**Vaccinations During Pregnancy**

Vaccinations are important way to decrease disease outbreaks in the community. If the majority of healthy people are vaccinated against preventable diseases, vulnerable people such as the elderly, the immunosuppressed, newborn babies and pregnant women are less likely to be exposed.

In pregnancy, antibodies in the mother’s blood will pass across the placenta and therefore be given to the baby. This protects the baby against infections that the mother may catch in the pregnancy and also protects the baby from infections that they may be exposed to in the newborn period. There are vaccinations that are recommended prior to a pregnancy such as measles, mumps and rubella (MMR) so that the mother already has immunity from conception. Another vaccine to have pre-pregnancy is the varicella vaccine, to prevent chicken pox. These vaccinations do not tend to be given in pregnancy as they are live vaccines and there is a theoretical risk of the disease occurring in the unborn baby. If you did not have these prior to your current pregnancy and have low immunity, they can be safely given after the baby is born and do not affect breastfeeding.

During the pregnancy there are 3 vaccinations that are routinely recommended, all of which are inactivated vaccines, with a lot of safety data. The influenza vaccine is an important vaccine to have, as when a pregnant women catches the flu she is more likely to be very sick compared to if she was not pregnant. If a pregnant women is very sick with the flu it can even lead to premature delivery of the baby. Apart from protecting the pregnant woman, the flu vaccine also protects the baby. The antibodies that the mother produces cross the placenta. Babies of mothers who had a flu vaccine during their pregnancy are 50-90% less likely to have an influenza infection in the 1st 6 months of life, which can be so severe that it often requires hospitalisation. The flu vaccine given to the mother, does not cause any problems to the unborn baby and is safe to have at any gestation. It is free under the National immunisation Program.

The ‘Boostrix’ or DTPa-diphtheria/tetanus/pertussis vaccination, is safe and very important also, and is recommended at 28-30 weeks gestation. The timing of administration maximises antibody production and passage across the placenta to provide the baby with protection in the early newborn period. Again, this is not a live vaccine, has a lot of safety data and is beneficial for both the mother and baby. If a baby <4 months of age catches whooping cough (pertussis) the chance of dying is 1-2%. This vaccine is also free under the National Immunisation Program.

The 3rd inactivated vaccine that is recommended is the RSV vaccine (Respiratory Syncytial Virus vaccine), again on the National Immunisation Program for women in the 3rd trimester. This vaccine was specifically created for pregnant women, for the mother to make antibodies that cross the placenta and reduce the chance of severe RSV disease by 70% for the 1st 6 months in the newborn.

All vaccines can be given at the same time, or you may choose to space them out to reduce side effects.

The baby then has vaccinations at 6-8 weeks of age. The schedule for all of the childhood vaccinations is in the ‘Blue Book’, which you take home from hospital with your baby.

It is also important to ask everyone who would like to have contact with you or your baby to be vaccinated, to minimise the chance of contact with preventable diseases. Minimise kissing of the baby on the face and hands.

The Australian immunisation website provides a good source of information beta.health.gov.au

Hand hygiene is an important part of minimising infection spread. Hand washing and use of hand sanitisers is recommended. Keep a distance of at least 1 metre from anyone who is unwell.