



Delivery Alert

Mom is chronically infected with Hepatitis B

REPLY NEEDED after baby is born and receives prophylaxis.

Mother: _____

Mom's DOB: _____

Baby's name: _____

Pediatrician: _____

Address/Phone: (attach face sheet)

Per CDC and American Academy of Pediatrics (AAP) Guidelines:

Infants (including infants weighing <2000 grams) born to HBsAg positive mothers **must** receive HBIG and HB dose #1 within 12 hours of birth.

Date and *time* of birth: _____

HBIG given on: _____ at _____ am/pm
Date Time

HB vaccine given on: _____ at _____ am/pm
Date Time

Please **fax** or phone this information (along with patient's *face sheet* which includes address, phone #, and doctor or pediatrician assigned) to:

Nazreen Yusuf, Perinatal Hepatitis B Program Coordinator

Phone: (925) 313-6747

Fax: (925) 313-6465

Thank you for helping prevent the spread of Hepatitis B Disease

