

# Expectant moms should get vaccinated, experts say

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Chills. No appetite. Fever. Body aches. Fatigue. Congestion. Dry cough.

It's probably the flu.

October through April are the loosely characterized months when the [flu virus](#) (influenza) is most prevalent. Though problematic regardless of who is diagnosed, [flu season](#) is a critical time for expectant mothers. Several myths persist about the usefulness and danger of the flu vaccine, but Virginia Commonwealth University Health professionals advise pregnant women to take the precaution for their own protection against the strain, as well as to provide protection for their unborn baby against flu and other illnesses.

"The flu is not more common in pregnant women compared to the general population. However, should a pregnant woman get the flu, she is more likely to experience more severe complications such as pneumonia or death," said Ronald M. Ramus, M.D., director of the Division of Maternal-Fetal Medicine at VCU Medical Center. "The most important vaccinations in pregnancy are the flu vaccine (when in season) and pertussis vaccination to protect their child from pertussis (whooping cough) as a neonate."

The Tdap booster vaccine, for tetanus, diphtheria and pertussis, gained importance for expectant mothers based on a rising number of pertussis cases in the U.S. Without it, a newborn has less protection from people with pertussis. The flu vaccine can be given at any time during pregnancy. The Tdap vaccine is best given between 27 and 36 weeks of gestation.

"Administration of the Tdap vaccine stimulates the mother's immune system to make antibodies, and these antibodies cross the placenta and get into the fetal bloodstream," Ramus said. "Then, when the baby is born, these antibodies help protect the newborn from any exposures to individuals that may have [pertussis](#)."

Both Tdap and flu vaccines pose little risk for moms-to-be.

"The only types of vaccines that pose any risk in pregnancy are vaccines that use live attenuated virus to stimulate an immune response. Even in this situation, the risk is low," Ramus said. "The vaccines mentioned do not use live virus, so there's no risk. One caveat, though, is the nasal form of the flu vaccine does use live virus, so we only give the injectable form of the flu vaccine to pregnant women."

Ramus said some expectant mothers are weary of the flu vaccine because they think it contributes to birth defects. Current research has

dispelled that notion.

"The first few years that the flu vaccine was recommended in pregnancy, we specifically avoided treatment in the first trimester. With more experience we have learned that treatment at any point in pregnancy is safe for the fetus," he said. "The best way to protect the developing baby is to take good care of the mother. This is done by getting the [flu vaccine](#)."

Not getting the vaccine poses troublesome effects.

"If a mother is flu positive, the baby is isolated from the mother at birth until the mother has had sufficient Tamiflu to protect the baby," said Linda Meloy, M.D., professor of pediatrics. "The separation, in my experience, has caused trouble with breastfeeding and puts the mother-to-be in distress. Preventing the infection to begin with is the best solution. Pertussis or [whooping cough](#) is a severe infection in the newborn causing pneumonia and severe breathing problems, apnea, and can be lethal."

The [flu shot](#) is custom derived each year and not perfect, meaning it doesn't protect against every strain of flu, but it does protect against the majority of strains, Ramus said. Minimally, there is the possibility of allergic reaction and pain at the site of the flu shot injection. Also, patients with egg allergies should not get vaccinated.

"The principle is that by taking care of the mother you are taking care of the fetus," Ramus said. "There is substantial data on negative outcomes with the flu in [pregnant women](#), so the goal by vaccinating is to prevent these complications."

Provided by Virginia Commonwealth University

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