Date booked for antenatal care at your ho	ospital:/ Unbook	ked (arrived in labour)
Was there a delay to the woman being booked No Yes		
Maternal weight at booking	maternal height at booking	Not done
Is this an IVF pregnancy? Yes No	Not known	
Estimated date of delivery (by ultrasound): _	/ and/or LMP:/_	/

*if result not given in IU/ml please state the units
one or more test results not done, r
Infectivity classification (as reported by virologist/laboratory)
Lower infectivity Higher infectivity
Concurrent maternal infection(s)? None Syphilis HCV HIV Other, specify:
PART 5: CLINICAL MANAGEMENT
Date first seen by hepatitis B specialist team <u>in this</u> pregnancy:/

Name of hepatitis B specialist

Type of hepatitis B specialist: **Hepatologist**