

Postpartum Visit Algorithm: Immunizations

Remember the ABCs:



Vaccine	Postpartum patients for whom vaccination is recommended	Schedule	Safety	References
Hepatitis B	<p>All postpartum women ≤ 18 years old <i>regardless of risk</i> without documentation of immunity or vaccination</p> <p>All postpartum women > 18 <i>at risk</i> for Hepatitis B without documentation of immunity or vaccination</p> <ul style="list-style-type: none"> • Sex partner or household contact with Hep B • Multiple sex partners (not mutually monogamous) • HIV+ or recent history of sexually transmitted disease • Injection drug users • Hemodialysis or renal disease with risk of hemodialysis, chronic liver disease • Healthcare and public safety workers • Institutionalized individuals (correctional facilities, group homes) • International travel <p>Serologic screening for Hepatitis B surface antibody may be indicated in immigrants from endemic areas</p>	<p>Three dose series</p> <p>Recommended dosing interval is 0, 1, 6m Alternative intervals are 0, 1, 4m or 0, 2, 4m Dosing intervals must be at least:</p> <ul style="list-style-type: none"> • 4wks between dose #1 and #2 • 8wks between dose #2 and #3 • 16wks between dose #1 and #3 <p>Do not restart the series if doses #2 or #3 are delayed. Continue from where the series left off.</p>	<p>Safe in pregnancy and women planning pregnancy</p> <p>Safe in breastfeeding</p>	1-4
Human Papilloma Virus (HPV)	All postpartum women ≤ 26 years old not previously vaccinated, regardless of HPV status	<p>Three dose series</p> <p>Dosing intervals must be at least:</p> <ul style="list-style-type: none"> • 4wks between dose #1 and #2 • 12wks between dose #2 and #3 • 24wks between dose #1 and #3 <p>Do not restart the series if doses #2 or #3 are delayed. Continue from where the series left off.</p>	<p>Unknown safety in pregnancy; recommend postponement if possibility of pregnancy</p> <p>Safe in breastfeeding</p>	1-2, 5

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Influenza	All postpartum women not previously immunized during the current influenza season.	Single dose of either <ul style="list-style-type: none"> • intranasal live-attenuated vaccine (LAIV), or • intramuscular trivalent inactivated vaccine (TIV) 	Both TIV and LAIV are safe in breastfeeding LAIV contraindicated in pregnancy or possibility of pregnancy Theoretical risk associated with thimerisol-containing TIV is outweighed by the benefits of vaccination during pregnancy or possibility of pregnancy	1-2, 6-7
Measles, Mumps and Rubella (MMR)	Postpartum women without either 1) laboratory evidence of rubella immunity or 2) documented vaccination. (If baby is in NICU and mother is still visiting, can wait until mother is no longer visiting NICU to vaccinate.) Two-dose regimen recommended for <ul style="list-style-type: none"> • Health care workers • Students entering college • International travelers Postpartum women who test rubella non-immune but have documented immunization do not need re-immunization. However, administration of a second dose may be considered in these individuals.	Administer dose #1 immediately Administer dose #2 (if indicated) no earlier than 4 weeks after dose #1	Contraindicated in pregnancy or possibility of pregnancy within 4wks Safe in breastfeeding	1-2, 4, 8-9
Meningoccal conjugate	All postpartum women ages ≤ 18 College freshmen living in dormitory Women with asplenia or other complement deficiency Travel or residence in endemic area	Administer one dose Give a second dose after 5 years if risk continues (age, residence, travel)	Unknown safety during pregnancy, recommend postponement if possibility of pregnancy Safe in breastfeeding.	1-2, 4

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Tetanus, Diphtheria, acellular Pertussis (Tdap) and Tetanus diphtheria (Td)	All postpartum women <i>without</i> written documentation of a primary series of Td tetanus- and diphtheria-toxoid containing vaccine (3 doses)	Administer 3-dose primary series: Dose #1 Tdap, dose #2 and dose #3 Td Recommended intervals: <ul style="list-style-type: none"> • ≤ 18yrs is 0, 1, 7m • >18yrs is 0, 1-2, 6-12m 	Safe in breastfeeding Td is safe in pregnancy or possibility of pregnancy	1-2, 4, 10-11, 15
	All postpartum women <i>with</i> documented primary Td series who have NOT received Tdap, Td, or Td booster in the past 2 years.	Give one dose of Tdap	Use of Tdap in pregnant women (ACIP Provisional Recommendations, June 2011): For pregnant women who previously have not received Tdap, administer Tdap during pregnancy, preferably during the 3rd or late 2 nd trimester (after 20 weeks gestation).	
	All postpartum women <i>with</i> documented primary Td series who received Tdap, Td, or Td booster in the past 2 years.	Consider Tdap if at high risk for pertussis AND no history of adverse reaction to previous Td or Tdap vaccination.		
Varicella	All postpartum women without evidence of immunity: <ul style="list-style-type: none"> • Documented history of varicella (or herpes zoster) • Documented vaccination (2 doses) • Laboratory confirmation of immunity <p>Serologic screening may be indicated if records not obtainable</p>	Two dose series Administer dose #1 immediately Administer dose #2 4-8wks after dose #1 If dose #2 is delayed, do not restart the series. Administer dose #2 as soon as possible.	Live attenuated vaccine. Contraindicated in pregnancy or possibility of pregnancy within 4wks. Safe with breastfeeding	1-2, 4, 12-14

EVERY DAY

Checklist for Healthy Women

Exercise – 30 minutes a day, 5 days a week

Vitamin – 400 micrograms of Folic Acid per day

Educate yourself about medicines and chemicals that can cause birth defects

Reproductive life planning – set your personal goals for birth control and future children

Yearly doctor visits to discuss physical and mental wellness

Diet – Vegetables, fruits, and whole grains daily

Avoid tobacco, drugs, and alcohol

Your partner, friends, and family should be sources of support

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Interconception Care Project for California

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