
Standing Orders for Administering Tdap to Pregnant Women

Purpose: To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all pregnant women who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate people who meet the criteria below.

Procedure

1. Identify pregnant women, including teens, who, during their current pregnancy, lack vaccination with tetanus and diphtheria toxoids with pertussis vaccine (Tdap), regardless of number of years since prior Td or Tdap vaccination.
2. Screen all pregnant women for contraindications and precautions to Tdap, as follows:
 - a. **Contraindications:**
 - a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or Tdap or to a vaccine component. For information on vaccine components, refer to the manufacturer’s package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - a history of encephalopathy within 7 days following DTP, DTaP, or Tdap not attributable to another identifiable cause
 - b. **Precautions:**
 - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
 - history of an arthus-type reaction following a previous dose of tetanus-containing or diphtheria-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-containing vaccine
 - moderate or severe acute illness with or without fever
 - progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized
3. Provide all pregnant women with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the woman’s medical record or office log, the publication date of the VIS and the date it was given to her. Provide non-English speaking women with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Administer 0.5 mL Tdap vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle or, alternatively, the anterolateral thigh can be used. (Note: a 5/8" needle may be used for people weighing less than 130 lbs [60 kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.) The optimal time to administer Tdap is during 27 through 36 weeks’ gestation, although vaccination may occur at any time during pregnancy. If woman has no history of Tdap and vaccine is not administered during pregnancy, vaccinate immediately post-partum.
5. Document each pregnant woman’s vaccine administration information and follow up in the following places:
 - a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
6. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
7. Report all adverse reactions to Tdap vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date).
(name of practice or clinic)

Medical Director’s signature: _____ Effective date: _____

For standing orders for other vaccines, go to www.immunize.org/standing-orders

Technical content reviewed by the Centers for Disease Control and Prevention

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