

SESLHD POLICY COVER SHEET



NAME OF DOCUMENT	Diphtheria, Tetanus and Pertussis vaccination for Ante/ Postnatal Women
TYPE OF DOCUMENT	Policy
DOCUMENT NUMBER	SESLHDPD/279
DATE OF PUBLICATION	November 2024
RISK RATING	Low
LEVEL OF EVIDENCE	<p><i>Munoz F et al. Safety and Immunogenicity of Tetanus, Diphtheria and Acellular Pertussis dTap Immunisation during Pregnancy in Mothers and infants. JAMA May 2014, Vol. 311 No. 17 pp 1760-1769</i></p> <p>National Safety and Quality Health Service Standards:</p> <ul style="list-style-type: none"> 1 - Clinical Governance 2 - Partnering with Consumers 4 - Medication Safety Standard 5 - Comprehensive Care 6 - Communicating for Safety
REVIEW DATE	November 2029
FORMER REFERENCE(S)	<p>SESLHDPD/132</p> <p>SGH/TSH Clinical Business Rule CLIN034</p> <p>Pertussis Diphtheria Tetanus (DTPa) Vaccination for pregnant Women</p> <p>Pertussis (Diphtheria, Tetanus) Vaccination for Pregnant Women RHW Local Operating Procedure</p>
EXECUTIVE SPONSOR	Clinical Stream Director, Women's Health and Neonatal
AUTHOR	CMC, Women's and Neonatal Stream SESLHD
POSITION RESPONSIBLE FOR THE DOCUMENT	<p>CMC, Women's and Neonatal Stream SESLHD</p> <p>Alison.brown3@health.nsw.gov.au</p>
FUNCTIONAL GROUP(S)	Medicine, Medicines and Therapeutics Related Policy Documents, Women and Babies Health
KEY TERMS	Vaccination, Pertussis, Immunity
SUMMARY	Guidance for staff to offer Diphtheria, Tetanus and Pertussis vaccination during pregnancy and following birth.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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**Diphtheria, Tetanus and Pertussis vaccination
for Ante/Postnatal Women****SESLHDPD/279****1 POLICY STATEMENT**

Pertussis (whooping cough) is a highly infectious disease, and it can be life threatening in babies. Vaccination of pregnant women with pertussis vaccine during pregnancy has shown to be effective in preventing pertussis disease in newborn infants via the transfer of maternal antibodies in utero.

The diphtheria, tetanus and acellular pertussis (dTpa) vaccine either BOOSTRIX® or ADACEL® must be offered to all women during pregnancy. The optimal time for vaccination is from mid second trimester to early third trimester (between 20 and 32 weeks). However, the vaccine can be given at any time during the third trimester up to delivery. If the vaccine is given within two weeks of birth, newborns may not receive maximum protection against pertussis.

Women identified as being high risk of preterm birth e.g. previous preterm birth, multiple pregnancy, placenta praevia, should receive pertussis vaccination at 20 weeks or as soon as possible after this time. Women vaccinated prior to 20 weeks gestation do not need repeat vaccination in the same pregnancy.

If the woman has not received the vaccine during her antenatal period, vaccination in the immediate postpartum period is beneficial to the mother and can provide some indirect protection to her newborn.

2 TARGET AUDIENCE

Registered nurses, midwives and medical staff.

3 RESPONSIBILITIES

Midwives, registered nurses and medical staff caring for antenatal and postnatal women in SESLHD will read and comply with this policy.

4 PROCEDURE

a) The woman is to be offered dTpa between 20 and 32 weeks gestation. The vaccination is recommended with each pregnancy to provide maximum protection to every infant; including those pregnancies closely spaced (e.g. < 2 years).

b) If the woman does not have dTpa vaccine during pregnancy it is recommended that vaccination should occur as soon as possible after childbirth and preferably prior to hospital discharge.

c) Close family and carers in close contact with infants <6 months of age should be vaccinated at least two weeks before contact with the infant if they have not been vaccinated within the last 10 years. If the dTpa is not given in the third trimester, the cocooning method is advised to protect the baby. This involves all who have close contact

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with the baby (parents, grandparents, carers) to have a recent dTpa vaccine to reduce the potential of pertussis transmission.

d) Lactating women can have the vaccine and women who have received other vaccines recently can also be offered dTpa.

4.1 Contraindications to administration of vaccine

DO NOT give the vaccine:

- Adacel® if the woman has a Latex allergy
- If the woman has had a previous anaphylaxis after a previous dose of acellular pertussis vaccine or anaphylaxis following ANY vaccine
- If the woman is suffering from acute severe febrile illness (a temperature of 38°C or more). Vaccination should be postponed and administered at a later date.

4.2 Adverse Effects

- Local reactions are mild and usually clear up within a few days. Minor pain, swelling, itching and redness around the injection site occurring in more than 10% of all recipients.
- Adverse events following immunisation are very rare and usually begin within 15 minutes following vaccination. Signs and symptoms can include respiratory distress, vomiting, diarrhoea, tachycardia, hypotension and loss of consciousness.

Note: In the event of an adverse reaction please follow local Clinical Emergency Response system (CERS) clinical business rules and initiate anaphylaxis management.

4.3 Administration

- Explain rationale behind vaccination and give women, information about Pertussis and vaccination and breastfeeding, including factsheet [‘Protect your newborn from whooping cough’](#).
 - Discuss with the woman the reason for the pertussis vaccination including possible common side effects of minor pain, swelling, itching around injection site and potential adverse events and how common they are
 - Where practical vaccinate early in the antenatal visit, this will allow time to observe for any adverse events following immunisation
 - Gain verbal consent for the vaccination and check identity
 - Perform hand hygiene prior to administration
 - Shake the vaccine thoroughly prior to administration and visually inspect for particulate matter. If particles remain, the vaccine should not be administered and be discarded.
 - Provided the skin is visibly clean there is no need to wipe it with an alcohol wipe. If the skin needs to be cleaned, alcohol and other disinfectant agents must dry before vaccination. This is to prevent inactivation of live vaccines and irritation at the injection site.

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- Confer with woman which arm she prefers and administer 0.5 mL Diphtheria, Tetanus and Pertussis vaccination (BOOSTRIX® or ADACEL®) IMI into deltoid region of non-dominant arm:
 - Prescription is documented on the National Inpatient Medication Chart (NIMC); eMeds, by a medical officer
 - dTpa can be administered as part of a standing order, it is the administering midwife's responsibility to ensure the NIMC is completed by a medical officer within 24 hours See Appendix
- Observe for severe/immediate side effects
 - Can present within hours of vaccination but usually occurs within 15 minutes of vaccination
 - If this occurs, make a CERS call, either rapid response or code blue.
- Severe side effects should be reported to the Public Health Unit for investigation and reporting to NSW Health – on 1300 066 055 or 9382 8333 (Randwick office)
- The vaccine should be refrigerated and stored between +2 to +8⁰ Celsius. It must be stored out of public and patient access, preferably in a locked room.

5 DOCUMENTATION

Record medication brand name, dose, batch number, route, vaccination site, date, name, signature of vaccinator and counter checking clinician in:

- Antenatal Card, eMaternity, electronic medical record and discharge letter
- Medication Chart / eMEDs by administering vaccinator and counter checking clinician
- The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration

6 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the ongoing reviews of this policy.
- When clinical risks are identified for a Aboriginal or Torre Strait Islander woman or their families, they may require additional supports. This may include family, Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

7 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 Health Policy Directive PD2017 044 - Interpreters Standard Procedures for Working with Health Care Interpreters.](#)

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8 REFERENCES

- [Australian Technical Advisory Group on Immunisation \(ATAGI\). Australian Government Department of Health, Canberra, 2024](#)
- [NSW Health Policy Directive PD2022_028 - Aboriginal Cultural Training - Respecting the Difference](#)
- [NSW Health Antenatal Pertussis Vaccination Programme Guidelines, 2019](#)
- [NSW Health Authority and Standards for nurse/midwife Immuniser \(ANI\), April 2024](#)
- [NSW Health Policy Directive PD2023_025 - Infection Prevention and Control in Healthcare Settings](#)
- [NSW Health Policy Directive PD2017_044 - Interpreters Standard Procedures for Working with Health Care Interpreter](#)
- [NSW Health Policy Directive PD2022_032 - Medication Handling](#)
- Munoz F et al. Safety and Immunogenicity of Tetanus, Diphtheria and Acellular Pertussis (Tdap) Immunisation during Pregnancy in Mothers and Infants. JAMA May 2014, Vol. 311 No. 17 pp 1760-1769. DOI: [10.1001/jama.2014.3633](https://doi.org/10.1001/jama.2014.3633)
- NSW Health Pertussis (Whooping cough) Fact Sheets:
 - [Pregnant women - Protect your newborn from whooping cough; December 2023](#)

7 VERSION AND APPROVAL HISTORY

Date	Version No.	Author and approval notes
April 2010	0	Christine Catling – Paull Dee Sinclair CMC Clinical Maternity Risk Management
27 July 2011	0	Approved by SESLHD Clinical and Quality Council
July 2014	1, 2, 3 & 4	Dee Sinclair CMC Clinical Maternity Risk Management Margaret Evans CNC IP & C RHW
August 2014	5	Revision endorsed by Leisa Rathborne, Executive Sponsor
August 2018	6	Alison Brown CMC W & C Clinical Stream Margaret Evans CNC IP & C RHW
April 2020	7	Alison Brown, A/CMC WCCS, Louise Everitt CMC Complex Pregnancy Care SGH, Faith Robinson CME SGH, Chantelle Smith; Pharmacist RHW.
May 2020	7	Major review endorsed by Executive Sponsor. RHW, SGH and TSH local policies combined into policy. Draft for comment period.
June 2020	7	Processed by Executive Services prior to submission to Quality Use of Medicines Committee and Clinical and Quality Council.
September 2020	7	Approved at July Quality Use of Medicines Committee. Approved at August Clinical and Quality Council. Published by Executive Services.

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December 2021	8	Minor review by Alison Brown, A/CMC WCCS, Louise Everitt CMC Complex Pregnancy Care SGH, Faith Robinson CME SGH. Links to Adrenalin Standing Order removed. To be tabled at Quality Use of Medicines Committee (QUMC).
February 2022	9	QUMC recommended further review and amendment. Update made by A.Brown CMC WCCS. Approved by Executive Sponsor. To be retabled at QUMC.
March 2022	9	Approved at Quality Use of Medicines Committee.
13 November 2024	9.1	Minor review to include Adacel vaccine contraindication for women with latex allergy. References updated and cultural support paragraph included. Approved at SESLHD Drug and Therapeutics Committee.

8 APPENDICES

[SESLHD Standing Order- Administration of BOOSTRIX® or ADACEL®](#)