

Official websites use .gov A .gov website belongs to an official government organization in the United States. Secure .gov websites use HTTPS A lock ( ) or https:// means you've safely connected to the .gov website. Share sensitive information only on official, secure websites. Women should receive a dose of the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine during each pregnancy, preferably during the early part of gestational weeks 27 through 36. The most recent data estimate that only 44% of women receive Tdap during pregnancy. Studies show that a strong recommendation coupled with an offer of Tdap from their prenatal care provider is the single best predictor of vaccination. A healthcare professional's decision to recommend and stock Tdap ultimately influences whether their patients' newborns are born with protection against pertussis. It is important for healthcare professionals who do not stock or administer vaccines in office, to provide a strong recommendation and then a referral to another immunization provider. Maternal Tdap vaccination A U.S. study looked to see how effective Tdap was at preventing pertussis in infants whose mothers got vaccinated while pregnant or in the hospital after giving birth. The study found that getting Tdap during gestational weeks 27 through 36 weeks is 85% more effective at preventing pertussis in infants younger than 2 months old. Vaccinating women with Tdap during pregnancy also prevents more infant hospitalizations and deaths from pertussis compared to other prevention strategies. To maximize the passive antibody transfer to the infant, administer Tdap during the early part of gestational weeks 27 through 36. The level of pertussis antibodies decreases over time, so you should administer Tdap during every pregnancy in order to transfer the greatest number of protective antibodies to each infant. The American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse-Midwives [4 pages] support this recommendation. Postpartum Tdap administration only provides protection to the mother — it does not provide immunity to the infant. It takes about 2 weeks after Tdap receipt for the mother to have protection against pertussis, thereby

putting her at risk for contracting and spreading the disease to her vulnerable newborn during this time. Once the mother has protection, she is less likely to transmit pertussis to her infant. However, the newborn remains at risk of contracting pertussis from others, including siblings, grandparents, and other caregivers. The only time a woman should routinely be administered Tdap postpartum is if she has never received Tdap before. If a woman got Tdap after the birth of a prior child and doesn't get vaccinated during any subsequent pregnancies, she is not recommended to receive Tdap postpartum again. However, there are some circumstances when administering Tdap postpartum would be warranted. For example, Tdap can be used as an option when the 10-year Td booster dose is indicated. Share these 5 strategies with your staff to provide the best prenatal care to prevent pertussis. The strategy of protecting infants from pertussis by vaccinating those in close contact with them is known as "cocooning." Full implementation of cocooning is challenging, limiting its impact as an independent prevention strategy. Even though cocooning alone may not be sufficient, CDC continues to recommend this strategy for all those with expected close contact with infants younger than 1 year of age. Cocooning, in combination with Tdap vaccination during pregnancy and administering the childhood DTaP series on schedule, provides the best protection to the infant. In addition to vaccinating pregnant patients with Tdap, healthcare professionals should educate them about encouraging others who will have contact with the infant – including fathers, grandparents, and other infant caregivers – to be up to date with pertussis vaccination. For family members who aren't up to date with their pertussis vaccine, clinicians should vaccinate them at least 2 weeks before coming into contact with the infant. Protection from pertussis vaccines is not long lasting, so CDC recommends Tdap during pregnancy in order to provide optimal protection (i.e., greatest number of antibodies) to the infant. If a healthcare professional administers Tdap at a preconception visit, they should administer it again during pregnancy between 27 through 36 weeks gestation. Pregnant women should

receive Tdap anytime during pregnancy if it is indicated (e.g., wound care, during a community pertussis outbreak). If a healthcare professional administers Tdap earlier in pregnancy, they do not need to repeat it between 27 through 36 weeks gestation; CDC recommends only one dose during each pregnancy.

