

Birth Defects Prevention Month Series: Vaccination in Pregnancy-It Doesn't Have to Be a Painful Decision

By Beth Conover, APRN, CGC MotherToBaby Nebraska, UNMC

"I am 20 weeks pregnant...when is it safe to get my flu shot?" The texted question came in to the MotherToBaby texting helpline, and the answer that I texted back was simple - "As soon as possible...it's safe at any time in pregnancy and really important for you and your baby!"

Once we are into influenza (flu) season (November to March), pregnant women are strongly recommended to get immunized (vaccinated), regardless of how far along they are in their pregnancy. Yet many women delay, and in the end only about 50 percent of pregnant women get their flu shot.

The flu can cause severe illness and even death in pregnant and postpartum women. The flu shot contains an inactivated virus that won't make you or your baby sick. It is the most effective way to prevent the flu or help you have less severe symptoms if you do get the flu. Currently the nasal-spray flu vaccination is NOT recommended for pregnant women because it contains live attenuated (weakened) virus.

As if the benefits to you from the flu shot aren't enough, here's another one: getting vaccinated while you are pregnant can protect your baby from getting the flu after birth! This is because the antibodies that you develop when you get the flu shot get passed to your developing baby during pregnancy and help protect your newborn for the first few months of life.

Here's another common question that I get about vaccines during pregnancy.

"I received my diphtheria/pertussis/tetanus (Tdap) shot last year. Since I am already immune, why do I have to get it again in my third trimester of pregnancy?"

The third trimester Tdap booster is to help your baby, not you. Diseases like pertussis (whooping cough) can cause serious life-threatening illness in newborns. When a pregnant woman gets a Tdap booster in her third trimester, she mounts a strong antibody response which is passed on to her baby and helps protect the newborn until the baby starts a vaccination series at 2 months of age.

Some pregnant women are worried about whether immunizations will harm their baby. The scares about vaccines being associated with problems like autism have been debunked. Most vaccines are safe for pregnant and breastfeeding women. A few, such as the **measles, mumps and rubella (MMR)** and chicken pox vaccinations, contain live attenuated virus and are best given when you are not pregnant. The benefits of protection against disease strongly outweigh any potential risk. That's why Birth Defects Prevention Month's Tip 📌 is a really important one: **Become up-to-date with all vaccines, including the flu shot.** Better yet...if you are thinking about getting pregnant, it's an excellent time to speak with your health care provider to make sure you are current on all of your recommended vaccinations. Remember, a healthy mother is more likely to have a healthy baby!

Are you interested in learning more about vaccinations in pregnancy or while breastfeeding?

Visit the Mother to Baby website and read all of our **vaccine-related fact sheets**. There is a general fact sheet on all **vaccines**, and then specific fact sheets on the **influenza vaccine** and **Tdap vaccine** (of course!) but also many others like the **Measles, Mumps, and Rubella (MMR)**, **HPV**, **hepatitis A**, and **chicken pox** vaccinations.



Beth Conover, APRN, CGC, is a genetic counselor and pediatric nurse practitioner. She established the Nebraska Teratogen Information Service in 1986, also known as MotherToBaby Nebraska. She was also a founding board member of the Organization of Teratology Information Specialists (OTIS). In her clinical practice, Beth sees patients in General Genetics Clinic, Prenatal Clinic, and the Fetal Alcohol Syndrome Clinic at the University of Nebraska Medical Center. Beth has provided consultation to the FDA and CDC.

About MotherToBaby

MotherToBaby is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new text information service by texting questions to (855) 999-3525. You can also visit MotherToBaby.org to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on **Android and **iOS** markets.**

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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By Debra Goniwicha, MSW, MotherToBaby Georgia

I have spent a significant portion of my career working in hospitals. Shortly after learning I was pregnant with my first child, I received a notice that I may have been exposed to an airborne illness while I was at work in the hospital Emergency Room. The notice advised me to report to occupational health for further testing. I flipped out! I was scared to death that my exposure would cause harm to my baby. I was mad at the world for exposing my baby to potential harm and I was mad at myself for not being more aware of the contagious illnesses that I was surrounded by on a daily basis. But mostly, I was terrified.

An airborne infection is an illness spread by little drops of liquid (germs) that float through the air. Airborne illness occurs when someone who is infected coughs or sneezes sending the germs into the air, exposing individuals nearby to potential illness from breathing in the infection or touching surfaces where the drops land. Tuberculosis, chicken pox, and measles are all types of airborne infections. Since February happens to be International Prenatal Infection Prevention Month, I thought it would be a great time to discuss how to best avoid airborne infections in pregnancy.

So back to my own airborne illness exposure... there I was on my way down to occupational health. I was, of course, creating several devastating scenarios in my head. The logical part of my brain was recalling this was absolutely NOT the first time that I had received notice that I had been exposed to something contagious and that while every exposure notice made me worry a bit, I'd get tested, the results were fine, and I'd go on with my life. But this time I was pregnant, and it wasn't just my life that I was worried about. It was the life and health of my much wanted, growing baby. I was fully aware how dangerous infections could be in pregnancy. I had witnessed infants in the neonatal intensive care that were born to mothers with untreated infections.

Arriving at occupational health, I was directed to a room by a nurse and immediately started sobbing. I hadn't yet told my boss or coworkers that I was pregnant. I was superstitious, it was my first pregnancy, and I believed that you were not supposed to tell people the news until you were 12 weeks pregnant. As I stammered out why I was there, an amazing nurse (who I remember to this day) handed me tissues and gave me the best reassurance and education possible about airborne infections during pregnancy.

The nurse reminded me that I was regularly doing many things to prevent airborne infection. These include:

Handwashing - Because of working in healthcare I am very knowledgeable about the fine art of handwashing. Hands need to be wet, then apply soap and rub your hands together for 20 seconds (quick tip: singing Happy Birthday while rubbing your hands together will equal 20 seconds!). Rinse your hands and dry with paper towel.

Immunizations - Remaining current on vaccinations can go a long way to preventing an infection from an airborne illness. Examples include vaccinations to protect from the seasonal flu, the measles, pertussis (whooping cough), and bacterial meningitis. Thankfully, I was current on all my vaccinations. After this incident, I also reminded my family members to make sure they were current on their immunizations as well. Since I was pregnant, I really did not want anybody near me bringing home infections to share!

Droplet Precautions - This refers to avoiding droplets that might come from an infected person's coughing or sneezing. Working in a hospital has taught me many things. One of them is to stand back and to the side when someone is coughing. This helps to minimize direct contact of flying particles. Also, be very aware of what you touch. Touching surfaces and then touching your eyes, nose or mouth increases contact with droplets that may contain

infection. Wearing a mask over your mouth and nose also can reduce exposure to airborne droplets that contain germs.

Getting Tested and, if needed, Treatment – Most important, after learning I had been exposed, I was getting tested for infection. If the tests were positive, I could be treated before the baby was born, decreasing the risk of passing the infection to my developing baby.

I was immensely relieved when my test results were clear and showed no signs of infection. By using good common sense and following some standard precautions, I have been able to avoid any serious viral or bacterial infections. Being pregnant changed my view of the world, and it also sharpened my awareness of working safely in a hospital. I have now survived three pregnancies while working in a hospital and have three happy, healthy, and rambunctious boys.



Debra Goniwicha, MSW is the Program Coordinator for MotherToBaby's Georgia affiliate. She has a Master's Degree in Social Work from Wayne State University in Detroit and has worked as a medical social worker for 18 years. Debra has specialized in maternal/fetal medical social work since 2003. She has also worked as a licensed clinical social worker, counseling women with mental health issues. Debra enjoys working directly with women during pregnancy and postpartum, helping interpret medical information and providing support so they can make informed choices.

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