Screening All Pregnant Women for Hepatitis B Virus (HBV) Infection:

Ordering Prenatal Hepatitis B Surface Antigen (HBsAg) Tests from Major Commercial Laboratories

Laboratory	Test Option	Test Name	Reflex to Confirmation Test*	Test Code/ID	CPT Code	Web Link
ARUP Laboratories	Panel	Prenatal Reflexive Panel	√	0095044	87340**	http://ltd.aruplab.com/Tests/Pub/0095044
	Standalone	Hepatitis B Virus Surface Antigen with Reflex to Confirmation, Prenatal	✓	2007573	87340	http://ltd.aruplab.com/Tests/Pub/2007573
LabCorp	Panel	Prenatal Profile I with Hepatitis B Surface Antigen	√	202945	87340**	https://www.labcorp.com/wps/portal/provider/testmenu/ (Enter test code or CPT code to search for test)
	Panel	Hepatitis Profile XIII (HBV Prenatal Profile)	√	265397	87340**	https://www.labcorp.com/wps/portal/provider/testmenu/ (Enter test code or CPT code to search for test)
	Standalone	N/A	N/A	N/A	N/A	
Mayo Medical Laboratories	Panel	Prenatal Hepatitis Evaluation	√	PHSP	87340**	http://www.mayomedicallaboratories.com/test-catalog/ Overview/5566
	Standalone	Hepatitis B Surface Antigen Prenatal, Serum	✓	HBAGP	87340	http://www.mayomedicallaboratories.com/test-catalog/ Overview/86185
Quest Diagnostics	Panel	Obstetric Panel	✓	20210	80055	http://www.questdiagnostics.com/testcenter/TestDetail.action?ntc=20210&fromFlyOut=true
-	Standalone	N/A	N/A	N/A	N/A	

^{*}When an HBsAg test result is reactive, laboratories may automatically perform a confirmatory test without additional provider order.

Notes: CDC recommends healthcare providers use prenatal HBsAg tests (vs. non-specific tests) for pregnant women, which allows for reporting of positive results along with pregnancy status to public health jurisdictions. Refer all HBsAg positive pregnant women to Perinatal Hepatitis B Prevention Program coordinators for case management of mother and infant:

https://www.cdc.gov/vaccines/vpd/hepb/hcp/perinatal-contacts.html.

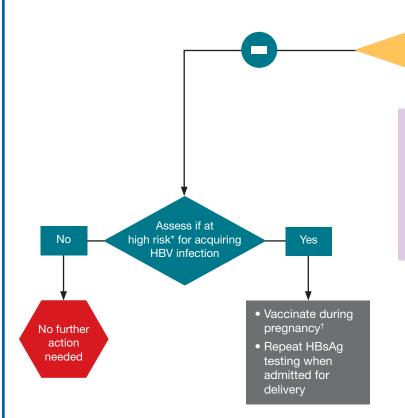
Laboratories reserve the right to add, modify, or stop performing tests at any time – providers should review any test notifications from laboratories for changes.





^{**}This CPT code corresponds only to the HBsAg screening component of this laboratory panel; additional CPT codes might be associated with other component tests in this laboratory panel.

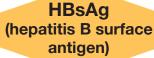
Screening and Referral Algorithm for Hepatitis B Virus (HBV) Infection Among Pregnant Women



*High risk for HBV infection includes: household or sexual contacts of HBsAg-positive persons; injection drug use; more than one sex partner during the past six months; evaluation or treatment for a sexually transmitted disease; HIV infection, chronic liver disease, or end-stage renal disease; and international travel to regions with HBsAg prevalence of ≥2%.

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. MMWR Recomm Rep 2018; 67(No.RR-1):1-34.

Originally adapted with permission from the Hepatitis B Foundation, from Apuzzio et. al, 2012. http://www.hepb.org/assets/Uploads/Final-OB-publications-The-Female-Patient.pdf



- Notify and educate woman about her HBsAg status
- Order HBV DNA and refer to a primary care provider with experience managing hepatitis B or a specialist (infectious disease, hepatology and gastroenterology) during pregnancy
- Report HBsAg(+) pregnant woman to Perinatal Hepatitis B
 Prevention Program and provide infant post-exposure prophylaxis[§]
- Identify all household and sexual contacts for screening and prevention

HBV and Breastfeeding

All HBsAq (+) mothers. including those on TDF, should be educated on the value and safety of breastfeeding and that HBV is not transmitted through breastmilk. Breastfeeding mothers with cracked nipples should practice proper nipple care and be informed that hepatitis B vaccine and HBIG will protect against transmission from such blood exposures.

≥200,000 mIU/mL

<200,000 mIU/mL If not on treatment, order HBV DNA at 26–28 weeks

- Confirm that pregnant woman attended her appointment with primary care provider/ specialist
- Treat¹ at 28-32 weeks until birth
- Confirm that pregnant woman attended her appointment with primary care provider/specialist

Stop TDF at time of birth and monitor for ALT flares at least every 3 months for 6 months

[†]Vaccinate if not previously vaccinated with a complete hepatitis B vaccine series (refer to Schillie et. al. for more information).

§Hepatitis B vaccine birth dose and Hepatitis B immune globulin (HBIG) (refer to Schillie et. al. for more information).

[¶]Tenofovir disoproxil fumarate (TDF) should be used for the treatment of pregnant women.





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