



Perinatal He	patitis B Hos	pital Policy & F	Practices Survey

Introduction		ID:		
The purpose of this questionnaire is to assess current policies and practices regarding perinatal infections, particularly Hepatitis B Virus infection in delivery hospitals.				
If you have any questions about the	survey, please contact:	Essi Havor, MSN, RN Chief Nurse, Immunization Bureau Houston Health Department 832.393.4649 Essi.havor@houstontx.gov		
Contact Information:				
Please provide the following contact in				
		ion:		
	-	bhone #:		
Please indicate your profession	onal category			
Nurse Pediatrician				
Clinical Nurse Manager				
Administrative Personne	I			
Other (Please specify): _				
Admission to Labor & Delivery: Peri	notal Hanatitic P Policy of	and Prostico		
1. Does your hospital review hos				
Yes	🗌 No 📃 Do	n't Know		
2. Does your hospital order HBsAg te	sting for delivering mothers wi	th no documented HBsAg test results?		
Yes	🗌 No 📃 Do	n't Know		
3. Do you currently have a writte	n policy to review prenata	l HBsAg (hepatitis B surface antigen) test		
results at the time of admission	n to the Labor and Delivery	(L & D) unit for all pregnant women?		
🔲 Yes	No No	🔲 Don't Know		
<ol> <li>Do you currently have routine admission for delivery for all pr</li> </ol>	• • •	rders* to review HBsAg test results at the time of		
Yes	🗌 No 📃 Do	n't Know		
<ol> <li>For women admitted to L &amp; D written policy for HBsAg testi</li> </ol>		ented HBsAg test result, do you currently have a er admission?		
Yes	🗌 No 📃 Do	n't Know		
		ented HBsAg test result, do you currently have <b>routine</b> on as possible after admission?		
Yes	🗌 No 📃 Do	n't Know		
for HBV infection during pregn	ancy? (e.g. >1 sex partner	of pregnant, HBsAg-negative women who are at risk in the previous six months, evaluation or treatment for itive sex partner or who have had clinical hepatitis).		
Yes	No Do	n't Know		

Note: Upload copies of the written polices and admission orders in the online survey.

\* 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.

Pro	Prophylaxis Management of Infants According to Maternal HBsAg Status: Practice					
	8.	Does your hospital administer HBIG to infants born to HBsAg positive mothers?				
		Yes No Don't Know				
	9.	When do you typically administer HBIG to infants born to HBsAg positive mothers?				
		🔲 Within 12 hrs of birth 🔲 Within 24 hrs of birth 🔛 More than 24 hrs 🗌 Don't Know				
	10.	Does your hospital administer HBIG to infants born to mothers of unknown HBsAg status?				
		Yes No Don't Know				
	11.	When do you typically administer HBIG to infants born to mothers of unknown HBsAg status?				
		🔲 Within 12 hrs of birth 🔲 Within 24 hrs of birth 🔛 More than 24 hrs 🗌 Don't Know				
	12.	Does your hospital administer birth dose of Hep. B vaccine to infants born to HBsAg positive mothers?				
		Yes No Don't Know				
	13.	When do you typically administer birth dose of Hep B vaccine to infants born to HBsAg positive mothers?				
		🔲 Within 12 hrs of birth 🔲 Within 24 hrs of birth 🔛 More than 24 hrs 🔛 Don't Know				
	14.	Does your hospital administer birth dose of Hepatitis B vaccine to infants born to mothers of unknown HBsAg status?				
		Yes No Don't Know				
	15.	When do you typically administer birth dose of Hepatitis B vaccine to infants born to mothers of unknown HBsAg status?				
		🔲 Within 12 hrs of birth 🔲 Within 24 hrs of birth 🔛 More than 24 hrs 🔛 Don't Know				
	16.	After delivery, when do you administer HBIG and/or Hepatitis B vaccine to infants				
		In L&D with prophylactic Vitamin K				
		In Nursery after infant is transferred				
Pro		axis Management of Infants According to Maternal HBsAg Status: Policy				
	17.	Do you currently have a <b>written policy</b> 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				
	18.	Do you currently have <b>routine pre-printed admission orders</b> * for administration of HBIG (hepatitis B immune				
		globulin) within 12 hours of birth for all infants born to HBsAg-positive mothers?				
	10	Yes No Don't Know				
	19.	Do you currently have a <b>written policy</b> for administration of HBIG (hepatitis B immune globulin) within 12 hours of birth for all infants born to mothers of unknown HBsAg status?				
		Yes No Don't Know				
	20.	Do you currently have <b>routine pre-printed admission orders</b> * for administration of HBIG (hepatitis B immune				
		globulin) within 12 hours of birth for all infants born to mothers of unknown HBsAg status?				
		Yes No Don't Know				
	21.	Do you currently have a <b>written policy</b> for administration of hepatitis B vaccine within 12 hours of birth for all infants born to HBsAg-positive mothers?				
		Yes No Don't Know				
	22.	Do you currently have <b>routine pre-printed admission orders</b> * for administration of hepatitis B vaccine within 12 hours of birth for all infants born to HBsAg-positive mothers?				
		Yes No Don't Know				
	23.	Do you currently have a <b>written policy</b> 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				
	24.	Do you currently have <b>routine pre-printed admission orders</b> * 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				
Not	te <sup>.</sup> II	pload copies of the <b>written polices</b> and <b>admission orders</b> in the online survey.				
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25.	Does your hospital administer birth dose of Hepatitis B vaccine to all other newborns including infants bo
	HBsAg negative mothers?
26.	When do you typically administer birth dose of Hepatitis B vaccine to all other newborns including infants
_0.	born to HBsAg negative mothers?
	🔲 Within 24 hrs of birth 🛛 More than 24 hrs of birth 🔲 Before discharge 🔲 Don't Know
27.	Do you currently have a <b>written policy</b> to routinely administer the Hepatitis B vaccine to all newborns including infants born to HBsAg negative mothers within 24 hours of birth or before hospital discharge?
	a. Yes No Don't Know
28.	Do you currently have <b>routine pre-printed admission orders</b> * to routinely administer the Hepatitis B vaccine to all infants born to HBsAg negative mother within 24 hours of birth or before hospital discharge Yes No Don't Know
20	Yes No Don't Know Do you currently have a <b>written policy</b> for documentation of maternal HBsAg test results in the infant
23.	medical record?
	Yes No Don't Know
30.	Who at your hospital reports births to HBsAg positive mothers to the health department? (check all that
	apply)
	Laboranddeliverystaff
	Nursery staff
	Physician
	Other (Specify):
Del	Other (Specify): Don'tknow
	Other (Specify): Don't know livery Hospital Characteristics
31.	Other (Specify): Don't know  Ivery Hospital Characteristics How many live births did your hospital have in 2016?
31. 32.	Other (Specify):
31. 32. 33.	Other (Specify):
31. 32. 33.	Other (Specify):
31. 32. 33. 34.	Other (Specify):
31. 32. 33. 34. 35.	Other (Specify):
<ol> <li>31.</li> <li>32.</li> <li>33.</li> <li>34.</li> <li>35.</li> <li>36.</li> </ol>	Other (Specify):
31. 32. 33. 34. 35. 36.	Other (Specify):
31. 32. 33. 34. 35. 36.	Other (Specify):
<ol> <li>31.</li> <li>32.</li> <li>33.</li> <li>34.</li> <li>35.</li> <li>36.</li> </ol>	Other (Specify):
<ol> <li>31.</li> <li>32.</li> <li>33.</li> <li>34.</li> <li>35.</li> <li>36.</li> </ol>	Other (Specify):
<ol> <li>31.</li> <li>32.</li> <li>33.</li> <li>34.</li> <li>35.</li> <li>36.</li> </ol>	Other (Specify):
<ol> <li>31.</li> <li>32.</li> <li>33.</li> <li>34.</li> <li>35.</li> <li>36.</li> </ol>	Other (Specify):
<ol> <li>31.</li> <li>32.</li> <li>33.</li> <li>34.</li> <li>35.</li> <li>36.</li> </ol>	Other (Specify):
<ol> <li>31.</li> <li>32.</li> <li>33.</li> <li>34.</li> <li>35.</li> <li>36.</li> </ol>	Other (Specify):
<ol> <li>31.</li> <li>32.</li> <li>33.</li> <li>34.</li> <li>35.</li> <li>36.</li> <li>37.</li> </ol>	Other (Specify):

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Other Infection Prevention Practice	
39. Does your hospital review mothers in	mmunization status for <b>rubella (titer)</b> at the time of admission?
Yes No	🔲 Don't Know
40. Does your hospital give <b>MMR</b> to more during the hospital stay?	thers with negative titers or unknown immunization status for <b>rubella</b>
Yes No	🔲 Don't Know
41. Does your hospital review mothers in	mmunization status for <b>Tdap</b> at the time of admission?
Yes No	🔲 Don't Know
42. Does your hospital give <b>Tdap</b> to more	thers with no documentation of <b>Tdap vaccine</b> during the hospital stay?
🗌 Yes 🛛 🗌 No	🔲 Don't Know
43. Does your hospital review mothers in	mmunization status for influenza at the time of admission?
Yes No	🔲 Don't Know
44. Does your hospital give seasonal <b>in vaccine</b> during the hospital stay?	fluenza vaccine to mothers with no documentation of influenza
Yes No	Don't Know
Other Infection Prevention Policy	
	icy or routine pre-printed admission orders* for administration of or unknown immunization status for rubella during the hospital stay?
Yes No	Don't Know
46. Do you currently have a <b>written pol</b> Tdap to mothers with no documenta	icy or routine pre-printed admission orders* for administration of
	tion of Tdap vaccine during the hospital stay?
Yes No	Don't Know
47. Do you currently have a <b>written pol</b>	

Note: Upload copies of the written polices and admission orders in the online survey.

Quality Assurance	Qua	lity	Assurance
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48.	<ul> <li>48. Does your hospital measure the Hepatitis B birth dose coverage as a quality indicator?</li> <li>Yes, we use the National Quality Forum measure</li> <li>Yes, we use another measure*</li> <li>No</li> <li>Don't know</li> <li>*Please explain the other measure here:</li> </ul>					
49.	How often do you co to the local health de Monthly	onduct quality assurance epartment?	ce (QA) to ensure		_	ers are reported ot Done
50.	<ul> <li>50. Does your hospital use Texas immunization registry (ImmTrac) to record Hepatitis B vaccine and HBIG that are administered before discharge?</li> <li>☐ Yes</li> <li>☐ No</li> </ul>					
51.	<ul> <li>51. Do you provide the Texas Immunization Registry (IMMTRAC) Consent Form to all infant mothers at delivery?</li> <li>Yes</li> <li>No</li> </ul>					
52.	<ul> <li>52. Have you had any challenges getting supplies of HBIG for infants born to HBsAg positive mothers in the past 12 months?</li> <li>Yes</li> <li>No</li> </ul>					
53. Have you had any challenges getting supplies of Hepatitis B vaccine for infants in the past 12 months?						
54. In general, how would you rate your relationship (very poor to excellent) with the following partners when working on the perinatal hepatitis B related issue at the top of each column?						
			Very poor	Poor	Good	Excellent
	Internal Hospital Laboratory	Information sharing				
		Communication				
	Internal Infection Control Unit	Information sharing				
		Communication				
	Health Department	Information sharing				

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Communication

## Educational Resources related to Perinatal Hepatitis B Prevention

- 55. What resources would you find useful for the work you and other hospital personnel do related to perinatal hepatitis B? (check all that apply)
  - Educational materials for moms/parents
  - Educationalmaterialsforstaff
  - Information on interpreting laboratory test results
  - Guidance for developing admission orders
  - Reference materials on perinatal hepatitis B recommendations
  - Other\*
  - N/A-No Resources Needed

\*Please note other resources here:

56. Thank you for completing the survey. Please use the space below for any additional comments or questions you have about perinatal hepatitis B prevention program.

Thank you for your participation!