

Infant Pertussis Prevention

by

Vaccinating Pregnant Women with Tdap Vaccine



Best Practices for Raising Tdap Vaccination Rates among Pregnant Women

In Alameda County, the San Antonio Neighborhood Health Center La Clinica Site has a Tdap for pregnant women vaccination rate of **92%** -- the highest of any site contracted with the Alameda Alliance. How do they do it? We asked them and this is what we found out....

- 1) They see pediatric patients – and they don't want to see any of their babies getting sick – so they make sure that all moms are protected. Then they begin their DTaP vaccination series at two months, sometimes as early as 6 weeks depending on when people come in.
- 2) Cheat Sheets/Checklists for prenatal staff during the different trimesters. The third trimester sheet absolutely includes Tdap Vaccine – usually at 30 weeks gestation. Keeping it at 30 weeks is easier to remember than between 27-36 weeks and still falls within the best time to vaccinate.
- 3) They customize their care guidelines in their electronic health record system (EHR), and they make sure that all staff who are seeing prenatal appointments are fully oriented to what the prenatal processes look like within their EHR.
- 4) Medical Assistants are empowered to think about what the patient is due for before the doctor enters the room. The MA culture is to be aware of immunizations that might be due and remind physicians along the way. Their culture is one where physicians are happy to be guided by Medical Assistants for things like timing of vaccines, and Medical Assistants are encouraged to speak up along the way.
- 5) They use a presumptive approach when communicating about vaccines. They say things like “Today we'll be protecting you and your baby from pertussis via the Tdap vaccine, and we'll be protecting you from flu by giving you the flu vaccine.” Communicating in this straightforward, presumptive way, while still being compassionate and willing to answer any questions, results in much higher vaccination rates.
- 6) They immunize during Centering Pregnancy/Group Appointments. This is a cohort of women who are basically due at the same time who have prenatal visits together. It's easy to vaccinate a group of people together with Tdap vaccine!

- When people are initially pregnant and have their introductory visit/meeting at La Clinica, they get a packet of information – that packet includes <http://eziz.org/assets/docs/IMM-887.pdf>



Then, during the third trimester visit, clients receive a packet of information that includes a flyer about the importance of flu and Tdap vaccines

<http://eziz.org/assets/docs/IMM-1146.pdf>

- At their OB High Risk Meetings for third trimesters, staff review all prenatal charts and puts in any relevant notes/alerts in the electronic health record system.
- When they have provider meetings, all types of providers are in the room, so pediatric providers can reiterate how serious the disease is for infants and to make sure that women are protected in their third trimester.

Additional Tips/Resources that We've Collected Along the Way.....

A strong recommendation for vaccination from the doctor is the number one indicator that a pregnant woman will be immunized.

- Frequently asked questions and responses from the American College of Obstetricians and Gynecologists regarding Tdap and Pertussis for Providers:

<http://immunizationforwomen.org/providers/diseases-vaccines/tetanus-diphtheria-pertussis/faqs.php>

- Opinion paper from ACOG Immunization, Infectious Disease, & Public Health Preparedness Expert Work Group -

<https://www.acog.org/-/media/Committee-Opinions/Immunization-Infectious-Disease-and-Public-Health-Preparedness-Expert-Work-Group/co741.pdf?dmc=1&ts=20180718T1750489844>



Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group
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Maternal Immunization

ABSTRACT: Immunization is an essential part of care for adults, including pregnant women. Influenza vaccination for pregnant women is especially important because pregnant women are at a higher risk of severe illness if infected with influenza and are more likely to experience complications and hospitalizations. Other vaccine-preventable diseases such as pertussis, tetanus, diphtheria, and whooping cough (Tdap) also pose risks for pregnant women and their infants. Pregnant women should receive Tdap during each pregnancy. Obstetrician-gynecologists and other clinicians care providers should routinely discuss the importance of immunization for pregnant women. Based on this information they should counsel pregnant women about the importance of immunization for pregnant women. It is the intention of this Committee Opinion to provide information to obstetrician-gynecologists and other clinicians care providers who are providing care for pregnant women with unvaccinated rates, vaccine hesitancy, or refusal. In a growing body of evidence supporting the safety of each use, clinicians who refer to the pregnant or postpartum women should receive an annual tetanus vaccine. All pregnant women should receive a tetanus/diphtheria, and pertussis (Tdap) vaccine and have a Tdap vaccine every 10 years, or every 5 years if they are in a high-risk occupation or environment.

- If a woman refuses the vaccine, some practices employ the use of a “refusal form” – if this is something that interests you, there’s an example of a refusal form at

<http://eziz.org/assets/docs/PrenatalTdapInfluenzaVaccineDeclinationForm.pdf>

- This Flu and Pertussis poster for hanging in an exam or waiting room is also very helpful, comes in multiple languages, and can be ordered from our website for free at

<http://www.acphd.org/iz/resources.aspx>

