionals.

[The Green Book on Immunisation - Chapter 18 Hepatitis B \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

### **Hepatitis B 2021 Guidance**

Guidance on the delivery of antenatal screening and selective neonatal immunisation services for pregnant women living with hepatitis B and their babies.

<https://www.gov.uk/government/publications/hepatitis-b-antenatal-screening-and-selective-neonatal-immunisation-pathway>

### **Primary care aide memoir**

[Hepatitis B vaccine for at risk infants aide memoire - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

### **Hepatitis B Maternal/Neonatal Checklist**

<https://www.gov.uk/government/publications/hepatitis-b-maternal-and-neonatal-checklist>

### **Hepatitis B Notification Letters**

<https://www.gov.uk/government/publications/hepatitis-b-notification-letters> (soon to be updated)

### **Patient Leaflets**

<https://www.gov.uk/government/publications/protecting-your-baby-against-hepatitis-b-leaflet>

### **Hepatitis B dried blood spot (DBS) testing for infants guidance**

Information and service documents on the national DBS testing service to improve uptake of 12 month testing of infants born to hepatitis B infected pregnant person.

<https://www.gov.uk/guidance/hepatitis-b-dried-blood-spot-dbs-testing-for-infants>

**The NHS England Public Health Programmes team can be contacted to report incidents and for support in interpretation of national policy and guidelines.**

Contact the team via email. You will receive a response within 3 working days.

Note – The team does not provide clinical guidance. All clinicians should consult clinical colleagues and read the local and national policy and guidance before consulting the team.

[england.cane.screeningimms@nhs.net](mailto:england.cane.screeningimms@nhs.net)