

How the Tdap Vaccine During Pregnancy Protects Your Baby from Whooping Cough

Pertussis, commonly known as **whooping cough**, is a highly contagious respiratory illness caused by the bacteria ***Bordetella Pertussis***. It spreads through droplets in the air when someone coughs or sneezes.

For adults, pertussis can feel like a bad cold with a lingering cough. But for babies, especially those under 1 year old, it can be much more serious. If a baby who is not fully vaccinated gets whooping cough, about 1 in 3 will need to be hospitalized. **Complications** can include:

- Pneumonia
- Pauses in breathing (apnea)
- Seizures
- In rare cases, death

The good news? There is an effective way to help protect your baby before they are born.

What Is the Tdap Vaccine?

The Tdap vaccine protects against:

- **Tetanus**
- **Diphtheria**
- **Pertussis (whooping cough)**

Why Is the Tdap Vaccine Recommended During Pregnancy?

The Centers for Disease Control and Prevention (CDC) recommends that pregnant women receive the Tdap vaccine during each pregnancy, ideally between **27 and 36 weeks**.

When you receive the Tdap vaccine during pregnancy, your body makes protective antibodies. These antibodies cross the placenta and help protect babies after birth.

This protection:

- Starts right away after birth.
- Lasts for the first two months of a child's life.
- Helps bridge the gap until the baby can get their own vaccine.

Newborns are at highest risk for severe pertussis, and they are too young to be fully vaccinated. Getting the Tdap vaccine during pregnancy is the best way to reduce the risk of whooping cough in the baby.

Has the Tdap vaccine been studied for use in pregnancy?

Studies looking at thousands of pregnant women who received the Tdap vaccine have not found increased risks for birth defects, preterm delivery, or other pregnancy complications.

Research on the Tdap vaccine and other recommended vaccines in pregnancy, like the flu vaccine, has been reassuring for both pregnant women and their babies.

MotherToBaby continues to study vaccines in pregnancy to provide up-to-date, evidence-based information to families and healthcare providers. Learn more about how you can help [here](#).

The Bottom Line

Getting the Tdap vaccine during pregnancy is the very best way to protect a newborn from whooping cough during their most vulnerable months. If you are pregnant or planning a pregnancy and have questions about vaccines, talk

with your healthcare provider. You can also contact MotherToBaby for free and confidential information based on the latest research.

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Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

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Melissa, pregnant for the first time, live chatted with MotherToBaby through our website: “Hi, I’m 29 weeks pregnant and wondering about vaccines. I have seen so many different things online and I am worried about getting really sick while I’m pregnant. Can you help?”

Melissa is not alone. Many people contact MotherToBaby to find the most up-to-date information about **vaccines** during pregnancy. Protecting yourself from circulating viruses can also help protect your developing baby. Infections such as influenza, pertussis, rubella, chicken pox, and COVID-19 can cause serious problems in both a pregnant woman and her developing baby. Let’s navigate through the current recommendations.

Plan to Receive Some Vaccines Prior to Pregnancy

You may have heard there are some vaccines, like measles, mumps, and rubella (MMR) and chickenpox (varicella), you should not receive during pregnancy. These “live” vaccines are avoided as they are made from viruses or bacteria that

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have been weakened, but not killed. Due to the small chance that a live vaccine might cause the disease itself, live vaccines are not routinely given to pregnant women.

So how can you protect yourself and your developing baby from viruses like **measles, mumps, rubella (MMR)** and **chicken pox** if it is not recommended (also known as contraindicated) to receive the vaccines during pregnancy? The Centers for Disease Control and Prevention (CDC) consider people who have received one or more doses of MMR vaccine during their lifetime to be protected for life. Adults who never got the MMR vaccine should get at least 1 dose (or 2 doses for some people at higher risk of infection) before pregnancy. Those who have never had chickenpox or received a chickenpox vaccine should get 2 doses of varicella vaccine, at least 4 weeks apart, before pregnancy. If you aren't sure if you ever got vaccinated for MMR or chickenpox or unsure if you had chickenpox in the past, you can safely receive the necessary live vaccines before that positive pregnancy test! Out of an abundance of caution (small possibility of that infection) **it is advised to wait at least one month before becoming pregnant** after these vaccines. This is just one reason why it is beneficial to have a pre-pregnancy health checkup and to discuss any future conception plans with your provider!

Keep Up with Recommended Vaccines During Pregnancy and Encourage Others to Do So, Too

So, which vaccines should you receive during pregnancy?

CDC recommends all women who are pregnant receive the **flu shot** and updated **COVID-19 vaccine** each year, a **Tdap (tetanus diphtheria pertussis) vaccine** in each pregnancy, and an **RSV (respiratory syncytial virus) vaccine** (if you have not received one in a previous pregnancy). These vaccines are not live vaccines and have not been associated with an increased chance for birth defects or pregnancy complications. (A nasal spray vaccine is also available against influenza, but it is a live vaccine and not recommended in pregnancy).

Influenza vaccine (flu shot)

The flu shot usually becomes available in September and is offered throughout flu season. CDC recommends **getting a flu shot by the end of October** despite flu seasons varying in their timing each year. This timing helps protect a pregnant woman before flu activity begins to increase. Protection begins about two weeks after you get the flu shot and lasts at least six to eight months. It is necessary to receive the seasonal flu shot each year to be protected in the current flu season. Getting vaccinated during your pregnancy may also help protect your baby from **getting sick** during the first 6 months of life! This is especially important because infants less than 6 months of age cannot receive the flu vaccine.

COVID-19 vaccine

It is well known that pregnant women are more likely to get very sick from **COVID-19** compared to those who are not pregnant. This is why it is so important to receive an updated COVID-19 vaccine every year, any time before or during pregnancy, for the best protection against severe illness. CDC recommends staying up-to-date with COVID-19 vaccines every year: <https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>.

Tdap vaccine

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"I just had a Tdap vaccine a couple years ago – so I don't need another one, right?" Melissa asked a very common question we receive regarding the Tdap vaccine during pregnancy. Although this vaccine is recommended for adults every 10 years, for women who are pregnant, receiving the shot in the 3rd trimester (specifically 27-36 weeks gestation) can help the baby get as many of the mother's antibodies as possible. After delivery, these antibodies provide some protection against **pertussis, also known as whooping cough** (a very contagious respiratory infection), until the baby can receive his/her own dTAP vaccine (starting at 2 months of age). Additionally, if everyone who lives with you and any caregivers get the vaccine, it can lower the chance for the baby to be exposed to pertussis.

RSV vaccine

The RSV vaccine protects both pregnant women and their babies from **RSV**, a virus that can cause serious breathing problems in babies. CDC recommends a single dose of the Abrysvo® RSV vaccine between 32 and 36 weeks of pregnancy, during the RSV season (September-January). As with the flu and Tdap vaccines, this maternal vaccine helps the pregnant woman create antibodies that can pass to the baby, giving the baby some protection from an RSV infection after birth. By getting this vaccine, pregnant women can help keep their newborns safe from serious health complications. Melissa, being 29 weeks, can now plan an upcoming RSV vaccine appointment!

Pregnant women who receive vaccines can also share their experiences with maternal health researchers, like MotherToBaby. **Our studies** are published in medical journals and product labels, and can help others like you when navigating vaccine decisions in pregnancy.

There are no Vaccines to Prevent Some Infections

Many people are packing their bags for a getaway during the summer months. If you are considering an upcoming vacation or babymoon, it's important to protect yourself from viruses and infections with the appropriate vaccines for that area. Where are you headed? Check with your healthcare provider regarding any specific travel vaccines you might need. CDC recommends discussing any travel plans with your provider at least 4-6 weeks before your trip. Contact MotherToBaby to check the information on any vaccines your healthcare provider recommends

Viruses like **Zika**, **malaria**, and **Oropouche** can be spread by mosquitos and biting flies (midges). These infections can increase serious risks in pregnancy. Since there are no vaccines to prevent these infections, the safest approach during pregnancy would be to not travel to areas with any possible level of risk. Should you choose to travel, it's important to protect yourself using the recommended **insect repellents** among **other ways** to help prevent bites while traveling.

Although Melissa didn't have any trips planned for the rest of her pregnancy, she was happy to know about these other infections she wasn't even thinking about!

Other Precautions

Although masks are no longer required in most public areas, this is still a great way to reduce the risk for infections while around others! Good hand washing is also the most simple and effective way to prevent the spreading of germs to keep you healthy.

After chatting with Melissa, she decided to make her appointment for her COVID-19 and Tdap vaccines (you can get them at the same time!) and will go in ASAP when the flu vaccine for this season is available. She felt reassured

knowing she had decided to give herself and her developing baby the best protection from these illnesses as possible. "Thank you for all this info! I just want to make the best choice for me and my baby – I feel so much better."

Do you have questions about vaccines during pregnancy? Call, chat, text, or email MotherToBaby!

References:

<https://mothertobaby.org/fact-sheets/vaccines-pregnancy/>

<https://mothertobaby.org/pregnancy-studies/>

<https://www.cdc.gov/vaccines/by-age>

<https://www.cdc.gov/vaccine-safety/about/pregnancy.html>

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I can't begin to describe how organized I was during the holiday season when I was pregnant with my first child. Since I was pretty far along (5 months), I wanted to make sure each gift was chosen way ahead of time, I knew how long it would take me to get the food trimmings just right and whether I should emphasize red or green in my decorating scheme. All of this had to be done before that "pregnancy brain" I had heard so much about set-in. Little did I know, the most important items on my holiday to-do list weren't sitting on store shelves or mixed in with the tinsel and mistletoe.

Years later, as a teratogen information specialist for MotherToBaby, I realized some of the best gifts for a healthy pregnancy didn't come with ribbons and bows, but from awareness and education! For example, did you know the holiday buffet table could include foods that could potentially cause harm to a developing baby? Or, if not careful, decorating could put a pregnant woman in a dangerous situation? Today I encourage pregnant women to master must-know safety tips long before putting together must-have gift lists this season. Here are a few of my tips:

Tip 1. Importance of Getting Vaccinated

It is recommended that pregnant women have a **flu vaccine** in every pregnancy and be current on **Tdap vaccine** and **Covid 19 vaccines**. Women who are 32-36 weeks pregnant are currently eligible for the RSV vaccine <https://mothertobaby.org/fact-sheets/rsv-vaccine/>. This vaccine can pass protection to the developing baby, helping lower the chance of severe RSV infection once the baby is born.

Not only should a pregnant woman be up-to-date on vaccines, but **anyone** older than 6 months of age who will be around a newborn should be vaccinated.

Tip 2. Choose Wisely at the Buffet Table

Drinks like eggnog and spiced cider may contain alcohol <https://mothertobaby.org/fact-sheets/alcohol-pregnancy>. If you're not sure what's in a beverage, ask the host. Also, avoid soft cheeses made from unpasteurized milk, as they may contain bacteria that can cause a serious illness for a developing baby called Listeria <https://mothertobaby.org/fact-sheets/listeriosis-pregnancy>, as well as increased risk of miscarriage, uterine infection, or premature labor. Meats like cocktail franks and pâté can also contain bacteria. Meats need to be thoroughly cooked so that bacteria are killed.

Tip 3. CMV (cytomegalovirus) May Be Lurking

CMV is a common virus that often has no symptoms. If a pregnant woman gets CMV <https://mothertobaby.org/fact-sheets/cytomegalovirus-cmv-pregnancy>, the baby could be at increased risk for hearing loss, developmental delays, or birth defects. To prevent infection, pregnant women should wash hands after changing diapers, feeding children, wiping children's noses, or handling children's toys. Also, avoid sharing food, eating utensils, toothbrushes, and pacifiers with children.

Tip 4. Holiday Decoration Safety

Some artificial trees, strings of lights, and ornaments may contain lead. Use gloves or wash hands after handling decorations to reduce exposure. Because of changes in their center of gravity, pregnant women should stay off ladders and let others decorate the hard-to-reach places.

Tip 5. Manage Anxiety and Depression

Having a 'happy holiday' can mean lots of stress, especially when pregnant. Anxiety <https://mothertobaby.org/fact-sheets/anxiety-fact> to have that **perfect** holiday is real. Depression <https://mothertobaby.org/fact-sheets/depression-pregnancy> can be triggered this time of year as well. Don't hesitate to ask for help if you are feeling overwhelmed with all the gift giving and holiday activities. Stay in-touch with your healthcare providers because.... help is available!

I hope these tips are helpful. While my son did end up turning out to be just fine, I think I would have caused myself less stress and worry had I known these tips during my pregnancy. If you have questions, don't hesitate to reach out to

MotherToBaby by phone, text, chat or email.

On behalf of all of us at MotherToBaby, here's to wishing you a happy and healthy holiday!

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How the Tdap Vaccine During Pregnancy Protects Your Baby from Whooping Cough

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 ⑤ 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.

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By *Chelsea Flores*

Reviewed by *Elizabeth Salas, MPH*

Are you currently pregnant? Are you aware of the risk of pertussis to your baby?

Pertussis, also known as whooping cough, is a serious problem throughout California. Public health officials confirm our state is currently experiencing a pertussis epidemic. In 2010, there were more pertussis cases in California than had been reported in over 60 years with approximately 9,000 cases including 10 infant deaths. In 2014 10,831 cases were reported. The California Department of Public Health (CDPH) January 7, 2015 Pertussis Report states that of the 376 cases requiring hospitalization, 227 (60%) were babies less than 4 months of age. The two deaths reported in 2014 were babies less than 6 weeks of age. Unfortunately, babies are among the most vulnerable, but there are things you can do to protect your baby.

What Every Pregnant Woman Should Know About Pertussis

What is Pertussis?

Pertussis is a bacterial infection caused by the bacterium *bordetella pertussis*. This germ can be transferred from an infected person to an uninfected person through coughing, sneezing, or having close contact with someone infected. Pertussis is very contagious and can cause serious illness. It can affect any person at any age, but is more commonly reported in infants and the elderly.

At first pertussis may resemble a cold, but the symptoms change over time. Within 1-3 weeks after being infected, the person will have a rapid cough leading to difficulties in breathing. After coughing for seconds to minutes, they will make a “whooping” sound as they try to catch their breath. It can take weeks or even months before a person recovers from this infection. However, this infection may be prevented by vaccinating.

Why is pertussis a concern for newborns?

Newborns are at a higher risk of getting pertussis because their immune systems are weaker and not as capable of fighting off infections. In addition, they cannot receive their first pertussis vaccine until they are at least 6 weeks of age. Newborns infected with pertussis are at risk of being hospitalized, depending on the severity of the illness and

can experience life-threatening symptoms. According to the CDC, in babies who are hospitalized for pertussis, studies suggest that 1 in 4 of these babies get pneumonia, 2 in 3 will experience apnea (slowed or stopped breathing), 1-2 per 100 will have convulsions, 1 in 300 experience encephalopathy (disease of the brain), and 1-2 per 100 babies hospitalized will die.

What can a pregnant woman do to protect her newborn?

Vaccinating during pregnancy is the best tool we have to protect moms and babies against pertussis. When mom receives the vaccine during pregnancy, it provides protection for the newborn. Mom can transfer protective antibodies (proteins that protect against pertussis) to the baby during pregnancy, which helps protect the newborn in the first 6-8 weeks when they are too young to get vaccinated. This vaccine will also help the mother by keeping her healthy and decreasing the chances of her spreading pertussis to her infant. It is important to get vaccinated during every pregnancy because over time levels of antibodies will start to decrease. In order to transfer the highest levels of antibodies to your baby, vaccination late in pregnancy is ideal.

It is also very important that new moms vaccinate their newborns against pertussis at 6-8 weeks rather than delaying vaccination. The longer mom waits to vaccinate, the longer her baby is vulnerable.

Is this vaccine safe during pregnancy?

The Tdap vaccine is an inactivated vaccine. This means the vaccine is made of particles of killed bacteria. It does not contain a live virus. There is no risk of contracting the infection from the vaccine, unlike vaccines that contain live viruses or bacteria. Currently the published information on vaccination against pertussis in pregnancy has not found an increased risk for problems in pregnancy or for the newborn. In every pregnancy, there is a 3-5% chance of having a baby with a birth defect regardless of exposures in pregnancy. This is known as the background risk. Vaccination against pertussis during pregnancy has not been shown to increase the risk of birth defects above the background risk that already exists in every pregnancy.

In 2011, the Centers for Disease Control and Prevention recommended the pertussis vaccine for pregnant women. The update in October of 2012, recommended that pregnant women, regardless of vaccination history, should receive the Tdap vaccine in every pregnancy. The optimal time to administer the vaccine is between 27-36 weeks gestation to maximize benefits to mom and baby. The American College of Obstetricians and Gynecologists' Committee on Obstetric Practice also supports the recommendations.

What can family and friends do to help protect a newborn?

Staying up to date with pertussis vaccination is important, especially since adults may not know they are infected or may confuse pertussis with a common cold. "Cocooning" is a strategy recommended to protect the newborn. "Cocooning" refers to the vaccination of those who will be in close contact with the baby (dad, siblings, grandparents, and caretakers) in order to reduce the chance baby will be exposed to pertussis. Newborns are more likely to get pertussis from a family member or by having close contact with an infected person, especially when that person has not been vaccinated. Anyone not up to date with pertussis vaccines should be vaccinated at least 2 weeks before coming in contact with the infant to ensure their bodies have had enough time to develop immunity.

The Bottom Line for Expecting Moms and Their Families

Getting the vaccine does not necessarily mean that you or your baby are not at risk of being infected. While adults, who have been vaccinated, can still get pertussis, the infection is usually less severe. Vaccinating can reduce the chances you and your baby will get pertussis. Contact your doctor for more information about getting vaccinated. According to the Immunization Branch of the CDPH, even a single dose of the DTaP vaccine may provide some protection against severe pertussis disease in babies.

For more information about pertussis, the Tdap vaccine, or other exposures during pregnancy or lactation, contact MotherToBaby California toll free at 866-626-6847.


MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847. You can also visit MotherToBaby.org to browse a library of fact sheets.

MotherToBaby is also conducting research on the pertussis vaccine during pregnancy, and is looking for pregnant

women who have received the vaccine as well as women who have chosen not to get the vaccine. This research is observational, meaning participants are not asked to take any medications, get any vaccines, or to change their daily routine. To learn more about our pertussis vaccine research program, please contact one of our MotherToBaby Pregnancy Studies experts at (877) 311-8972.



Chelsea Flores is currently a senior at High Tech High North County. She will be applying to colleges this fall and has worked with MotherToBaby California as a student intern. She is considering a career in the medical field and is interested in obstetrics and gynecology.

 *Elizabeth Salas is the Lead Teratology Information Specialist for MotherToBaby California, a non-profit that provides information to healthcare providers and the general public about medications and more during pregnancy and breastfeeding. She is based at the University of California, San Diego, and is passionate about the work MotherToBaby is doing to promote healthy moms, healthy pregnancies and healthy babies.*

Download the Tetanus, diphtheria and pertussis and Tdap Vaccine and Pregnancy fact sheet and other fact sheets by MotherToBaby (also available in Spanish) at

<http://www.mothersbabyca.org/resources/fact-sheets/>

For the latest information on pertussis in California, visit the California Department of Public Health Pertussis Summary Reports at <http://www.cdph.ca.gov/programs/immunize/Pages/PertussisSummaryReports.aspx>

Additional information about pertussis is available at the following Centers for Disease Control and Prevention link at <http://www.cdc.gov/pertussis/materials/pregnant.html>

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