

Are your pregnant patients receiving the Tdap vaccine?

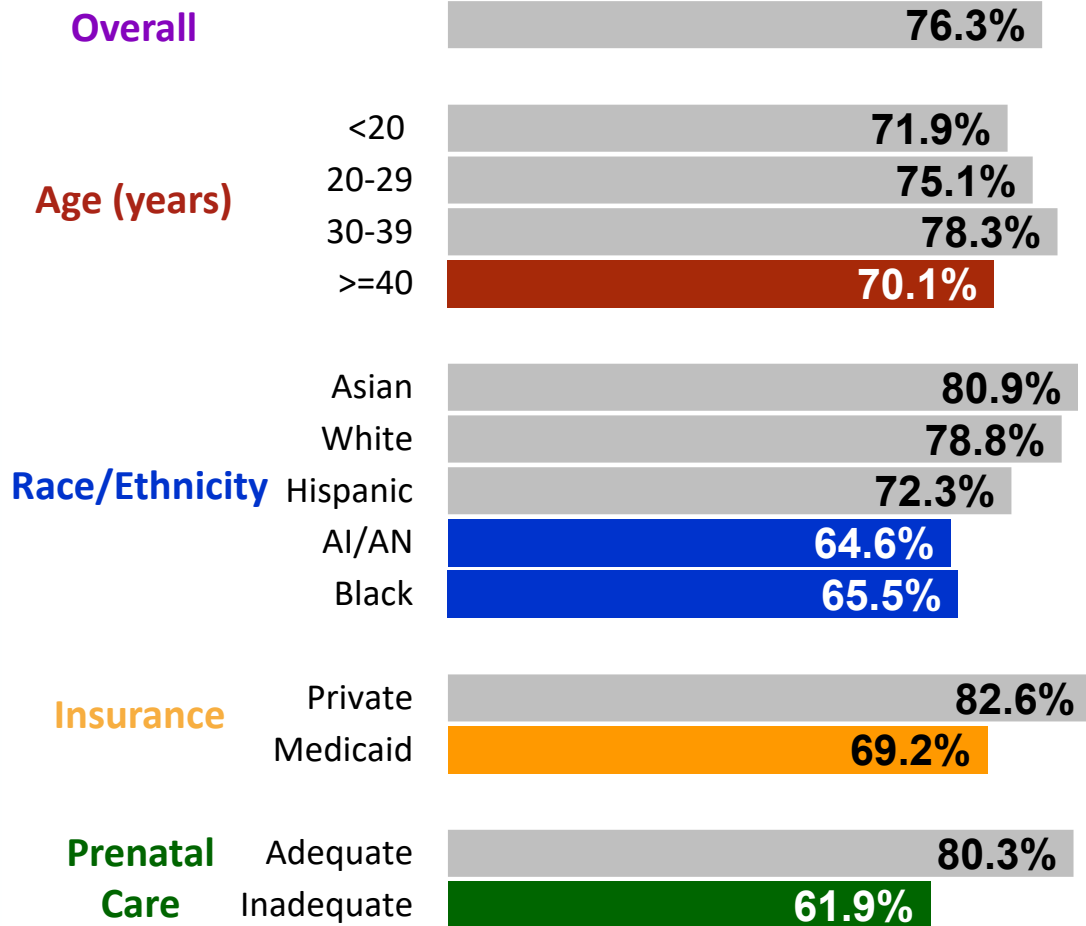
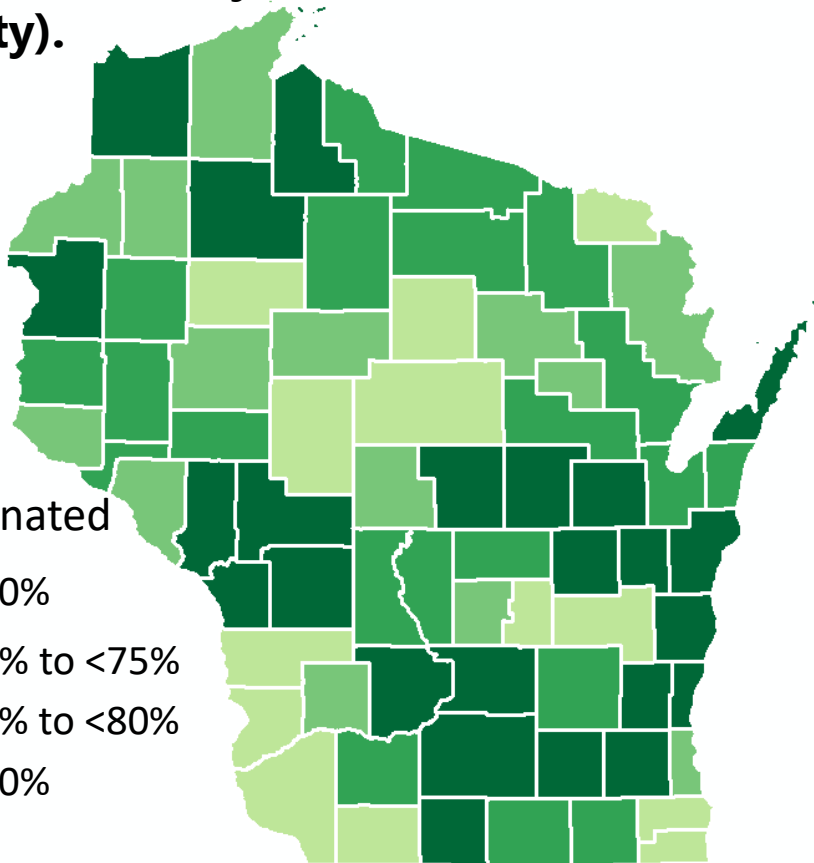
To protect their newborns from pertussis (whooping cough), it is recommended that pregnant women receive the Tdap vaccine during every pregnancy.



Of the 76% of women who received Tdap during their pregnancy, 91% received it at the recommended time during pregnancy (27-36 weeks gestation).



Vaccination coverage ranged from 45% (Kenosha County) to 90% (Green County).



*American Indian and Alaska Native

Notes: Tdap is tetanus-diphtheria-acellular pertussis vaccine. This report includes information on women residing in Wisconsin who had a live birth during 2018. 96.1 % of these women had a Wisconsin Immunization Registry record and the others were excluded from this analysis. All percentages reported are the percentage of the women who received Tdap any time during the pregnancy. Prenatal care (PNC) adequacy was measured by the Kotelchuck index.



WISCONSIN DEPARTMENT
of HEALTH SERVICES

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Strategies for prenatal care providers to prevent infant pertussis

Strongly recommend Tdap to your patients during *every* pregnancy.

Administer the vaccine in your office or refer the patient to an immunization provider.

Optimal timing of Tdap administration is between 27 and 36 weeks gestation to maximize the maternal antibody response and passive antibody transfer to the infant.

Recent evidence suggests that Tdap administration earlier during the 27-36 week window provides more passive immunity to the newborn. Therefore, Tdap should be administered early during the 27-36 week window, if possible. Early in pregnancy, discuss with your patient the importance of Tdap vaccination during *every* pregnancy.

Postpartum Tdap administration is NOT optimal.

Tdap during pregnancy provides the best protection for mother and infant. Fewer babies will be hospitalized for and die from pertussis when Tdap is given during pregnancy rather than during the postpartum period.

Tdap should NOT be offered as part of routine preconception care.

Protection from pertussis vaccines does not last as long as vaccine experts would like, so Tdap is recommended during pregnancy in order to provide optimal protection to the infant. If Tdap was administered during a preconception visit, it should be administered again during pregnancy between 27 and 36 weeks gestation.

Tdap can be safely administered earlier in pregnancy if needed.

Pregnant women should receive Tdap anytime during pregnancy if it is indicated for wound care or during a community pertussis outbreak. If Tdap is administered earlier in pregnancy, it should not be repeated between 27 and 36 weeks gestation; only one dose is recommended during each pregnancy.

Recommend pertussis vaccination for close contacts.

Ensure the infant's close contacts, including siblings, other parents, grandparents, and caregivers are up to date with pertussis vaccinations (DTaP or Tdap). Administer needed vaccines or refer for vaccination as needed.

References and resources

<https://www.cdc.gov/pertussis/pregnant/>

<https://www.cdc.gov/pertussis/downloads/fs-hcp-provide-prenatal-care.pdf>

<http://immunizationforwomen.org/providers/resources/toolkits/tdap.php>