Talking Points for CNMs/CMs about Immunization in Pregnancy and Postpartum

The American College of Nurse-Midwives (ACNM) affirms that all women and families should have access to accurate, evidence-based information regarding the role of immunizations in the prevention of disease so they can make informed choices about the use of vaccinations for themselves and their families. While ACNM respects the rights of individuals to make choices regarding immunization, the organization actively endorses programs that support access to safe and affordable immunizations.

Further, ACNM affirms that it is the role of the certified nurse-midwife/certified midwife (CNM/CM) to:

- Assess the immunization status of all pregnant and postpartum women.
- Recommend that all pregnant women be immunized with the inactivated influenza vaccine and the tetanus, diphtheria, and pertussis (Tdap) vaccine with each pregnancy.
- Assess risk for acquiring hepatitis B and vaccinate pregnant women who are at risk, including those who have had more than one sex partner during the previous 6 months, have been evaluated or treated for a sexually transmitted disease (STD), had recent or current injection drug use, or have or had a sex partner positive for the hepatitis B antigen (HBsAg).
- Recommend that postpartum women who did not receive influenza and Tdap vaccines during pregnancy are immunized with influenza and Tdap vaccines during the postpartum period and that women who are not immune to rubella receive a postpartum measles, mumps, and rubella (MMR) vaccination.
- Counsel women regarding vaccines that are safe during breastfeeding, including Tdap, hepatitis B, influenza, MMR, varicella, meningococcal, and inactivated polio.
- Provide current information regarding the control of communicable diseases by vaccination, the risks and benefits of immunizations, and current infant and adult immunization guidelines from the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practice.
- Offer immunizations in the clinical setting when feasible and provide CDC Vaccine Information Statements (VIS). When it is not feasible to offer immunizations, provide a list of locations where immunizations are available in the community.
- Maintain current knowledge of evidence-based information regarding the risks and benefits of available vaccines.

ACNM endorses the use of the recommendations and guidelines of the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) on evidence-based practice in the administration of vaccinations in pregnancy and prevention of communicable diseases.

Tips for Improving Vaccination Rates

Every person you care for needs to hear your commitment to the evidence on the benefits of vaccines. You are a valued and trusted source of health information for your patients. Research shows that a recommendation from a health care professional is the top predictor of patients getting vaccinated. Vaccination rates are low when the clinician hesitates to recommend vaccination.9

- Review each client’s vaccine history at each visit.
- Recommend vaccination at each visit if they are not up to date on their vaccines.
- Use a screening form to create a reminder if you are using paper health records.
- Create a hard stop or flag in the electronic health record to confirm an annual influenza vaccine, a pertussis vaccine in each pregnancy, and other vaccines for completion of series.
- You may bill for screening, and the current procedural terminology (CPT) code for screening should be on every super bill or accessible in the electronic billing functions. Consider adding a screening question during the visit intake so the client can indicate status of annual influenza as contact and insurance information is updated.

Communication tips for improving immunization rates:

- Approach the topic of vaccination individually with sensitivity toward health literacy and cultural considerations of each person.
- Base your response on the educational level of the client and family.9-12
- Provide reliable resources for those who have conducted their own research and facilitate ongoing discussion on the safety and advantages of vaccination.
- Those with lower literacy levels may need your strong recommendation and reassurance of the safety of vaccines.

SHARE a strong recommendation.11

Share the reasons why the recommended vaccine is a good choice based on health status and risk factors.

Highlight positive personal experiences with vaccination.
Address questions and any concerns about adult vaccines, including safety and effectiveness, in plain and understandable language.

Remind that vaccine-preventable diseases still exist in the United States and have serious implications for infants, friends, and family members.

Explain the potential costs of getting disease, including serious health effects, time lost (missing work, activities, and family events), and financial costs.

Use the CASE method.14

Corroborate: Find a common ground to acknowledge concerns and set the tone to build a respectful, successful conversation.

About me: Offer your experience, share what you have read, and demonstrate your support for the safety of vaccines. Acknowledge that vaccines may be associated with adverse events and are not 100% effective at preventing the illness but balance that information with the demonstrated benefits.

Science: Describe what the science says and establish your credibility.

Explain: Give your advice and recommendation based on the science. Individuals are more likely to get vaccinated if a health care provider states, “I recommend that you have the following vaccines...”15

Most people underestimate the severity of diseases and the safety of vaccines. These are the first issues with which to begin the discussion.16

Key points to address:
- Consequences of not being vaccinated, including disease symptoms and potential severity
- Safety and efficacy of the vaccine
- Possible side effects
- Benefits of the vaccine
- How the vaccine works
- How cold and influenza symptoms differ
- How long each vaccine will provide protection

Appealing messaging concepts. Try the following language:
- Protect your family: “The best protection for your family is for everyone to be up to date on vaccines, especially you, the mother. Not only will you and your unborn child be protected, but once born, your infant will have some short-term protection until they are old enough to receive their own vaccines. Your children are most likely to get whooping cough or the flu from you or another household member. Make sure everyone coming in contact with your baby is up to-date with their whooping cough and flu vaccines.”
- The flu shot prevents the flu: “The flu vaccine can prevent the flu—it cannot give you the flu. Once you receive your vaccine, it takes about 2 weeks for your body to build immunity. Occasionally, someone will be exposed to the flu before her vaccine begins to take effect. Sometimes cold symptoms are mistaken for the flu. In either case, it was not the vaccine itself that caused the illness.”
- The whooping cough vaccine helps protect your baby: “The whooping cough vaccine (Tdap) helps prevent whooping cough—it cannot give you or your baby this disease. Whooping cough is a very contagious disease that can be deadly for infants. After receiving this vaccine, your body will create protective antibodies and pass some of them to your baby before birth. These antibodies provide your baby some short-term protection against whooping cough in early life. These antibodies can also protect your baby from some of the more serious complications that come along with whooping cough. Your protective antibodies are at their highest about 2 weeks after getting the vaccine. You should get the vaccine late in your pregnancy, preferably early in the 27th to 36th week time frame to provide your baby the most protection when she or he is born. The amount of antibodies in your body decreases over time. When you get the vaccine during one pregnancy, your antibody levels will not stay high enough to provide adequate protection for future pregnancies. It is important for you to get a whooping cough vaccine during each pregnancy so high levels of protective antibodies are transferred to each of your babies.”

**Addressing Concerns about Vaccines**

The vaccine does not give you the disease. Vaccines contain either dead or live proteins called antigens. Live attenuated vaccines have living microbes that are weakened but could make someone sick and should not be given to people with certain conditions. These vaccines include live influenza, measles, mumps, and rubella. Inactivated or “dead” vaccines cannot make you sick. If someone is exposed to the infection before the vaccine has triggered an immune response, the person could come down with the illness after being vaccinated.

Scientific studies and reviews continue to show no relationship between vaccines and autism. The science does not support a link between vaccines and any developmental delays. The March of Dimes, Food and Drug Administration, Centers for Disease Control and Prevention (CDC), National Institutes of Health, American Academy of Pediatrics, Institute of Medicine, and World Health Organization all affirm the safety of vaccines.17-18 The original article reporting a link between the measles, mumps and rubella (MMR) vaccine and autism was fraudulent, and the author later lost his medical license.19

Vaccines are very safe. Each vaccine is tested rigorously in clinical trials before it can be approved by the Food and Drug Administration. Once it is approved for use in humans, the research is reviewed by the Advisory Committee on Immunization Practices, a group of experts who advise the CDC on immunizations. This group spends months or years reviewing the data before making recommendations about which vaccines are recommended for children and adults. They meet 3 times per year and review reports on adverse events, current disease trends, and recently published data on vaccines.
Vaccines are usually mild and temporary. As with any medication or procedure, there are risks with vaccines, and the side effects vary by vaccine. Most side effects are mild or moderate, meaning they do not affect daily activities. They also lessen on their own in a few days. Severe side effects are extremely rare and are less severe than the complications from getting the disease. Each woman who is vaccinated should receive the Vaccine Information Sheet approved by the CDC. Any severe adverse reaction should be reported to the Vaccine Adverse Event Report System (VAERS) at www.vaers.hhs.gov/ or by calling 1-800-822-7967. These reactions are monitored and reviewed regularly by the CDC Immunization Safety Office and the Advisory Committee on Immunization Practices. A list of side effects can be found online at www.cdc.gov/vaccines/vac-gen/side-effects.htm.

The main side effects of being vaccinated are:
- Soreness at the site of injection
- Headache and upper respiratory infection
- Fever, joint pain, sore throat
- Nausea, vomiting, diarrhea; more common in childhood vaccines

Vaccines recommended during pregnancy are safe and can protect the mother and child. Clinical trials demonstrating the safety of vaccines in pregnancy began decades ago with women who were vaccinated not knowing they were pregnant. The results of these studies demonstrated that no adverse events to pregnancy can be attributed to the influenza or Tdap vaccines. The benefit of vaccinating during pregnancy is that the woman is protected from disease; therefore, her fetus is protected from potential complications of that disease. If a woman is vaccinated during pregnancy, she passes immunity to her infant, who is protected in the first few months of life. Breastfeeding also passes immunity to the newborn for those diseases to which the mother has developed antibodies.

- Seasonal influenza can cause severe illness in pregnant women due to changes in immune and metabolic responses during pregnancy. Fetuses exposed to influenza are at risk of fetal death, being born small for gestational age, or being born preterm. For those fetuses exposed to influenza-like illnesses, there is some link to the development of childhood leukemia, Parkinson Disease, and schizophrenia.

Whooping cough and flu vaccines are safe at the same time. The whooping cough and flu vaccine can be given at the same time during pregnancy or at different visits. Those who are pregnant during flu season should get flu vaccines as early as possible and people do not have to wait until later in pregnancy to get the vaccine.

All vaccines recommended for pregnant women are available.
able without mercury. Many medications and vaccines contain preservatives to prolong shelf life. Thimerosal, a mercury-based preservative, was removed from childhood vaccines in 2001. It is still used in the multi-dose vial of the adult influenza vaccine. None of the whooping cough vaccines (Tdap and DTaP) currently used in the United States contain thimerosal. Researchers have conducted extensive research and have found no link between the mercury previously used in vaccines and the risk of side effects, especially in pregnant women. 

Single dose vials of influenza are available that contain no Thimerosal.

REFERENCES


19. Goddle F, Smith J, Marcovitch H. Wakefield’s article linking MMR vaccine and autism was fraudulent. BMJ. 2011;342:c7452. doi: 10.1136/bmj.c7452.


ADDITIONAL RESOURCES


This publication was made possible by cooperative agreement number 1U38OT00161 from the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Health Officials (ASTHO). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC or ASTHO.

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