

Immunisation and pregnancy

Immunisation can protect a pregnant woman and her unborn baby. Some infectious diseases can cause serious harm to a pregnant woman or her unborn baby. Ideally, a woman should be up to date with her immunisations before she becomes pregnant.

Vaccines can protect against many infectious diseases such as chickenpox, influenza, measles, mumps, rubella (German measles), diphtheria, tetanus, whooping cough (pertussis), pneumococcal disease and hepatitis B. Serious side effects or allergic reactions to vaccines are rare.

Risks of infectious diseases during pregnancy

If a pregnant woman becomes infected with some diseases, they can harm her unborn or newborn child. For example:

- **Rubella** – can cause defects of the baby’s brain, heart, eyes and ears. It also increases the risk of miscarriage and stillbirth.
- **Chickenpox** – can cause defects of the baby’s brain, eyes, skin and limbs.
- **Measles** – increases the risk of miscarriage, premature birth or stillbirth.
- **Mumps** – increases risk of miscarriage.
- **Hepatitis B** – can cause acute hepatitis B infection or cause the mother and baby to become carriers of hepatitis B.
- **Influenza** – increases the risk of miscarriage, premature birth or stillbirth, and increases the risk of severe illness and death in the mother.

Immunisation and HALO

The immunisations you may need are decided by your health, age, lifestyle and occupation. Together, these factors are referred to as HALO.

HALO is defined as:

- **Health** – some health conditions or factors may make you more vulnerable to vaccine-preventable diseases. For example, premature birth, asthma, diabetes, heart, lung, spleen or kidney conditions, Down syndrome and HIV will mean you may benefit from additional or more frequent immunisations.
- **Age** – at different ages you need protection from different vaccine-preventable diseases. Australia’s National Immunisation Program sets out recommended immunisations for babies, children, older people and other people at risk, such as Aboriginal and Torres Strait Islanders. Most recommended vaccines are available at no cost to these groups.
- **Lifestyle** – lifestyle choices can have an impact on your immunisation needs. Travelling overseas to certain locations, planning a family, sexual activity, smoking, and playing contact sport that may expose you directly to someone else’s blood, will mean you may benefit from additional or more frequent immunisations.
- **Occupation** – you are likely to require additional or more frequent immunisations if you work in an occupation that exposes you to vaccine-preventable diseases or puts you into contact with people who are more susceptible to problems from vaccine-preventable diseases such as babies or young children, pregnant women, the elderly, and people with chronic or acute health conditions. Workers in aged care, childcare, healthcare, emergency service or sewerage repair and maintenance need to discuss their immunisation needs with their doctor. Some employers help with the cost of relevant vaccinations for their employees.

Before pregnancy

If you are planning to have a baby, you should:

- Visit your doctor for a health check-up.
- Ask your doctor for a blood test to check your immunity, if you are not sure which immunisations you've had. If your immunisation status for a particular disease remains unknown, your doctor will usually recommend that you be vaccinated.
- Be fully immunised against chickenpox, influenza, measles, mumps, rubella, diphtheria, tetanus and whooping cough. If you are not up to date with any of these immunisations, your doctor can advise you about 'catch-up' doses.
- Consider other people in the household. Ideally, anyone else living in the same house with you should also be immunised. This helps to reduce the risk of disease being passed to your newborn baby.
- Wait to fall pregnant for at least one month after receiving live vaccines such as the measles, mumps and rubella (MMR) vaccine or the chickenpox vaccine. Your doctor will advise you about this.

During pregnancy

Be guided by your doctor's advice, but generally, most immunisations and booster shots will not be given while you are pregnant. Issues to consider include:

- Fever is a known cause of some birth defects. Since some vaccinations can cause a mild fever, immunisation is usually avoided during pregnancy. However, if the pregnant woman and her unborn baby are at increased risk of contracting a particular infectious disease, the benefits of immunisation are usually considered to outweigh the risks.
- Influenza can cause serious complications in a pregnant woman, which may include the need for hospital treatment. A flu immunisation is recommended and can be given at any time before, during and after pregnancy. There is no evidence that the vaccine will harm the unborn baby.
- Apart from immunisation, a pregnant woman can help reduce her risk of infectious diseases by regular hand washing, avoiding international travel and avoiding close contact with sick people.

After pregnancy

In the first months of life, a baby is protected from some infectious diseases by antibodies transferred from the mother during pregnancy. (Whooping cough protection is not transferred from mother to baby.) When these antibodies wear off, the baby is at risk of serious infection.

Breastfeeding does not provide protection. While breastfeeding has many benefits, it does not provide immunity to vaccine-preventable illnesses like whooping cough and diphtheria.

Issues to consider after your baby is born include:

- While in hospital, you will be asked to consent to your newborn child receiving an immunisation to protect against transmission of hepatitis B disease.
- Your newborn's next immunisations are due at two months of age. In Victoria, routine childhood immunisations are offered to protect your child against diphtheria, tetanus, whooping cough (pertussis), polio, *Haemophilus influenzae* type b (Hib), rotavirus, hepatitis B, pneumococcal, meningococcal C, chickenpox, measles, mumps and rubella.
- If you didn't update your immunisations before getting pregnant, see your doctor now. If you are fully immunised, it will protect your newborn against infection and reduce the risk of illness and birth defects during any later pregnancy.
- It is safe for both mother and baby if a breastfeeding mother is immunised.
- Most premature babies tolerate immunisations. Be advised by your doctor but, generally speaking, there is no need to delay the childhood vaccination schedule unless your baby is unwell.

Where to get help

- Your doctor
- Your local community health centre
- Your maternal and child health nurse
- The Maternal and Child Health Line is available 24 hours a day Tel. 132 229
- Your local council immunisation service
- NURSE-ON-CALL Tel. 1300 606 024 – for expert health information and advice (24 hours, 7 days)
- National Immunisation Infoline Tel. 1800 671 811
- Travel clinic
- Australian Childhood Immunisation Register Tel. 1800 653 890

Things to remember

- Immunisation can protect a woman and her unborn baby against many infectious diseases.
- Ideally, a woman should have her vaccinations up to date before she becomes pregnant. This applies to other people in her household as well. Influenza vaccine can be given at any time during pregnancy.
- Generally, immunisation is avoided during pregnancy unless the woman and her unborn baby are at risk of an infectious disease. In this case, the benefits of vaccination usually outweigh the risks.

This page has been produced in consultation with, and approved by:

Department of Health - Communicable Disease Prevention and Control Unit

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