

Pregnant Teens and Vaccinations

The medical community recommends a woman be current on vaccinations before she becomes pregnant to protect herself and her child. Pregnant teenagers may present a challenge to this recommendation. In general, the benefits of the vaccine should outweigh the risks for mother and child.

Live vaccines, such as measles/mumps/rubella (MMR) or varicella, are thought to pose a risk to the developing fetus and are not recommended. No evidence of risk has been found from vaccinations from inactivated virus, bacterial vaccines, or toxoids. These include tetanus/diphtheria/acellular pertussis (Tdap), and some influenza vaccines.

If the vaccination can wait until after the teen's baby is born, she then can move to the vaccination catch-up schedule.

The CDC has issued recommendations related to vaccination and pregnancy, which can be found on the next page and at www.cdc.gov/vaccines/pubs/preg-guide.htm.

Source

Centers for Disease Control and Prevention. www.cdc.gov/vaccines/pubs/downloads/f_preg_chart.pdf and www.cdc.gov/vaccines/pubs/downloads/f_preg.pdf.



Vaccination of Pregnant Women (From CDC Guidelines for Vaccinating Pregnant Women)

Risk for a developing fetus from vaccination of the mother during pregnancy primarily is theoretical. No evidence exists of risk from vaccinating pregnant women with inactivated virus or bacterial vaccines or toxoids. Live vaccines pose a theoretical risk to the fetus. Benefits of vaccinating pregnant women usually outweigh potential risks when the likelihood of disease exposure is high, when infection would pose a risk to the mother or fetus, and when the vaccine is unlikely to cause harm.

Generally, live-virus vaccines are contraindicated for pregnant women because of the theoretical risk of transmission of the vaccine virus to the fetus. If a live-virus vaccine is inadvertently given to a pregnant woman, or if a woman becomes pregnant within 4 weeks after vaccination, she should be counseled about the potential effects on the fetus. But vaccination is not ordinarily an indication to terminate the pregnancy.

Whether live or inactivated vaccines are used, vaccination of pregnant women should be considered on the basis of risks versus benefits – i.e., the risk of the vaccination versus the benefits of protection in a particular circumstance. The following table may be used as a general guide.

	VACCINE	SHOULD BE CONSIDERED IF OTHERWISE INDICATED	CONTRAINDICATED DURING PREGNANCY
ROUTINE	Hepatitis A		
	Hepatitis B	X	
	Human Papillomavirus (HPV)		
	Influenza (Inactivated)	Recommended	
	Influenza (LAIV)*		X
	Measles*		X
	Meningococcal (MCV4)		
	Mumps*		X
	Pneumococcal		
	Polio (IPV)		
	Rubella*		X
	Tetanus-Diphtheria (Td)	X	
	Tetanus-Diphtheria-Pertussis (Tdap)		
Varicella*		X	
TRAVEL & OTHER	Anthrax		
	BCG*		X
	Japanese Encephalitis		
	Meningococcal (MPSV4)	X	
	Rabies	X	
	Typhoid (Parenteral & Oral*)		
	Vaccinia*		X
	Yellow Fever*		
	Zoster*		X

*Live attenuated vaccine

Passive Immunization during Pregnancy

No known risk exists for the fetus from passive immunization of pregnant women with immune globulin preparations.

PDF file of Guidelines for Vaccinating Pregnant Women can be found at:

www.cdc.gov/vaccines/pubs/downloads/b_preg_guide.pdf