

## Recent recommendation of the CDC and ACOG on the Tdap vaccine for pregnant women

"In light of the recent increased incidence of pertussis in the United States, in 2011, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices approved recommendations for the use of the tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) for pregnant women. Furthermore, the committee updated Tdap recommendations for special situations during pregnancy and for persons in contact with infants. The revised guidelines, which are based on a review of data on Tdap safety, immunogenicity, and barriers to receipt of Tdap, are designed to facilitate the use of Tdap to reduce the burden of disease and risk of transmission to infants. There is no evidence of adverse fetal effects from the vaccination of pregnant women with an inactivated virus, bacterial vaccine, or toxoid, and these should be administered if indicated. The American College of Obstetricians and Gynecologists' Committee on Obstetric Practice supports the revised recommendations on the administration of Tdap during pregnancy.

Women's health care providers should implement a Tdap vaccination program for pregnant women who previously have not received Tdap. Health care providers should administer Tdap during pregnancy, preferably during the third trimester or late second trimester (ie, after 20 weeks of gestation). Alternatively, if not administered during pregnancy, Tdap should be administered immediately postpartum to ensure pertussis immunity and reduce the risk of transmission to the newborn. Regardless of the trimester, health care providers are encouraged to report Tdap administration to the appropriate manufacturer's pregnancy registry.

### **Special Situations During Pregnancy**

#### **Tetanus Booster**

Health care providers should administer Tdap during pregnancy, preferably during the third trimester or late second trimester (ie, after 20 weeks of gestation), if a tetanus and diphtheria (TD) booster vaccination is indicated (ie, more than 10 years since the previous TD vaccination) for a pregnant woman who has not received Tdap previously.

## **Wound Management**

As part of standard wound management care to prevent tetanus, a tetanus toxoid-containing vaccine might be recommended for a pregnant woman if 5 years or more have elapsed since the previous TD booster vaccination. If a TD booster vaccination is indicated for a pregnant woman who has not received Tdap previously, health care providers should administer Tdap.

## **Unknown or Incomplete Tetanus Vaccination**

To ensure protection against maternal and neonatal tetanus, pregnant women who never have been vaccinated against tetanus should receive three vaccinations containing tetanus and reduced diphtheria toxoids during pregnancy. The recommended schedule is 0, 4 weeks, and 6–12 months. One dose of the TD booster vaccine should be replaced by Tdap, preferably during the third trimester or late second trimester (ie, after 20 weeks of gestation)."

