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PREGNANCY

How to help
protect you
and your baby

**This leaflet describes the vaccinations
that help protect you and your baby
during and after pregnancy**



Why do I need vaccinations?

Having the vaccinations that are recommended during pregnancy (and after your baby is born) is one of the most effective things you can do to reduce the risk of certain infections for you and your baby.

To protect yourself and your baby, make sure:

- you are up to date with all your vaccinations; and
- your baby gets vaccinated at 8, 12 and 16 weeks to continue the protection during their most vulnerable years.

Vaccination during pregnancy

Influenza (flu)

What is flu?

Flu is a highly infectious disease with symptoms such as fever, chills, aches and pains in the joints and muscles, headaches and extreme tiredness.

Flu is usually worse than a bad cold and you may need to spend a few days in bed recovering.

Although serious infections are less common in healthy adults, they can sometimes lead to a stay in hospital, permanent disability and even death.

Why is flu more serious in pregnancy?

During pregnancy, your immune system is naturally weakened to make sure that your pregnancy is successful. However, this means that you may be less able to fight off infections. Also, as your baby grows, you can't breathe as deeply, increasing the risk of infections such as pneumonia. Together, these changes can increase the risk for pregnant women, especially during late pregnancy and if there are other risk factors, such as diabetes.

A pregnant woman who catches flu is more likely to need to go into hospital than a woman who is not pregnant.

Having the flu vaccination means that you are less likely to get ill with flu, and it reduces the risk of you having serious complications such as pneumonia. For these reasons, all pregnant women are recommended to have the flu vaccine.

What is the risk for my baby from flu?

Flu can be serious for unborn and newborn babies and can lead to premature birth, low birthweight, stillbirth or even death in the first weeks of life.

What does vaccination involve?

The vaccine is given as an injection in the arm. It is usually available from the end of September each year and is free. It is safe to have at any time during pregnancy and takes around 14 days to provide protection.

You will need a flu vaccination every time you are pregnant during any flu season.

Does the vaccine have any side effects?

The side effects of the flu vaccine are mild compared with the disease itself and are seen in all people, not just pregnant women. Soreness and redness at the site of the injection are most common. You may also get a headache, muscle aches, fever or tiredness. These usually last for a day or two after the vaccination, as it begins to work.

What are the benefits for my baby?

By having the vaccination, you reduce the chance of getting flu during your pregnancy and so the risk of complications from flu is reduced. Your baby will develop some immunity to flu, as antibodies are passed from you to your baby through the placenta. This will provide some protection during the first few months of life. By having the vaccine you will be less likely to catch flu and pass it on to your baby.

Is the flu vaccination safe to have during pregnancy?

The flu vaccines offered to pregnant women contain only killed (inactivated) flu viruses and cannot cause flu. Since 2009, a number of countries have offered the flu vaccine routinely to all pregnant women. Studies show that inactivated flu vaccines can be safely and effectively given during all stages of pregnancy.

What should I do if I think I have caught flu?

Contact your GP urgently and mention that you are pregnant. There is a medicine that can help relieve some of the symptoms, but you need to take it as soon as possible after your symptoms start for it to work. The best way of protecting yourself and your baby against flu is to have the vaccine before the start of the flu season, usually around September or October (but you can still have the vaccine at any time during the winter season).

Flu can be a serious infection for pregnant women and their babies. Pregnant women should have a free flu vaccine during each pregnancy. It can be given at any stage of pregnancy and as early as possible in the flu season.

Whooping cough (pertussis)

What is whooping cough?

Whooping cough is a serious disease in young babies that can lead to pneumonia and permanent brain damage. Whooping cough can often last for around two to three months, and spreads easily. Every year, around 200 babies are admitted to hospital with whooping cough. In the worst cases, it can cause death.

Why do I need the whooping cough vaccine?

In 2012 there was an outbreak of whooping cough in the UK. Although there has been a fall in the number of cases in infants due to the success of this vaccine programme. The number of overall cases across the UK remains high.

You can help protect your unborn baby by having the vaccine. Studies have shown that the vaccine is very effective in preventing whooping cough in newborn babies. The protection that you will get from the vaccination also means that you are less likely to catch whooping cough and pass it on to your baby.



When should I get vaccinated?

The best time to get vaccinated is from the 16th week of your pregnancy. If you miss the recommended time, you can have the vaccine any time in your pregnancy, but the best time is between 16 and 32 weeks. You can still have the vaccine in late pregnancy but it may not be as effective. The vaccine is a single injection in your arm.

Because protection from whooping cough vaccine wears off over time, you should have the vaccine even if you had it when you were younger or if you have had whooping cough. You should also have it again if you had it in a previous pregnancy, as vaccination is needed in each pregnancy.

You can have the whooping cough vaccine at the same time as the flu vaccine, but do not wait until the winter to have them together. Your baby will get the best protection if you have the vaccine from the 16th week of your pregnancy.

If you haven't heard from your GP or midwife, make an appointment to have the vaccination as soon as possible.



Aren't babies given the whooping cough vaccine anyway?

In the UK, babies are given the whooping cough vaccine at 8, 12 and 16 weeks. They are not given it earlier than eight weeks as they may not respond as well. Babies need three doses of the vaccine to build up full protection.

You can help to protect your newborn baby by having the whooping cough vaccine soon after the 16th week of your pregnancy.

What are the benefits for my baby?

The only way to protect your baby from getting whooping cough in the first two months of life is by having the whooping cough vaccine yourself. The protection that you will get from the vaccine passes to your baby through the placenta and protects your baby from whooping cough until they are old enough to have their own vaccine.

Is the whooping cough vaccine safe to have during pregnancy?

Studies have shown the whooping cough vaccine is very safe for you and your baby. You may have some mild side effects after the vaccine. These include swelling, redness and tenderness at the site of the injection.

As there is no single whooping cough vaccine available, the vaccine also contains protection against tetanus, polio and diphtheria. All of these parts of the vaccine have been killed (inactivated) and can be safely given in pregnancy. It is much safer for you and your baby to have the vaccine than to risk your newborn catching whooping cough.



Whooping cough can be a very serious illness for young babies. You can help to protect your baby by having the vaccine from the 16th week of your pregnancy.

Remember, even if you've had whooping cough vaccine while pregnant, the protection that this will give to your baby will wear off, so it is important that your baby is given the whooping cough vaccine at the recommended times.

Vaccination before or after pregnancy

If you are planning to become pregnant you should make sure you are up to date with all vaccinations.

Rubella (German measles)

Catching rubella during pregnancy can be very serious for your baby. It can cause a condition called congenital rubella syndrome (CRS). CRS can lead to deafness, blindness, cataracts (eye problems) or even heart problems. It can also result in the death of the baby or the possibility of a termination.

You will be protected from rubella if you have ever had two doses of a vaccine that contains rubella (for example, rubella, measles-rubella or measles-mumps-rubella (MMR) in school or at your GP surgery). If you are not sure whether you have had these vaccines, you can check with your GP.

Ideally, you should have had two doses of a vaccine containing rubella. If you haven't, you can have the MMR vaccine up to one month before pregnancy. MMR is a live (weakened) vaccine so is not given during pregnancy. Although there is no evidence that having the MMR vaccine during pregnancy causes harm to babies, it is recommended that you wait until after your baby is born to have the vaccination.

Why do I need the MMR vaccination after pregnancy?

This will protect you and your baby in any future pregnancy and give you longer-term protection against measles, mumps and rubella. If you haven't had the vaccine before, you will need two doses. You should be offered the first vaccine at the same time as your postnatal check and the second dose a month later. You should avoid becoming pregnant for one month after the vaccinations, so you will need to use a reliable method of contraception.

If you are not sure if you have had an MMR vaccination, you can check with your GP at your postnatal check.

Can I breastfeed my baby following vaccination?

Yes, it is safe to breastfeed your baby after you have had MMR, flu and whooping cough vaccinations. In fact, mothers pass on protective antibodies to their babies during breastfeeding, so you can continue to share your protection with your baby by breastfeeding.

Rashes in pregnancy

What should I do if I come into contact with someone with a rash, or if I have a rash?

You must let your midwife, GP or obstetrician know immediately if you have a rash, or have any contact with anyone who has a rash, at any time during your pregnancy.

Please avoid any antenatal clinic, hospital setting or other pregnant women until you have been assessed.

Any illness where you have a fever and a rash may be due to you having an infectious disease which could harm your unborn baby. You may be offered tests to find out if you have been infected.

The health professional that assesses you will need to know:

- how many weeks pregnant you are;
- the date that you first developed a rash or had contact with someone with a rash;
- a description of the rash (is it a raised, bumpy rash or is it blisters filled with fluid?);
- what infections you have had in the past, for example chickenpox or measles; and
- what vaccinations you have previously had.

If you come into contact with someone with a rash or if you develop a rash while you are pregnant, get advice from your GP or midwife as soon as you can.

If you delay reporting a rash you may not be able to get an accurate diagnosis or the recommended treatment.

Other vaccines to discuss with your midwife

Hepatitis B

Babies whose mothers have the hepatitis B infection should have a hepatitis B vaccine as soon as they are born with another dose four weeks later. Your baby will receive further doses of hepatitis B with their routine vaccinations. Talk to your health visitor or practice nurse about making an appointment for a booster dose and blood test when your baby is one year old to test for infection.

BCG

Babies born to a parent from a country where tuberculosis (TB) is common (or have a grandparent from that country), should have a BCG vaccine to protect them from TB.

Having the vaccinations that are recommended during pregnancy (and after your baby is born) is one of the most effective things that you can do to reduce the risk of certain infections for you and your baby.

Making sure your baby gets vaccinated at 8, 12 and 16 weeks means that this protection will continue during their most vulnerable years.

For more information

If you have any questions or want more information, talk to your midwife, doctor or nurse or call NHS Direct Wales on **0845 46 47** (111 if available in your area) or visit **www.nhsdirect.wales.nhs.uk**

Antenatal Screening Wales

www.antenatalscreening.wales.nhs.uk/public/antenatal-screening-tests

You can find more information on possible side effects and vaccine contents at **www.medicines.org.uk/emc** by entering the name of the vaccine in the search box and looking at the patient leaflet (PIL).

You can report suspected side effects online at **yellowcard.mhra.gov.uk** or call the Yellow Card hotline on **0800 731 6789** (Monday to Friday, 10am to 2pm).

Pregnancy vaccination record

Record your pregnancy vaccinations below to make sure that you and your baby don't miss out on protection against flu, whooping cough and rubella (German measles).

Vaccine given and name	When to have it	Date
Flu (Inactivated flu vaccine)	During the flu season at any time during pregnancy	
Whooping cough (Boostrix-IPV or Repevax)	16 th week of pregnancy. Can be given between 16 and 32 weeks	
MMR dose 1 (if no previous vaccination) (MMR VaxPRO or Priorix)	After your baby is born, at your six-week postnatal check (with your GP or practice nurse)	
MMR dose 2 (if no previous vaccination) (MMR VaxPRO or Priorix)	Four weeks after first dose (as above)	

To order more copies of this leaflet, visit:

www.publichealthwales.org/HealthInformationResources

The routine immunisation schedule that shows you which immunisations are offered in Wales is available from:

www.nhsdirect.wales.nhs.uk/livewell/vaccinations/Leaflets/

To find out how the NHS uses your information, visit:

www.nhsdirect.wales.nhs.uk/lifestylewellbeing/yourinfoyourrights

Published March 2020

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ISBN 978-1-78986-154-32