



# SHOWME WORLD CARE

## Prenatal/Perinatal Hepatitis B Processes

Last updated: October 17, 2025

## Prenatal/Perinatal Hepatitis B Coordination

### **Background**

The Perinatal Hepatitis B Program reviews incoming positive hepatitis B cases among women of childbearing age in order to take preventive measures to prevent transmission to infants. These cases are managed by four Perinatal Hepatitis B Coordinators in the following locations.

- Kansas City
- St. Louis City
- St. Louis County
- Missouri Department of Health and Senior Services (DHSS), which manages cases for all other jurisdictions without an assigned Coordinator

In conjunction with the State Coordinator, local public health agencies (LPHAs) are responsible for assisting with identification of new cases by determining pregnancy status for women of childbearing age (13-50 years) who have positive hepatitis B test results.

### ***Identification of New Cases and New Pregnancies for Existing Cases***

In ShowMe WorldCare, identification of brand-new cases is simple using the Jurisdiction Review screen. However, finding reports with new test results on existing cases is more challenging. This is necessary to identify existing women with hepatitis B who may have a new pregnancy. In order to prevent missed cases, Perinatal Hepatitis B Coordinators will be set up to receive alert emails from ShowMe WorldCare whenever a new case of hepatitis B for a female of childbearing age is received, as well as when a prior case among this population is updated. (Currently this alert is only available to the Perinatal Hepatitis B Coordinators.) The email alert will provide the incident ID along with a direct link to the Hepatitis B, Hepatitis B Acute, or Hepatitis B Chronic record for easy review by the Perinatal Hepatitis B program.

All LPHAs are expected to review their brand-new cases of hepatitis B among women of childbearing age (13-50 years) and document pregnancy status as explained in the next section.

The Perinatal Hepatitis B Coordinators will create a task assignment within ShowMe WorldCare for any new positive results on previously existing hepatitis B cases.

## ***Review and Documentation of Pregnancy Status at Test Date***

Two sections have been added to the top of the Laboratory tab on the Hepatitis B conditions to allow the Perinatal Hepatitis B program to document pregnancy information.

- The Perinatal Hepatitis B Review section allows documentation of whether the individual has experienced any sort of procedure or condition which permanently prevents pregnancy. This question is asked to reduce follow-up time on any later positive hepatitis B tests received for the individual.
- The Pregnancy Status at Test Date section is a repeating section where the program can enter the recent collection date, the pregnancy status on collection date, the date the program verified the pregnancy status, and the staff member name who verified the status.

If the individual is NOT pregnant, no further steps need to be taken beyond documentation of the not pregnant status.

If the individual IS pregnant, a Hepatitis B (Pregnancy) Prenatal condition record must be created to allow follow-up of the individual during pregnancy. The Perinatal Hepatitis B Coordinators will create these records as needed.

## ***Creating the Hepatitis B (Pregnancy) Prenatal Condition Record***

From within the Hepatitis B, Hepatitis B Acute, or Hepatitis B Chronic condition record for the pregnant person, click on the Person icon in the icon tray at the top of the record. Once in the individual's Person record, check the conditions table to see if they already have an open Hepatitis B (Pregnancy) Prenatal record. If not, scroll to the bottom of the screen and click the New Condition/Record button. This will open a new condition record.

From the Person tab of the new condition record, select Hepatitis B (Pregnancy) Prenatal. Click or tab off the Condition Being Reported field so that the appropriate forms (tabs) will load.

- **Person tab:** Information from the mother's other hepatitis record (i.e., acute or chronic) should have carried over to the Person tab. Updates can be made as necessary.
- **Laboratory tab:** If needed, laboratory test information can be pulled into the new Prenatal record from the mother's other record using the light blue copy icon at the upper right of each section.
  - In the Laboratory Information w/Provider & Facility (system) section, the copy feature will only copy over tests that were manually entered on other records, not any tests received electronically.
  - To see all test results for the person, click the Show All Results for Patient checkbox near the top of the Laboratory Information w/Provider & Facility (system) section.

**Laboratory Information w/Provider & Facility (system)**

Show Results Beginning  

Show All Results For Patient 

- **Clinical tab:** Complete the information on the Clinical tab. The following sections/fields must be completed for all cases.
  - Pregnancy Status at Initial Notification: Entire section
  - Medical History
    - Is mother a known chronic Hepatitis B carrier?
    - Is mother being followed by a specialist?
  - Prenatal and Delivery Information: Entire section
  - Case Data:
    - Case type
    - Date case management started
    - Actual delivery date (complete after delivery)
    - Was the actual delivery place the same as the expected delivery place?  
(complete after delivery)
    - Received prenatal care
  - Outcome: Complete after delivery
- **Epidemiologic tab:** The Contacts (system) section will be used to link the infant to the mother after delivery. Instructions for adding the infant are provided in a separate section.
- **Administrative tab:** Several important dates can be entered on the Administrative tab. An Investigator can be assigned here or jurisdiction can be reassigned as necessary.
  - *Process Status:* The process status represents the status of the case within the workflow and should be updated as progress is made.
    - Entered: First status when the record is created.
    - Assigned: Update the Process Status to Assigned when the record is assigned to an investigator.
    - Under Investigation: Update to Under Investigation when the assigned investigator begins case management. The record should remain in this status until the infant is born.
    - Pending Infant Follow-up: Update to Pending Infant Follow-up once the infant is born and linked to the mother's record.
    - Closed by Agency – Ready for DHSS QA: Update after completion of vaccination and post vaccination serology testing or if infant reaches two years of age, transfers to another jurisdiction, or is lost to follow-up. For LPHA users, this will be the last status to appear in the workflow for selection.
    - Returned to Investigator: DHSS will use this status to return a case to the investigator if additional information needs to be added to the record. The DHSS team member will also create a task assigned to the investigator with more details on what needs to be done. This status may also be used to reassign a case if the mother has transferred out of state but returned.
    - DHSS Reviewing: DHSS will assign this status when review/QA is underway.
    - Closed by DHSS and Locked: DHSS will assign this status when the record is complete. This will lock the record to any future edits. To reopen a record after locking, contact the DHSS program.

### **Transferring the Mother**

On the Clinical tab in the Outcome section is a button that opens a Transfer Out of State form. This will need to be completed if the mother moves outside of Missouri during her pregnancy. Complete as much of the form as possible and click Save at the bottom of the form to attach the form in the electronic filing cabinet (EFC). Click Print at the bottom of the form to print the record for faxing or print to PDF if emailing.

Only one instance of the transfer form is available. If the mother moves into and out of Missouri multiple times during the pregnancy, save the first version of the form as a PDF in the electronic filing cabinet. Then update the form to reflect the later transfer.

## **Adding the Infant as a Contact to the Mother**

When the infant is born, a contact investigation record must be created to allow for follow-up on the infant.

- From the mother's Epidemiologic tab, click on the + symbol next to the Contacts (system) section to expand the section.
- In the first blank contacts section, click the Link Person button to the right. Search for the infant by first name, last name, and date of birth to see if the infant is already in ShowMe WorldCare.

**Link Person** 

- If the infant is already in the system, click on the infant's name in the search results box and click OK. This may populate some of the infant's information.
- If the infant is NOT already in the system, hit Cancel to close the pop-up. Then enter the infant's information down to the dotted line.

- The **Type of Contact** field **MUST be set to Infant at Birth**. This will enable the questions related to the mother below the second dotted line. **The questions on the mother MUST be completed BEFORE creating a (contact) investigation record for the infant**. If these fields are not completed prior to creating the infant's contact investigation record, this information will not carry to the infant record and must be manually entered there.

**Type of Contact**

Infant at Birth



- After the mother's information is complete, save the record by clicking Save at the bottom of the screen or pressing ALT+S.
- Once the record is saved, a contact investigation record for the infant can be created. The buttons at the bottom of the contacts section labeled "Create Condition/Record" and "Create Investigation" will be enabled. **Select Create Investigation to create a contact investigation record for the infant. DO NOT click on Create Condition/Record**. If the infant converts to hepatitis B during the follow-up period, the contact investigation record will be converted to a condition record at that time. Otherwise, the contact investigation record will be closed at the end of the follow-up period.

~~Create Condition/Record~~

**Create Investigation**

- A pop-up confirming that a contact investigation should be created will appear. Click OK.
- A second pop-up confirming that the contact investigation was created will then appear. Click OK again.
- A linked CI number will appear right below the infant's information, above the first dotted line in the contacts section. Clicking on this link will navigate to the infant's record.

 CI 804203

- If the mother is pregnant with multiple infants at the same time, click the Add button at the bottom of the Contacts (system) section to create a new version of the section so that the second infant can be added. Continue this process until all infants involved in the pregnancy have been added.

## Updating the Infant's Contact Investigation Record

- **Person tab:** Complete as much information on the Person tab as possible.
- **Laboratory tab:** Any incoming electronic laboratory results on the infant should load automatically on this tab once this record is created or results can be manually entered in the Laboratory Information w/Provider & Facility (system) section. Refer to the Laboratory Information w/Provider & Facility (system) Fields section in the ShowMe WorldCare End User Manual for details on entering laboratory test results.
- **Clinical tab:** Complete the information on the Clinical tab. The following sections/fields must be completed for all cases.
  - Mother's Record
    - ID
    - Is infant's address the same as mother's? If not, also complete the remaining fields.
  - Reasons for Testing: Entire section
  - Delivery Info: Entire section
  - Prophylaxis: Entire section. The ShowMeVax button can be used to pull any information entered on this infant in the immunization registry to assist with completing this information.
  - Post Vaccination Serology Testing: Complete entire section if able to perform testing.
  - Outcome: Complete all fields that apply.
- **Administrative tab:** Complete dates, assign an investigator, or update the jurisdiction as necessary. If the infant's record was created prior to the mother's record, the mother's information will not have carried over to the infant and must be completed manually in the Mother's Information for Infant's Record section at the bottom of the Administrative tab.
  - *Process Status:* The process status represents the status of the case within the workflow and should be updated as progress is made.
    - Entered: First status when the record is created.
    - Assigned: Update the Process Status to Assigned when the record is assigned to an investigator.
    - Under Investigation: Update to Under Investigation when the assigned investigator begins case management. The record should remain in this status while the infant is in case management. This status should remain until the child transfers to another jurisdiction, ages out at 2 years, or completes post vaccination serology testing without conversion to hepatitis B.
    - Converted to Condition-Record: **DO NOT SELECT** this option from the Process Status drop-down. The system will assign this status if the contact investigation is converted to a condition record.
    - Closed by Agency: Update to Closed by Agency when the child has transferred out of the jurisdiction, completed post vaccination serology testing without converting to hepatitis B, or aged out at 2 years.

## ***Completing the Infant's Contact Investigation Record***

The contact investigation record will be used to follow the infant until they 1) complete serology testing after vaccination, 2) reach two years of age, or 3) move out of Missouri and their case transfers to another state.

- If the infant has completed serology testing after vaccination OR reached the age of 2 and they have NOT contracted hepatitis B, simply close the contact investigation record by selecting Closed by Agency under Process Status on the Administrative tab.
- If the infant has completed serology testing after vaccination OR reached the age of 2 and they HAVE contracted hepatitis B:
  - Complete any last information that needs to be recorded on the contact investigation record and save. Then click Convert to Condition/Record on the Administrative tab. **Once this conversion is done, the contact investigation record will be locked to any future edits so it is important to enter any information needed on the contact investigation record before converting.**  

  - Information already entered on the contact investigation record will carry over to the new condition record.
  - In the Perinatal condition record, close the record as completed by selecting Closed by Agency – Ready for DHSS QA under Process Status on the Administrative tab. If a new positive hepatitis B test result is received on the child in the future, a new hepatitis B chronic record will be created.
  - Once the infant's Perinatal condition record is closed, the mother's Prenatal record can also be closed by going to the Administrative tab on her record and selecting Closed by Agency – Ready for DHSS QA on the Administrative tab.

## ***Infant's Hepatitis B Exposure Found at Birth***

Retrospective cases discovered upon the infant's birth are handled the same as described previously, with a Pregnancy (Prenatal) record created for the mother and the baby linked as a contact for follow-up.

## ***Infant's Hepatitis B Condition Detected After Birth But Prior to Mother's Hepatitis B Condition***

The Perinatal Hepatitis B Coordinators investigate. Often these are false positives due to vaccination. If an infant/child is truly positive and was not case managed, they are considered a new acute or chronic case (as appropriate) and the record should follow regular processes for those conditions. They are not enrolled in case management.

## ***Transferring the Infant***

On the Clinical tab in the Outcome section is a button that opens a Transfer Out of State form. This will need to be completed if the infant moves outside of Missouri during the follow-up period. Complete as much of the form as possible and click Save at the bottom of the form to attach the form in the electronic filing cabinet (EFC). Click Print at the bottom of the form to print the record for faxing or print to PDF if emailing.

Only one instance of the transfer form is available. If the infant moves into and out of Missouri multiple times during the follow-up period, save the first version of the form as a PDF in the electronic filing cabinet. The update the form to reflect the later transfer.

## **Safe Surrender**

In situations where the baby has been safe surrendered, the baby will be case managed but the mother will not be known to create the linkage. A contact investigation will need to be created directly without being attached to a mother's condition record.

- From Search, search for the infant's name in case they already have a ShowMe WorldCare Person record.
- If no Person record is found, click on New Contact Investigation. On the Condition Being Reported, choose Hepatitis B (Infant) Perinatal. Complete the record as indicated in the earlier section.

## **Adopted Babies**

In cases of adoption, the birth mother may not be known. In that situation, follow the same process described under the Safe Surrender section.

If the birth mother is known and was initially linked to the infant, the link between the mother and infant must be broken.

- Open the infant's Hepatitis B (Infant) Perinatal record.
- On the Administrative tab, click the drill-down button next to the Link to Condition/Record field. In the Select a Person pop-up box, click Unlink. Scroll down to the Mother's Information for Infant's Record section and delete the mother's information for any fields that are populated. Save the record.
- Open the mother's Hepatitis B (Pregnancy) Prenatal record.
- On the Epidemiologic tab, expand the Contacts (system) section. Click the Delete button in the lower right of the contact section for the infant to be unlinked. A pop-up will appear requesting confirmation that the record should be deleted. Click OK. Save the record.

## **Adding Other Types of Contacts**

Some jurisdictions track other types of contacts of the hepatitis B positive mother. To add these other contact types, in the Contacts (system) section, choose the appropriate option under Type of Contact (e.g., Household, Sexual, etc.). If Household is chosen, some additional fields in the contacts section will enable (Household Contact Status through the vaccination fields). The extra fields about the mother are only enabled for the Infant at Birth contact type. Otherwise, follow the same process described for infant contacts of Linking the Person (if already in ShowMe WorldCare) or adding the person's information, saving the record, and then creating the contact investigation record.

## How to Request Assistance with ShowMe WorldCare

- The ShowMe WorldCare Help Desk is available from 8:00 AM – 5:00 PM on State workdays. To contact the Help Desk, submit a ticket at [https://moexperience.qualtrics.com/jfe/form/SV\\_737JeAAdftM2q1M](https://moexperience.qualtrics.com/jfe/form/SV_737JeAAdftM2q1M).
- Help Desk office hours are provided daily on State workdays from 9:00 – 10:00 AM to allow for more personalized assistance from the Help Desk. [Join the meeting now](#): Meeting ID: 288 552 720 449; Passcode: rAFt9z
- The ShowMe WorldCare End User Manual, recorded webinars, and FAQ Archives are available at <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus-lpha/smwc/resources.php>.
- While the Help Desk can assist with account issues such as log-in problems and password resets, as well as basic functionality of ShowMe WorldCare, these staff are not specialists in the specific conditions. More detailed questions about how to handle cases or how to complete the condition-specific forms will need to be directed to the condition point of contacts, such as the District Epidemiologists. These types of questions can be submitted on Help Desk tickets for convenience, but the Help Desk will likely need to route these questions to the appropriate program.

## Version History

Revision Date	Revisions
October 17, 2025	Document created