Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET

Health
South Eastern Sydney
Local Health District

Ref: T25/51967

NAME OF DOCUMENT	Rubella – Postpartum Administration
TYPE OF DOCUMENT	Clinical Business Rule
DOCUMENT NUMBER	RHW CLIN171
DATE OF PUBLICATION	September 2025
RISK RATING	Low risk
REVIEW DATE	September 2030
FORMER REFERENCE(S)	RHW LOP RUBELLA IMMUNISATION – FOR POSTNATAL ADMINISTRATION
EXECUTIVE SPONSOR	Helen Konowec - Midwifery Clinical Co-Director of Maternity Services
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SUMMARY	CBR helps to ensure women receive vaccination at the safest time, protects future pregnancies, standardises care, and supports public health efforts to eliminate Rubella and congenital Rubella syndrome.
Key Words	Rubella, German Measles, Vaccination, Immunisation Measles-mumps-rubella, MMR

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Rubella – Postpartum Administration

RHW CLIN171

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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

The aim of this CBR is to identify and recommend postpartum vaccination to a woman who is non-immune or has low immunity to rubella.

2 RESPONSIBILITIES

Midwifery and Medical staff

- Identify and provide education and information regarding Rubella immunisation for postpartum administration.
- Prescribe and administer postpartum dose of Rubella immunisation
- Monitor for adverse reactions.

3 PROCEDURE

3.1 Clinical Practice points

- Review woman's rubella results and status postpartum to determine vaccination recommendation (see Appendix 1)
- Give woman who is recommended vaccine NSW Health Rubella Factsheet https://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/rubella.pdf
- Advise, consent and administer vaccine (see Appendix 1)
- Prescribe and administer rubella vaccine as a standing order in the electronic medical record
- Prepare and administer vaccine as per manufacturer's instructions, in a hospital setting, prior to discharge from hospital
- Observe for severe and/or immediate side effects for 15 minutes post administration:
  - Severe side effects should be reported to the Public Health department for investigation and reporting to NSW Health - Randwick office (02) 9382 8333

- Activate a Clinical Emergency Response System (CERS) call if an allergic reaction occurs
- Give advice on contraception and information on avoiding conception for 28 days post vaccination
- Ensure woman is given Measles, Mumps, Rubella Immunisation Consent form at discharge to give to her general practitioner (GP)
- Advise woman to attend her GP 6-8 weeks post vaccination for a blood test to assess immune response, and whether a second vaccination is required

3.2 Documentation

- Measles, Mumps, Rubella Immunisation Consent form (SEI020.115)
- Maternal Postnatal Clinical Pathway
- Electronic medical record
- Australian Immunisation Register (AIR)

3.3 Education Notes

- Commercial assays for testing immunity to rubella vary according to the method used to determine the positive cut-off value. Antibody levels found by a licensed assay to be above the standard positive cut-off for that assay can be considered evidence of past exposure to rubella virus. There are a number of available commercial assays for testing rubella immunity. These vary on the method used to determine the positive cut-off value[5]
- Results should be interpreted within the cut-off values determined by the assay used and recommended by the laboratory[3]
- There is no recommended Australian minimal level, although the World Health Organisation (WHO) cut-off is 10IU/mL[6]
- If the laboratory results and their cut-off values are not available to interpret, then the recommendation from South-Eastern Area Laboratory Services (SEALS) as a guide is as follows:

Rubella IgG	Interpretation
≤4.9 IU/ml	non-immune
5.0-9.9 IU/ml	equivocal
≥10 IU/ml	immune

This is based on the Rubella IgG Architect System® used by SEALS4

- Women who have negative or very low antibody levels after a second documented vaccination are unlikely to improve with further vaccinations. It is unlikely that further vaccinations will improve immunity for women who continue to have negative or very low rubella antibody levels after 2 vaccinations spaced 4-6 weeks apart[1]
- Precautions/Contraindications[5]:
  - Rubella vaccine is a live attenuated vaccine that is not recommended in pregnant women. Women should avoid conceiving for 28 days after rubella vaccination

  - Rubella vaccine should not be given within 3-6 months of a blood transfusion or an injection of immunoglobulin (other than Anti-D). Refer to Australian Immunisation Handbook and advise woman to attend GP for immunisation if this is the case[5]
  - Rubella vaccine contains traces of neomycin. Previous anaphylactic reaction to neomycin contraindicates rubella vaccination
  - Vaccine should not be given at home in case an allergic reaction occurs
- Combination Measles-Mumps-Rubella (MMR) vaccine is recommended by the National Health Medical Research Council (NHMRC), although monovalent rubella vaccine can also be used[5]
- Diluents should not be warmer than the vaccine as they can affect the potency of live vaccines[5]
- The vaccine virus is not transmitted from those who have been vaccinated to susceptible contacts. Therefore, there is no risk to pregnant women from contact with recently vaccinated individuals[5]
- Staff who may be pregnant and are unsure of their rubella status, should not handle the vaccine[5]
- Mild adverse events such as fever, sore throat, rash, arthralgias may occur following vaccination. Symptoms usually begin 1-3 weeks after vaccination and are usually transient. Joint symptoms are more common in adults than children[5]
- Vaccination of an immuno-compromised woman should only be undertaken after consultation with a senior medical officer familiar with the woman's condition[5]

3.4 Related Policies/procedures

- NSW Health– Management of the deteriorating MATERNITY woman SESLHDPR/705
- Human immunodeficiency virus (HIV) in pregnancy, birth, and postpartum period

3.5 References

1. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health, Canberra, 2025 https://immunisationhandbook.health.gov.au/contents/vaccination-procedures/administration-of-vaccines
2. National Vaccine Storage Guidelines 'Strive for 5', 3rd edition (28 June 2019) Commonwealth of Australia, Canberra https://beta.health.gov.au/resources/publications/national-vaccine-storageguidelines-strive-for-5
3. McLean HQ, Fiebelkorn AP, Temte JL, Wallace GS. Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013: summary recommendations of the Advisory Committee on Immunization Practices (ACIP). [erratum appears in MMWR Morb Mortal Wkly Rep. 2015 Mar 13;64(9):259]. MMWR. Recommendations and Reports 2013;62(RR-4):1-34.
4. Rubella IgG Architect System® Abbott Diagnostic
5. Australian Immunisation Handbook
6. Kempster SL, Almond N, Dimech W, Grangeot-Keros L, Huzly D, Icenogle J, et al. WHO international standard for anti-rubella: learning from its application. The Lancet Infectious

diseases [Internet]. 2020 Jan;20(1): e17–9. Available from: https://pubmed.ncbi.nlm.nih.gov/31501007/

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 an 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.

6 NATIONAL STANDARDS

- Standard 3 – Infection Prevention and Control
- Standard 4 – Medication Safety
- Standard 5 – Comprehensive Care

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
April 2011		Obstetric Guidelines Group
May 2011	V1.0	Approved by Quality & Patient Safety Committee
March 2013	V1.1	Approved by Quality & Patient Safety Committee
February 2015	V1.2	Reviewed and endorsed by Therapeutic & Drug Utilisation Committee
August 2019	V1.3	Amended – PACE changed to CERS
April 2025	V1.4	Reviewed and sent for comment

Aug 2025	V1.4	Reviewed and endorsed by senior pharmacist
September 2025	V1.4	RHW BRGC

Appendix 1

APPENDIX 1
Rubella Immunity Status (determined by laboratory reference range) and Recommended Management