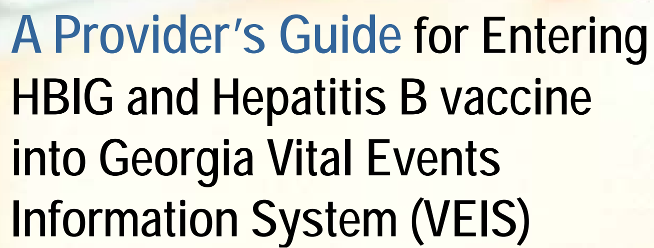

A Provider's Guide for Entering HBIG and Hepatitis B vaccine into Georgia Vital Events Information System (VEIS)

Georgia Department of Public Health

Perinatal Hepatitis B Prevention Program

Georgia Vital Records

The Georgia Vital Records Office uses a “Vital Events Information System (VEIS) Birth Worksheet” to help hospitals provide accurate data surrounding a birth. The VEIS birth worksheet is four pages and includes questions about the infant’s health, mother’s health and hepatitis B vaccine information.

Information entered into the Georgia Vital Events Information System (VEIS) is used by healthcare providers throughout Georgia. This information can help providers identify conditions early and make referrals to public health programs that may provide assistance to the child and family.

The Perinatal Hepatitis B Prevention Program relies on the Hepatitis B Immune Globulin (HBIG) and Hepatitis B vaccine information entered by birth hospitals to help identify high-risk infants. It’s very important to enter HBIG & HepB vaccine accurately. You play a key role in preventing perinatal hepatitis B infections in Georgia.

This is a step-by-step guide for completing the mother’s hepatitis B status and the infant’s hepatitis B vaccine sections on the (VEIS) Birth Worksheet. This guide will focus on the **Mother’s Medical Health Section I** and the **Infant’s Medical Health Section IV**.

VEIS Birth Worksheet Page 3

The VEIS Birth Worksheet should be completed using information obtained from the mother's and infant's medical charts to ensure accuracy.

NEWBORN STATS

Newborn's Medical Record Number ______________________

Weight __________ gms | **Gestation** (weeks) ________ ❑Unknown

_______ lb _______ oz _______ Frac oz ❑Unknown

Apgar score (at 5 min) __________ **If score is less than 6, score at 10 min** __________ ❑Unknown

Plurality of birth: ❑ Single ❑ Twins ❑ Triplets ❑ Other Specify:____________________

If not single birth - Born First, Second, Third, etc: Specify:____________________

Was infant transferred within 24 hours of delivery? ❑Yes ❑No **If yes, where?** __________

Is infant living at time of report? ❑Yes ❑ No

Is infant being breast fed, even partially? ❑Yes ❑ No

MED HEALTH I

Medical and Health Information

Risk factors in this pregnancy (check all that apply)	**Infections present and/or treated during this pregnancy** (check all that apply)	**Method of delivery**
Diabetes	❑ Gonorrhea	**Was delivery with forceps attempted but unsuccessful?**
❑ Prepregnancy (diagnosis prior to this pregnancy)	❑ Syphilis	❑ Yes ❑ No ❑ Unknown
❑ Gestational (diagnosis in this pregnancy)	❑ Chlamydia	**Was delivery with vacuum extraction attempted but unsuccessful?**
Hypertension	❑ Hepatitis B	❑ Yes ❑ No ❑ Unknown
❑ Prepregnancy (chronic)	❑ Hepatitis C	**Fetal presentation at birth**
❑ Gestational (PIH, preeclampsia)	❑ None of the above	❑ Cephalic
❑ Eclampsia	❑ Unknown	❑ Breech
❑ **Previous preterm birth**		❑ Other
❑ **Other previous poor pregnancy outcomes** (includes perinatal death small for gestational age/intrauterine growth restricted birth)		❑ Unknown
❑ **Pregnancy resulted from infertility treatment**		**Final route and method of delivery (check one):**
If yes, check all that apply:		❑ Vaginal/Spontaneous
❑ Fertility enhancing drugs, artificial insemination or intrauterine insemination		❑ Vaginal/Forceps
❑ Assisted reproductive technology [e.g. in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)]		❑ Vaginal/Vacuum
❑**Mother had previous cesarean delivery If yes, how many?**____		❑ Cesarean
❑ None of the Above		❑ Unknown
❑Unknown		**If cesarean, was trial labor attempted?** ❑ Yes ❑ No ❑ Unknown

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Mother's Medical Health Section I:

1 **Infections present and/or treated during this pregnancy:** Checking YES* indicates that the mother is infected with Hepatitis B.

Verification: Hepatitis B Surface Antigen (HBsAg) lab result in the mother's prenatal record

Positive/Reactive=Infectious OR **Negative/Non-Reactive=Not Infectious**

*If the patient completed the VEIS worksheet herself & checked YES, this is an indication that Hepatitis B Immune Globulin (HBIG) and Hepatitis B vaccine should have been given to the infant. Check the child's Medication Administration Record (MAR) to verify.

VEIS Birth Worksheet Page 4

2 Hepatitis B vaccine and Hepatitis B Immune Globulin (HBIG) should be documented on this page under the infant's Medical Health Section IV.

MED HEALTH II

Obstetric Procedures
(Check all that apply)
- ☐ Cervical cerclage
- ☐ Tocolysis

External Cephalic Version
- ☐ Successful
- ☐ Failed
- ☐ None of the Above
- ☐ Unknown

Onset of Labor (Check all that apply)
- ☐ Premature rupture of the membranes (prolonged, ≥12 hrs)
- ☐ Precipitous Labor (< 3 hrs)
- ☐ Prolonged Labor (≥ 20 hrs)
- ☐ None of the Above
- ☐ Unknown

Characteristics of Labor and Delivery
(Check all that apply)
- ☐ Induction of labor
- ☐ Augmentation of labor
- ☐ Non-vertex presentation
- ☐ Steroids (glucocorticoids) of fetal lung maturation received by the mother prior to delivery)
- ☐ Antibiotics received by mother during labor
- ☐ Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥38° C (100.4°F)
- ☐ Moderate/heavy meconium staining of the amniotic fluid
- ☐ Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- ☐ Epidural or spinal anesthesia during labor
- ☐ None of the Above ☐ Unknown

Maternal Morbidity
(Check all that apply)

(Complications associated with labor and delivery)
- ☐ Maternal transfusion
- ☐ 3rd or 4th degree perineal laceration
- ☐ Ruptured uterus
- ☐ Unplanned hysterectomy
- ☐ Admission to intensive care unit
- ☐ Unplanned operating room procedure following delivery
- ☐ None of the Above
- ☐ Unknown

MED HEALTH III

Abnormal Conditions of the Newborn
(Check all that apply)
- ☐ Assisted ventilation required immediately following delivery
- ☐ Assisted ventilation required for more than six hours
- ☐ NICU admission
- ☐ Newborn given surfactant replacement therapy
- ☐ Antibiotics received by newborn for suspected neonatal sepsis
- ☐ Seizure or serious neurologic dysfunction
- ☐ Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft/solid organ hemorrhage requiring intervention)
- ☐ None of the Above ☐ Unknown

Congenital Anomalies of the Newborn
(Check all that apply)
- ☐ Anencephaly
- ☐ Meningomyelocele/Spina bifida
- ☐ Cyanotic congenital heart disease
- ☐ Congenital diaphragmatic hernia
- ☐ Omphalocele
- ☐ Gastroschisis
- ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- ☐ Cleft palate alone
- ☐ Cleft lip with or without cleft palate
- ☐ Down Syndrome
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Suspected chromosomal disorder
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Hypospadias
- ☐ None of the Above ☐ Unknown

MED HEALTH IV

HBIG Administered: ☐Yes ☐No ☐Unknown

Did the infant receive Hepatitis B vaccine? ☐Yes ☐No ☐Unknown

If yes, date received / / (MM/DD/YYYY)

Lot Number

Attendant (Physician) Full Name and Title:

Signature:

Complete Address:

NPI:

License #:

☐Certifier same as Attendant

Certifier (Clerk) Full Name and Title:

Complete Address:

Date Certified: ☐ Unknown

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VEIS Birth Worksheet Page 4

The VEIS Birth Worksheet should be completed using information obtained from the infant's medical chart to ensure accuracy.

3 **Infant's Medical Health Section IV:** This is where Hepatitis B vaccine and Hepatitis B Immune Globulin (HBIG) should be entered

MED HEALTH IV

• HBIG Administered:	❑Yes ❑No ❑Unknown
• Did the infant receive Hepatitis B vaccine?	❑Yes ❑No ❑Unknown
• If yes, date received	/ / (MM/DD/YYYY)
• Lot Number	
Attendant (Physician) Full Name and Title:	
Signature:	
Complete Address:	
NPI:	
License #:	
❑Certifier same as Attendant	
Certifier (Clerk) Full Name and Title:	
Complete Address:	
Date Certified:	❑ Unknown

A **HBIG Administered:** This should ONLY be checked "Yes" if Hepatitis B Immune Globulin (HBIG) was given to the infant. If HBIG was not given check "No". Check "Unknown" if HBIG can not be verified.
HBIG is NOT a routine vaccine. HBIG is only administered to infants that are exposed to hepatitis B by their infected mother at birth.

B **Did the infant receive Hepatitis B vaccine?** Check "Yes" if the Hepatitis B vaccine was given to the infant. Check "No" if the Hepatitis vaccine was not administered. Check "Unknown" if Hepatitis B vaccine can not be verified.

C **If Yes, Date Received:** This is the date Hepatitis B vaccine was administered to the infant. Leave date blank if Hepatitis B vaccine was not administered. (Format is Month/Date/Year)

D **Lot Number:** This is the Lot Number for the Hepatitis B vaccine that was administered to the infant.

Georgia Department of Public Health

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The Georgia Office of Vital Records can be contacted at (404) 679-4702 to answer any questions related to vital records or the VEIS birth worksheet.

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