

# Pregnancy and Vaccination

**Appropriate vaccination can prevent serious complications from infectious disease for pregnant women, the fetus, and newborns.**

- **Recommended** - Vaccine is recommended regardless of pregnancy.
- **Contraindicated** - Due to theoretical risk of transmission of the vaccine virus to the fetus.
- **If indicated** - Based on patient risk factors (e.g., medical, occupational, lifestyle, international travel) and should be given if susceptible regardless of pregnancy.

Vaccine	BEFORE pregnancy	DURING pregnancy	AFTER pregnancy
Hepatitis A (HepA)	If indicated		
Hepatitis B (HepB)	If indicated		
Human Papillomavirus (HPV)	Age 9 through 26 years	Not recommended	Age 9 through 26 years
Influenza (inactivated)	1 dose annually		
Influenza (Live Attenuated)	Avoid conception for 4 weeks	Contraindicated	Avoid conception for 4 weeks
Measles, Mumps, Rubella (MMR)	Avoid conception for 4 weeks	Contraindicated	Give postpartum if susceptible to rubella
Meningococcal (MenACWY/MenB)	If indicated		
Pneumococcal (PPSV / PCV)	If indicated		
Tetanus, Diphtheria, Pertussis (Tdap/Td)	If never given previously	Each pregnancy between 27 and 36 weeks	If never given previously
Varicella (VAR)	Avoid conception for 4 weeks	Contraindicated	Give postpartum if susceptible

# Considerations

## Tdap/Td

- Give Tdap between 27 and 36 weeks gestation during each pregnancy, preferably earlier in that timeframe.
- Tdap can be given regardless of the interval since last Td or Tdap.
- Give Tdap instead of Td for wound management during pregnancy.
- Pregnant women who never received a primary Td series should receive three doses. Give Td/Tdap at intervals of 0, 1, and 6 months. One of the three doses should be Tdap, preferably given between 27-36 weeks.

## Vaccine-related prenatal serologic screening

- Test for rubella immunity: if susceptible, vaccinate postpartum. If a woman of childbearing age has documentation of three MMR vaccinations, no further testing or MMR vaccination is recommended.
- Test for hepatitis B infection: vaccinate if susceptible and at risk. Send results to birthing hospital; if HBsAg-positive, report results to the Minnesota Department of Health.

## Vaccinating household contacts of pregnant women

- Make sure household contacts of pregnant women are up to date on:
  - Pertussis-containing vaccines (Tdap or DTaP depending on age)
  - Influenza vaccine
  - Hepatitis B if pregnant woman is HBsAg-positive
- No vaccine - except smallpox - is contraindicated for household contacts or the children of a pregnant woman.

## Vaccinating breastfeeding women

- Neither inactivated nor live-virus vaccines given to a breastfeeding woman affect the safety of breastfeeding for mothers or infants with a couple of exceptions:
  - Breastfeeding is a precaution to yellow fever vaccination.
  - Breastfeeding is a contraindication for smallpox vaccination.

## Protecting newborns

- Vaccinating pregnant women allows antibodies to be passed to the fetus. The antibodies protect the newborn in the first few weeks of life until they can start receiving their own vaccinations.
- Stress the importance of childhood immunization, starting with the hepatitis B vaccine in the first 24 hours of life.