UK Health Security Agency

NHS

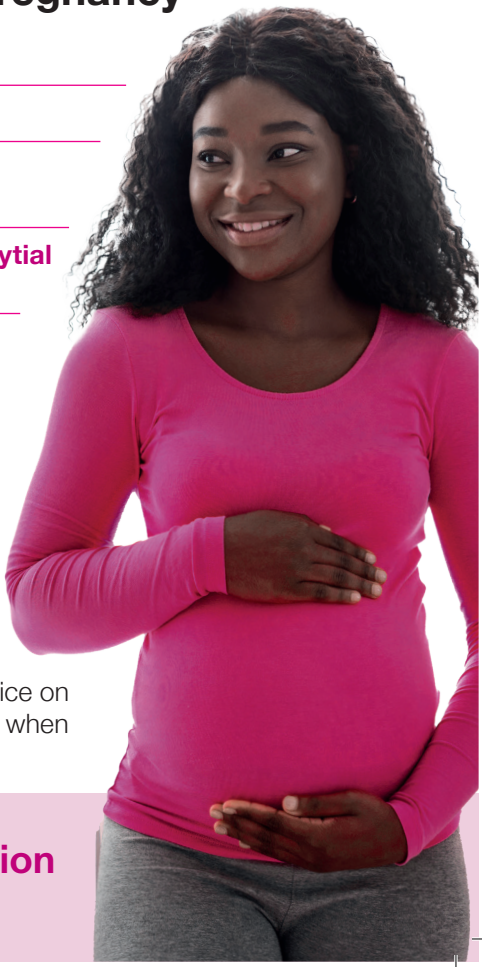
Pregnant?

These vaccines help to protect you, your baby and your pregnancy

Flu (Influenza)

Whooping cough (Pertussis)

Respiratory Syncytial Virus (RSV)



With additional advice on other vaccines and when to get them

immunisation

This leaflet describes the free vaccines that help to protect

- **you**
- **your pregnancy, and**
- **your newborn baby**

from the complications of infection

How do vaccines work?

Vaccines help your body's natural defences (the immune system) to recognise and fight certain infectious disease.

When you receive a vaccine your immune system is boosted to help prevent you getting ill and to protect your pregnancy. The antibodies then pass to your unborn baby to help protect them from birth and in the first few weeks and months of life.

Can I breastfeed my baby after I have had a vaccine?

Yes, it is safe to breastfeed your baby after you have had MMR, flu, whooping cough and RSV vaccines. For some vaccines given during or after pregnancy, your breastmilk will have antibodies in it so you can continue to share your protection with your baby by breastfeeding.

Vaccines given during pregnancy

Whooping cough (Pertussis)

Whooping cough is a highly infectious disease that can be very serious for small babies. Most young babies with whooping cough will need hospital care.

Whooping cough can cause long bursts of coughing and choking making it hard to breathe. The 'whoop' noise is caused by gasping for breath after each burst of coughing.

Whooping cough can last for around 2 or 3 months. It can lead to pneumonia, fits and permanent brain damage. In the worst cases, it can cause death.

Why do I need the whooping cough vaccine?

Having a whooping cough vaccine while you are pregnant will boost your own protection. The antibodies that your body produces will also be passed through the placenta to your baby. These antibodies will help protect your baby against whooping cough over their first weeks of life.

When should I have the vaccine?

You will normally receive your whooping cough vaccine around the time of your mid-pregnancy scan (usually 20 weeks) but you can have it as early as 16 weeks.

If you have reached 20 weeks of pregnancy and haven't yet had the vaccine, talk to your GP surgery or midwife and make an appointment to have the vaccine at your earliest opportunity.

To provide your baby with the best protection, you should aim to get the vaccine by 32 weeks. If you have missed this, you can still receive the vaccine later, though it may be less effective. If it wasn't possible to have the vaccine before your baby is born, you can still have it afterwards, which will reduce the risk of spreading whooping cough to your baby. It is important to have the whooping cough vaccine during each pregnancy to boost your antibody levels and help protect your baby.

I thought babies were given the whooping cough vaccine?

In the UK, babies are given the whooping cough vaccine at 8, 12 and 16 weeks of age. Many babies who have serious whooping cough disease are infected in their first weeks of life. The only way to protect your baby at this time is by having the whooping cough vaccine whilst you are pregnant.

How effective is the vaccine?

UK studies have shown that having a vaccine in pregnancy is around 90% effective in preventing whooping cough in newborn babies.

The protection that you get from the vaccine also means that you are less likely to catch whooping cough and pass it on to your baby.

Which vaccine am I having?

The vaccine we give in pregnancy also provides protection against tetanus and diphtheria. These should build on the protection you got from your routine childhood vaccines.

You can read about the Adacel vaccine here: www.medicines.org.uk/emc/product/15553/pil#gref

Is the whooping cough vaccine safe to have in pregnancy?

Many countries in Europe, North and South America, Australia and New Zealand use the whooping cough vaccine in pregnancy and it has an excellent safety record.

It is much safer for you and your baby to have the vaccine than to risk your newborn catching whooping cough.

» **Help to protect your baby by having the whooping cough vaccine in every pregnancy. Make sure your baby gets their own vaccination against whooping cough at 8, 12 and 16 weeks.**

Respiratory Syncytial Virus (RSV)

Respiratory syncytial virus or RSV is a common virus which can cause a lung infection called bronchiolitis. In small babies this condition can make it hard to breathe and to feed. In England, around 20,000 infants are admitted to hospital each year with bronchiolitis and some will need intensive care. A small number will die.

RSV is more likely to be serious in very young babies, those born prematurely, and those with conditions that affect their heart, breathing or immune system. RSV infections can occur all year round but cases peak every winter.

Why should I have the vaccine against RSV?

Having the RSV vaccine whilst you are pregnant will boost your protection. The antibodies that your body produces will be passed to your unborn baby. These antibodies will help protect your baby against RSV from when they are born.

When should I get the vaccine?

You should be offered the vaccine around the time of your 28-week antenatal appointment.

You should try and have your vaccine at 28 weeks or as soon as possible after that. This will help you to build a good level of antibodies to pass to your baby before you give birth.

You can still have the vaccine later in your pregnancy but it may be less effective. If it wasn't possible to have a dose earlier, it can be given right up until you have your baby.

You should have the RSV vaccine in every pregnancy to give your new baby the best protection.

How effective is the RSV vaccine?

Studies show that the RSV vaccination reduces the risk of your baby having severe bronchiolitis by 70% during the first 6 months of life.

Like all medicines, no vaccine is completely effective and some babies may still get RSV infection despite their mothers having the vaccine. However, for most babies born to vaccinated mums, any RSV infection should be less severe.

Which vaccine am I having?

You can read about it here: www.abrysvo.com/

Is having the RSV vaccine during pregnancy safe for my baby?

In a clinical trial of almost 4,000 women, the vaccine had a good safety record and has now been approved by medicines regulators in the UK, Europe and the USA. Many thousands of women have since had the vaccine in national programmes, including more than 100,000 women in the USA.

In the clinical trial, slightly more babies were born early in the vaccine group than in the group who had not had a vaccine. This difference appears to be due to chance, but this is one reason why the vaccine is being given from 28 weeks rather than earlier in your pregnancy. Overall, it is much safer for you and your baby to have your vaccine than to risk your newborn catching the RSV infection.

» **Have your RSV vaccine when you are pregnant to give your baby the best protection for the first 6 months of life.**

Influenza (Flu)

What is flu?

Flu is a highly infectious disease with symptoms such as fever, chills, aches and pains, headaches and extreme tiredness. Pregnant women have a higher chance of developing serious complications of flu, particularly in the later stages of pregnancy, including pneumonia and even death.

Flu can also threaten your pregnancy, leading to premature birth, low birth weight and stillbirth.

Flu can also be extremely serious for newborn babies and young infants.

Why do I need the flu vaccine in pregnancy?

The flu vaccine reduces your chance of getting serious flu, needing hospitalisation or intensive care during your pregnancy. It also reduces the risk of pregnancy complications.

The vaccine boosts your antibodies against flu which are then passed to your unborn baby. This provides some protection to your new baby for the first few months of life.

You will also be less likely to catch flu and pass it on to your new baby over the winter.

When should I have the vaccine?

Flu vaccine is usually available from September each year and is free for pregnant women.

You should have the vaccine once it becomes available in September, whatever stage of pregnancy you are at. Ideally you should have your vaccine before the start of the flu season, but you can still have the vaccine at any time over the winter.

You will need a flu vaccine every time you are pregnant during the flu season.

Is the flu vaccine safe to have during pregnancy?

Since 2009 many countries have offered a flu vaccine in pregnancy, and over 2 million vaccines have been given to pregnant women in England. The vaccine has an excellent safety record.

Overall, it is much safer for you to have your vaccine than to risk you or your baby catching the flu infection.

How effective is the flu vaccine?

Having the flu vaccine in pregnancy halves the risk of you or your infant having a flu-like illness. Infants born to vaccinated women are around 70% less likely to be admitted to hospital with flu over the first 6 months of life.

» Flu can be a serious disease 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 starting from September.

What should I do now?

You can speak to your GP practice, midwife or health team to make an appointment to have your vaccines. The flu, whooping cough and RSV vaccines are all given as a single injection in the arm. Common side effects are mild and include:

- soreness and redness at the injection site
- headache and muscle aches
- mild fever or tiredness

You can read the flu leaflet here:

www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why

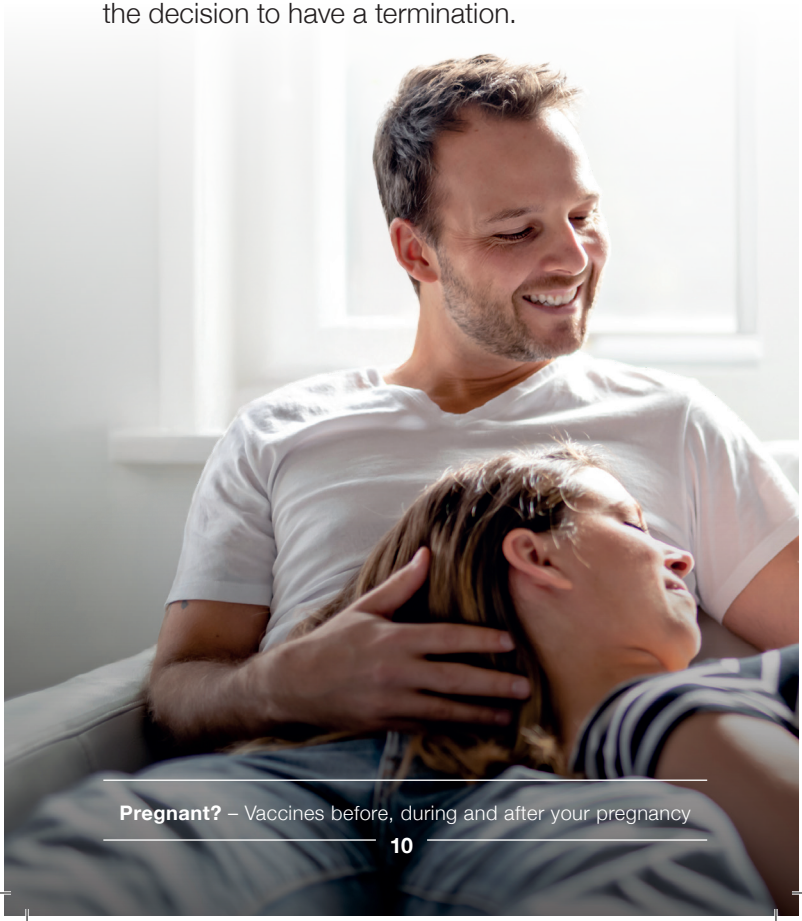
Before you are pregnant

If you are not pregnant yet, but are hoping to be pregnant in the near future, you should make sure you are up to date with your other vaccines.

Rubella (German measles)

Rubella infection is normally a mild infection that causes a rash illness.

Catching rubella during pregnancy can be very serious for your baby, causing a condition called congenital rubella syndrome (CRS). CRS can lead to deafness, blindness, cataracts (eye problems), heart problems and/or developmental delay. It can also result in the death of the baby or the decision to have a termination.



Protecting against rubella disease in pregnancy

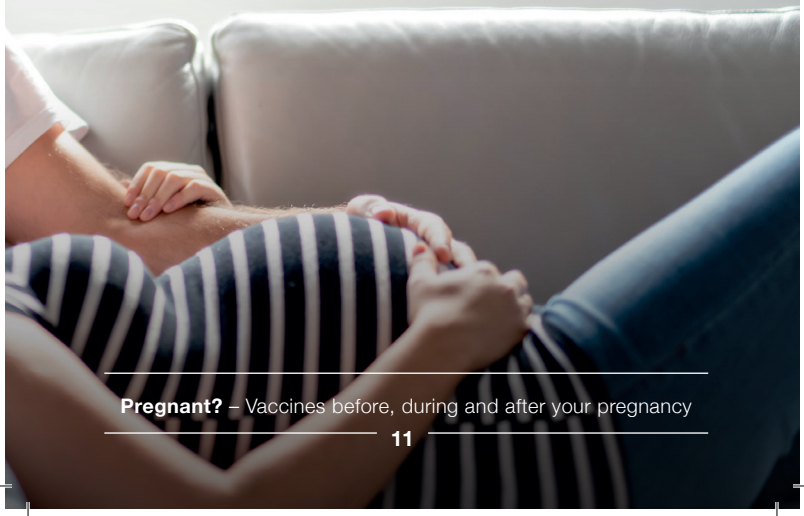
If you had two doses of the MMR vaccine as a child you will be well-protected during your pregnancy. Thanks to our successful vaccine programme, rubella infection is now extremely rare in the UK.

If you are not sure whether you have had the vaccine, you can check with your GP surgery. If you have missed out, you should catch up on your vaccines, ideally before you become pregnant. Otherwise, you should have the vaccine soon after your baby is born.

MMR vaccine contains a live (weakened) virus so is not advised during pregnancy.

I am already pregnant but haven't had my MMR, what should I do?

Once you have given birth, you can then have your MMR vaccines. This will protect you and your baby from measles and rubella. Having both doses of MMR will also give you long term protection against measles and mumps.



Rash in pregnancy

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

Some infections that cause a rash, including rubella, can lead to complications in pregnant women. Even if you are protected from rubella, you must let your midwife, GP or obstetrician know immediately if you have a rash illness or have any contact with another person with a rash at any time during your pregnancy.

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

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
- when the contact with someone with a rash illness was
- the date that you first developed 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 such as chicken pox, measles
- what vaccines 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 illness it may not be possible to give you an accurate diagnosis or any recommended treatment.**

Other vaccines to discuss with your midwife

COVID-19

The risk from catching COVID-19 in pregnancy is much lower than it was at the start of the pandemic, but pregnant women are still eligible for vaccination in the autumn. The vaccine will reduce your chance of having serious COVID-19 for a few months, which may be more important if you have an underlying medical condition. The antibodies that your body produces will be passed to your unborn baby and provide some protection to your baby in those early weeks and months.

Hepatitis B

At birth, babies born to mothers who have the hepatitis B infection (or those who test positive for hepatitis B during pregnancy) should have hepatitis B vaccine as soon as they are born. Arrangements should be made with your GP surgery for your baby to have further doses of vaccine and a blood test when he or she is 1 year old to test for infection. www.gov.uk/government/publications/protecting-your-baby-against-hepatitis-b-leaflet

BCG

Babies born to a parent (or who have a grandparent) from a country where TB is common, should have BCG vaccine to protect them from TB. www.gov.uk/government/publications/tb-bcg-and-your-baby-leaflet

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

Ensuring your baby gets their own vaccines at 8, 12 and 16 weeks means that this protection will continue during their most vulnerable years.

Links to further information

- www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx
- www.gov.uk/government/collections/immunisation
- www.medicines.org.uk/emc/
- To learn about the vaccines for your baby in the first year of life you can read www.gov.uk/government/publications/a-guide-to-immunisations-for-babies-up-to-13-months-of-age

Pregnancy vaccine record

Record your pregnancy vaccines below to ensure that you and your baby don't miss out on protection against flu, whooping cough

Vaccine	When to have it	Date given
Flu	During flu season at any time during your pregnancy.	
Whooping cough	Ideally after your 18 to 20 week scan. Can be given from 16 weeks to the time you give birth.	
RSV	You should have your RSV vaccine once you are 28 weeks pregnant.	
MMR dose 1*	After your baby is born, at your 6 week post-natal check (with GP or practice nurse).	
MMR dose 2*	Four weeks after first dose (as above).	

*If no previous vaccine

Having your vaccines whilst pregnant helps to protect your pregnancy. Speak to your midwife, GP practice or health team and make sure you have them at the best time for you.

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www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them