

Audit of the management of pregnant women with chronic hepatitis B and their babies by the Southeast Public Health Unit (SEPHU), Victoria

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Southeast Public Health Unit, Monash Health

This study has been approved by the Monash Health Research Office (Research Support Services) with an exemption from HREC review (ERM Reference Number: 111938; Monash Health Reference Number: RES-24-0000-733Q).
The study is consistent with the NHMRC Ethical Considerations in Quality Assurance and Evaluation Activities (2014) guideline.

Why an audit?

Background

- Local Public Health Units (LPHUs) manage Hepatitis B follow up in Victoria since August 2022
- SEPHU prioritised follow up of pregnant women
- Developed model of care that included follow up of all infants born to mothers with CHB

Aim

- To understand the management of pregnant women with CHB and their babies in SEPHU catchment
- Identify gaps in management and differences in service delivery across health services

Study design

- Retrospective data analysis
- All pregnant women with CHB notified between August 2022 and August 2024 residing in the SEPHU catchment

Outcomes

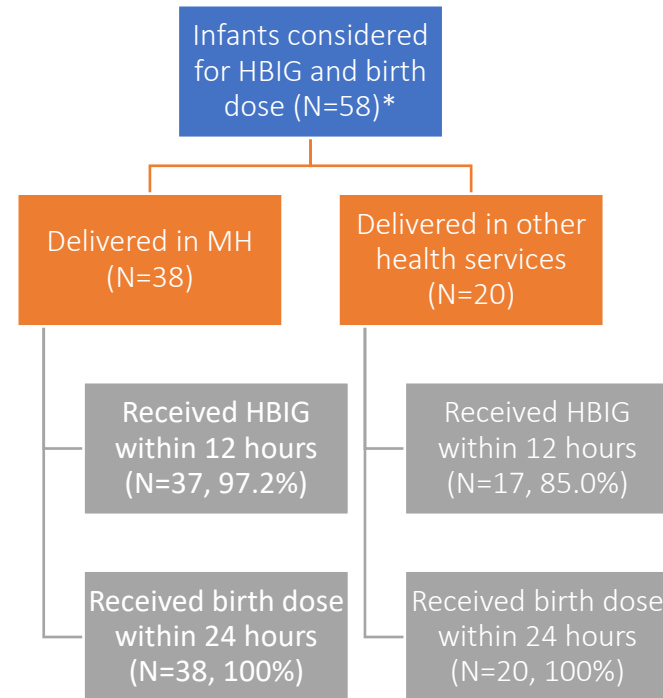
- (a) pregnancy outcomes/demographics
- (b) location of health services
- (c) completion rate of HBIG, vaccination and serology
- (d) timings of HBIG and birth dose vaccination

Results

Pregnant women (N=97)

Variable	Total (N=97)
Age (at notification)	Median: 34 (22 – 49)
First Nation status	
Yes	0
No	90 (92.8%)
Unknown / not stated	7 (7.2%)
Country of birth	
Australia	1 (1.0%)
Overseas	78 (80.4%)
Unknown / not stated	18 (18.6%)
Health service (Antenatal care)	
Public Hospital (VIC)	64 (66.0%)
Private Hospital (VIC)	16 (16.5%)
Other	6 (6.2%)
Lost to follow up	11 (11.3%)

Total Infants (N=58)



> 9 months serology and vaccination (n=28)

Age	Fully vaccinated		Serology	
9 – 12 months	Yes	10 (100%)	Yes	0
	No	0	No	10 (100%)
>12 months	Yes*	17 (88.7%)	Yes	10 (55.6%)
	No	1 (5.6%)	No	5 (27.8%)
			LTFU	3 (16.7%)

*n=1 completed vaccination interstate

KEY ACTIONS & TAKEAWAYS

- **Key Action 1:** Ensure timely and consistent administration of HBIG and birth dose vaccination across all health services.
- **Key Action 2:** Identify barriers and delays in infant serology testing
- **Key Action 3:** Consideration of developing systematic approaches to gather statewide HBIG, vaccination and infant serology testing data into reporting

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