

**Royal Hospital for Women (RHW)**  
**BUSINESS RULE**  
**COVER SHEET**



**Health**  
South Eastern Sydney  
Local Health District

Ref: T24/41427

<b>NAME OF DOCUMENT</b>	Influenza vaccination in pregnancy
<b>TYPE OF DOCUMENT</b>	Clinical Business Rule
<b>DOCUMENT NUMBER</b>	RHW CLIN060
<b>DATE OF PUBLICATION</b>	25.6.24
<b>NATIONAL STANDARDS</b>	Standard 2 – Partnering with Consumers Standard 3 – Preventing and Controlling Infections Standard 4- Medication Safety Standard 5 – Comprehensive Care
<b>RISK RATING</b>	Extreme
<b>REVIEW DATE</b>	June 2025
<b>FORMER REFERENCE(S)</b>	N/A
<b>EXECUTIVE SPONSOR</b>	Midwifery Clinical Co-directory of Maternity Services
<b>AUTHOR</b>	J Carlile, Infection Prevention & Control CNC
<b>SUMMARY</b>	Pregnant women are at high risk of severe consequences of influenza infection, thus Seasonal vaccination is recommended

# Royal Hospital for Women (RHW) CLINICAL BUSINESS RULE

## Influenza vaccination in pregnancy

**RHW CLIN060**

*This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.*

*Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.*

### 1. BACKGROUND

A pregnant woman is at risk of severe consequences of influenza infection. Influenza vaccination is recommended for any person who wishes to reduce the likelihood of becoming ill with influenza, including family members of the pregnant woman

The aim of this CBR is guidance around the appropriate vaccination of the pregnant woman to minimise influenza infection

### 2. RESPONSIBILITIES

**2.1 Medical staff** – Prescribe and administer vaccination

**2.2 Midwifery and nursing staff** – administer vaccination

### 3. PROCEDURE

#### 3.1 Clinical Practice

##### Preconception and Antenatal

- Recommend influenza vaccination for a woman planning pregnancy and any pregnant woman regardless of gestation
- Recommend vaccination anytime in the influenza season
- Discuss with woman options for obtaining vaccination at general practitioner (GP), local pharmacy, Antenatal Clinic or when attending hospital

##### Administration guide

- Discuss with the woman the reason for the influenza vaccination, as well as the possible side-effects (see educational notes)
- Provide the woman with the factsheet (see educational notes)
- Complete maternity dtpa/Influenza Pre-Vaccination checklist - SMR060.480
- Ensure adrenaline is available in case of unexpected allergic response in accordance with the standing order for Influenza Vaccination in Pregnancy and Australian Immunisation Handbook
- Determine whether any contraindications for vaccination exist (see educational notes)
- Gain verbal consent for the vaccination and document same in medical record

# Royal Hospital for Women (RHW)

## CLINICAL BUSINESS RULE

### Influenza vaccination in pregnancy

**RHW CLIN060**

- Obtain order for vaccination from medical officer, or as per [standing order](#) electronically or paper medication chart
- Place woman's identification label in the Australian Immunisation Register (AIR) folder. Ensure the woman's current Medicare details along with date, type of vaccination and batch number are recorded (see educational notes for more detail). Ensure administering clinicians name is clearly documented
- Gently agitate the vaccine prior to administration and visually inspect for particulate matter. If particles remain the vaccine should not be administered and discarded
- Administer vaccine as an intramuscular injection into the upper arm as a single dose only
- Observe for severe/immediate side effects for 15 minutes. Severe side effects should be reported to the Public Health Unit for investigation (Randwick office 9382 8333). Any severe adverse events following Immunisation should be reported via TGA website, [Reporting and managing adverse vaccination events | Australian Government Department of Health](#) to fill in the National Adverse Events Following Immunisation (AEFI) reporting form
- Document in medical record and on antenatal card:
  - consent,
  - vaccine brand, dose, batch number,
  - route and site of administration,
  - date, name, and signature of clinician
  - record in *Considerations* folder in eMaternity under *Flu immunisation given*

### 3.2 Documentation

- Antenatal Card
- Medical record
- Maternity dtpa/Influenza Pre-Vaccination Check list – SMR060.480
- Australian Immunisation Register (AIR) folder

### 3.3 Educational Notes

- Patient Fact Sheets in English, other languages, for Aboriginal and Torres Strait Islander and for pregnant women, are available at [Influenza \(nsw.gov.au\)](http://Influenza.nsw.gov.au)
- Free influenza vaccine is available for all pregnant women through GP, Pharmacists or antenatal clinic, however a consultation fee may apply for GP
- All patient vaccinations are to be uploaded to the AIR under the Australian Immunisations Register Act 2015. Records should be submitted to AIR within 24 hours and no later than 10 working days or fines may be incurred. Currently any vaccinations given to outpatients will not automatically transfer into AIR.
- The influenza vaccine is safe for pregnant women and provides protection for themselves and their neonate for the first six months after birth<sup>1</sup>
- Influenza vaccination during pregnancy should be strongly recommended. The number needed to treat is five women to prevent one case of serious maternal or infant respiratory illness<sup>1</sup>
- People with egg allergies or sensitivities can be safely administered the influenza vaccination. See precautions below for further detail

# Royal Hospital for Women (RHW)

## CLINICAL BUSINESS RULE

### Influenza vaccination in pregnancy

**RHW CLIN060**

- If women are undecided and require further information, they can be directed to Sharing Knowledge About Immunisation (SKAI)<sup>7</sup> to get unbiased information to help inform their decision [Home | Sharing Knowledge about Immunisation | SKAI \(talkingaboutimmunisation.org.au\)](#)

#### Side effects

- The most common side effect is minor pain, swelling, itching and redness around the injection site. These side effects are mild and usually clear up within a few days<sup>2</sup>
- Anaphylaxis is rare, but can occur with all vaccines and medications<sup>2</sup>

#### Precautions

- People with egg allergies/anaphylaxis can be safely administered the influenza vaccination. All influenza vaccines currently available in Australia contain traces of egg protein. Once purified the amount of residual egg ovalbumin present in each vaccine dose is usually  $\leq 1.0$  microgram. This is substantially less than the amount of egg protein that is likely to trigger reactions in people with egg allergy, which is estimated at 130 micrograms taken orally. However, as a low risk of anaphylaxis is present, ensure vaccination is administered by staff with the knowledge and facilities to manage such a reaction<sup>4</sup>
- Immunocompromised patients receiving influenza vaccine for the first time should be referred to their specialist physician<sup>6</sup>
- Vaccination must be postponed in women who have febrile illness ( $\geq 38.5^{\circ}\text{C}$ ) or acute infection<sup>1,2</sup>
- Women with a history of Guillain-Barre Syndrome with onset related in time to influenza vaccination may be at increased risk of again developing Guillain-Barre Syndrome if given influenza vaccine. Refer for medical assessment

#### Contraindications

- Anaphylaxis after a previous dose of any influenza vaccine<sup>2</sup>, or
- Anaphylaxis after a previous dose of any vaccine component such as Neomycin or Polymyxin<sup>2</sup>

#### 3.4 Implementation, communication and education plan

This revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access

#### 3.5 Related Policies/procedures

- [Human Immunodeficiency Virus \(HIV\) in Pregnancy, Birth and Postpartum period](#)
- [Maternal Collapse](#)
- [Influenza vaccination in pregnancy – standing order](#)

# Royal Hospital for Women (RHW)

## CLINICAL BUSINESS RULE

### Influenza vaccination in pregnancy

**RHW CLIN060**

- [Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases. NSW Ministry of Health PD2023\\_022](#)
- [Medication Handling in NSW public health facilities PD2022\\_032](#)
- [MotherSafe – NSW Medications in Pregnancy and Breastfeeding Service. Influenza Vaccine in Pregnancy and Breastfeeding 2023](#)

#### 3.6 References

1. RANZCOG. 2017. Influenza vaccination during pregnancy (and in women planning pregnancy)
2. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health, Canberra. 2018. [The Australian Immunisation Handbook \(health.gov.au\)](#)
3. Centre for Disease Control and Prevention, Guidelines for Vaccinating Pregnant Women ACIP Guidelines (Flu) 2022 <https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/guidelines.html>
4. Australasian Society of Clinical Immunology and allergy (ASCIA). 2020. Egg allergy and Influenza Vaccination [Egg allergy flu vaccine - Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)
5. Pregnant women and influenza. NSW Health 2024. [Pregnant women and influenza - Influenza \(nsw.gov.au\)](#)
6. National Centre for Immunisation Research and Surveillance, NCIRS. 2023. Vaccinations During Pregnancy <https://ncirs.org.au/ncirs-fact-sheets-faqs/vaccinations-during-pregnancy>
7. Sharing Knowledge About Immunisation (SKAI). 2024. Talking about Immunisation [Home | Sharing Knowledge about Immunisation | SKAI \(talkingaboutimmunisation.org.au\)](#)
8. Australian Immunisations Register Act 2015. Australian Federal Government., Department of Health and Aged Care. C2021C00418 (C06). September 2021

#### 4. ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for a Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

#### 5. CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: [NSW Ministry of Health Policy Directive PD2017\\_044-Interpreters Standard Procedures for Working with Health Care Interpreters.](#)

# Royal Hospital for Women (RHW) CLINICAL BUSINESS RULE

## Influenza vaccination in pregnancy

## RHW CLIN060

### 6. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Maternity Services LOPs 11/7/2022 Approved Quality & Patient Safety Committee Endorsed Maternity Services LOPs group July 2022		
16/04/2024 17.6.24	2	Maternity CBR Committee Endorsed BRGC

DRAFT