Hepatitis B

Position Statement

Up to 500 acute cases of hepatitis B are notified every year in the UK. Most infections are asymptomatic - it is estimated that the true incidence may be at least three times higher (Ramsay et al., 1999). Hepatitis B is a serious condition associated with acute morbidity. Typically infection occurs by transfer of body fluids, and occupationally acquired infection is a real risk to healthcare workers involved in exposure prone procedures. However, it is not just healthcare workers who are at risk from patients; higher incidences of transmission have been documented from workers to patients, usually associated with major surgery (Mukerjee et al., 1996). For midwives, occupational risk is most strongly associated with needle stick injuries and splashes from contaminated body fluids at delivery. These risks have been kept relatively low by the adoption of universal precautions and by high vaccination coverage among healthcare workers (Collins and Heptonstall, 1994).

Hepatitis B may be transmitted perinatally from mother to child, often without the woman being aware that she is infected. Babies acquiring infection at this time run a high risk of becoming chronic carriers of the virus. Appropriate immunisation, starting at birth, can prevent the development of carrier status in around 90-95% of cases.

The UK Departments of Health recommended that all healthcare workers who perform exposure prone procedures should be immunised against hepatitis B (DoH, 2000). In 1998 it also recommended that all pregnant women should be offered antenatal screening for hepatitis B, and that babies born to infected mothers should receive a complete course of immunisation at birth (NHS Executive, 1998).

RCM Position

The RCM supports antenatal testing for hepatitis B, but affirms that this should only be undertaken with the woman’s explicit informed consent. Similarly, the RCM commends testing and vaccination against hepatitis B as an important health and safety measure for all midwives whose work may involve undertaking exposure prone procedures. It further believes that midwives who have failed to seroconvert, or who have not been vaccinated

1 Exposure prone procedures are those where there is a risk that injury to the health care worker could result in their blood contaminating a patient’s open tissues.
for whatever reason, should be facilitated to remain in midwifery practice.

The RCM commends hepatitis B vaccination to midwives as the most effective way to protect themselves, their colleagues, and the women and infants in their care from hepatitis B. However, it also recognises that vaccination is not safe or effective for some midwives, and that others may reach their own informed decision to refuse immunisation.

Midwives should be aware of the Nursing and Midwifery Council’s advice that Registrants who are Hepatitis B e-antigen (HBeAG) positive would not be able to undertake exposure prone and if they decline testing or vaccination, they would be treated as positive and have their practice restricted (NMC, 1996). However, the RCM believes it is possible and desirable to accommodate these midwives without compromising client safety, and urges NHS employers to negotiate appropriate procedures for doing so with their employees’ representatives. Many NHS organisations have chosen to opt for regular screening of staff, so allowing non-infected midwives who have not been vaccinated to continue working across all areas of midwifery practice. Some have also asked staff who choose not to be vaccinated to sign a record accepting personal responsibility for their decision.

While it is not possible to lay down detailed guidance for every situation, the RCM recommends that NHS employers should work with employees’ representatives to ensure that, as far as possible, good employment practice is reinforced by the need to protect clients and staff against hepatitis B. However, if midwives refuse to be tested, they would not be allowed to carry out exposure prone procedures in future.

**The RCM Recommends that:**

Midwives ensure that all pregnant women are provided with information about hepatitis B, including routes of transmission and implications for maternal and infant health.

Midwives offer antenatal testing early in pregnancy, supported by written information and referral routes to appropriate specialist advice and counselling services.

Each woman be given the time and support necessary to reach her own informed decision; while testing may be positively recommended, a decision to refuse testing should be respected.

Women diagnosed as infected with Hepatitis B should be appropriately referred for discussion on the implications for themselves, their pregnancies, and their sexual partners. Where possible, this discussion and any written information should be available in the mother’s first language.

Midwives discuss and provide written information to parents on the risks and benefits of Hepatitis B vaccination for babies of Hepatitis B positive women to ensure that the baby receives the appropriately prescribed dose prior to transfer home.
Midwives ensure effective communication between midwives, parents, health visitors and GPs at the time of postnatal transfer, to ensure that the baby receives follow-up hepatitis B vaccination.

Midwives ensure appropriate confidentiality for women who are infected with hepatitis B and disclose information on a need to know basis only.

Midwives familiarize themselves with UK departments of health policies and guidance relating to exposure prone procedures and Hepatitis B infected health care workers.

Midwives who perform exposure prone procedures, are HBeAG) negative and whose viral loads do not exceed $10^3$ geq/ml should have their viral loads re-tested regularly every 12 monthly because research suggests that viral loads in some Hepatitis B infected individuals may change over time.

Midwives contact their RCM representative in situations where they perceive an employment relations issue arising as a result of testing or vaccination for hepatitis B.

Employers provide midwives with full and clear information on the risks of occupationally acquired hepatitis B infection, and on vaccination and its possible failure rates and adverse reactions.

Employers ensure appropriate confidentiality for midwives who are infected with hepatitis B.
References and related documents


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