Approved by Quality & Patient Safety Committee
21 May 2015

PERTUSSIS (DIPHTHERIA, TETANUS) VACCINATION FOR PREGNANT WOMAN

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Offer and recommend vaccine to all pregnant women in the third trimester (preferably between 28-32 weeks).
- Offer and recommend vaccine to all postnatal women who did not receive the pertussis vaccine in this pregnancy

2. PATIENT

- Pregnant woman at RHW in the third trimester of pregnancy, who has NOT had the vaccine in this pregnancy
- Postnatal woman at RHW who has NOT had vaccine in this pregnancy

3. STAFF

- Medical, nursing and midwifery staff

4. EQUIPMENT

- Pre-packed, preloaded syringe and needle dTpa (BOOSTRIX® or Adacel)
- Kidney dish
- Alcohol wipe

5. CLINICAL PRACTICE

- Discuss with the woman the reason for the pertussis vaccination, as well as the possible side-effects
- Provide the woman with the New South Wales Health Factsheet; Whooping Cough (Pertussis) and the Boostrix Consumer Medicine information leaflet
- Request prescription by obstetric team, if vaccination has not been ordered previously, on the national inpatient medication chart (NIMC)
- Gain verbal consent for the vaccination
- Shake the vaccine thoroughly prior to administration and visually inspect for particulate matter. If particles remain the vaccine should not be administered and discarded.
- Administer the vaccine as a deep intramuscular injection, preferably in the deltoid region of non-dominant arm
- Document on NIMC the vaccine brand, dose, batch, route and site of administration along with the date, name and signature of vaccinator
- Observe for severe/immediate side effects for 15 minutes (severe side effects should be reported to the Public Health Department for investigation and reporting to NSW Health. Randwick office 02 9382 8333. Wollongong 0ffice 02 4221 6700)
- Ensure the vaccination order is signed on NIMC by a medical officer within 24 hours. An authorised nurse immunisation administrator or midwife may administer vaccine without a signed order from a medical officer

LOCAL OPERATING PROCEDURE

CLINICAL POLICIES, PROCEDURES & GUIDELINES

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6. DOCUMENTATION

- Maternal Postnatal Clinical Pathway
- Postnatal Obstetric Team Doctors' book
- Medication chart
- Antenatal card
- ObstetriX

7. EDUCATIONAL NOTES

- NSW is currently experiencing an upward trend in pertussis, epidemics usually occur every 3 to 4 years and the last major outbreak was in 2011
- dTpa is part of childhood immunisation program and is given at 6-8 weeks of age. Newborn infants are vulnerable prior to vaccination. Antenatal administration may protect the neonate until they are vaccinated.
- Pertussis is a highly infectious illness and can be very serious in babies. Vaccination for pregnant and postnatal women and their families is highly recommended
- Recent studies in the UK & USA on over 4,000 women has found the Pertussis vaccine to be safe in pregnancy
- dTpa vaccine is recommended as a single dose, given during 3rd trimester of pregnancy (preferably at 28-32 weeks gestation) unless the woman has already been vaccinated in this pregnancy
- Any woman who has not been vaccinated during this pregnancy should be offered vaccine in the postnatal period
- dTpa needs to be offered for each and every pregnancy
- Lactating women can have the vaccine and women who have received other vaccines recently can also be offered dTpa - it is not a live vaccine.
- Possible side effects with dTpa are mild and usually clear up within a few days :
    - The most common side effect is minor pain, swelling, itching and redness around the injection site.
    - Anaphylaxis can occur, but is rare
- Previous anaphylaxis to ANY vaccine, including any pertussis containing vaccine, is a CONTRAINDICATION to administration of dTpa vaccine.
- Administration should be postponed in women suffering from acute severe febrile illness (a temperature of 38^{o}C or more).
- It is preferable to leave at least 12 months between doses of a pertussis containing vaccine

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- NSW Health PD 2010 – 026 Recognition and Management of a Patient who is Clinically Deteriorating
- PACE Management of the Deteriorating Adult Patient – SESIAHS Policy
- HIV in Pregnancy

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9. RISC RATING

- Low

10. REFERENCES

1 Pertussis (whooping cough) Infectious diseases fact sheet. (2012) http://www.health.nsw.gov.au/factsheets/infectious/pertussis.html

2 Australian Government (2008). The Australian Immunisation Handbook (9th Ed), Dept of Health and Ageing, NHMRC. Updated March 2015 http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-pertussis

3 National Centre for Immunisation Research and Surveillance (2009) Use of adult formulations of diphtheria toxoid, tetanus toxoid and pertussis – Boostrix or Adacel - in breastfeeding mothers. University of Sydney http://www.health.nsw.gov.au/resources/publichealth/infectious/diseases/pertussis/pregnant_women_info_dtpa.pdf

4 New South Wales Ministry of Health Immunisation Services - Authority for Registered Nurses Document Number PD2008_033

5 NSW Health infection Control Policy PD2007_036

6 NSW Health Pertussis Vaccination: Frequently Asked Questions – updated 30 April 2015

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs 12/5/15 – previously titled *Pertussis, Diphtheria, Tetanus Vaccination for Postnatal Women*
Approved Quality & Patient Safety Committee 21/3/13
Obstetrics LOPs group March 2013

FOR REVIEW : MAY 2020