

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 West Virginia Department of Health and Human Resources, Bureau for Public Health.

Vaccinating household contacts of pregnant women

- Ensure 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
- With the exception of smallpox, no vaccine 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 two 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.