

Cocooning: Building Layers for Preventing Pertussis in Newborns

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May 3, 2010

Disclosure of Financial Support

I have no relevant financial interest or arrangements that create a conflict of interest.

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Overview

- Structure and mission of the American Congress of Obstetricians & Gynecologists (“ACOG”)
- ACOG’s recommendations and strategy for vaccinating pregnant and postpartum women with Tdap
- Barriers and opportunities for OB/GYN’s to vaccinate pregnant & postpartum women
- Strategies/recommendations for immunization coalitions & programs to better collaborate with local ACOG sections and OB/GYN’s to promote immunization

The American Congress of Obstetricians & Gynecologists

- Founded in 1951, ACOG has over 52,000 members.
- It is the nation's leading group of professionals providing health care for women.
- Based in Washington, DC, ACOG is a private, voluntary, nonprofit member organization.

The American Congress of Obstetricians & Gynecologists

- Members include:
 - Fellows: board-certified OB/GYN's; over 90% belong to ACOG
 - Junior Fellows: OB/GYN residents or MD's who are in their first 2 years of practice
 - Affiliate Members: non-OB/GYN MD's; other practicing health care professionals, e.g., certified nurse-midwives and nurse practitioners; and medical students

The American Congress of Obstetricians & Gynecologists

ACOG works primarily in 4 areas:

- Serving as a strong advocate for quality women's health care
- Maintaining the highest standards of clinical practice and continuing education for its members
- Promoting patient education, understanding & involvement in their health care
- Increasing awareness among its members and the public of the changing issues facing women's health care

Source: www.acog.org website

ACOG Structure

ACOG is made up of 10 geographic Districts and the Armed Forces District.

- New York, California & Texas are their own Districts
- The rest of the Districts are multiple states
- Each District has multiple sections (there are 89 ACOG sections in all)
- The Section Chairs & Vice-Chairs make up each District's Advisory Council which meets at least twice a year

ACOG Structure

ACOG has a Board of Directors called the “Executive Board” made up of 25 members:

- 7 nationally elected officers: President, VP, etc...
- 11 District Chairs
- Chair of the Junior Fellow National Advisory Council
- A public member
- Representatives from the subspecialty societies:
 - Maternal-fetal medicine
 - Gynecologic oncology
 - Reproductive endocrinology & infertility
- 2 Fellows-At-Large, OB/GYN’s in the first 8 years of fellowship

The American Congress of Obstetricians & Gynecologists

www.acog.org

This website has extensive information about all of ACOG's activities, e.g., advocacy, education, meetings, membership, women's issues, committees, research, how to find a job, how to find an OB/GYN, etc...

ACOG Committee Opinion #438, August 2009

“Update on Immunization and Pregnancy:
Tetanus, Diphtheria, and Pertussis
Vaccination”

Recommendations are taken directly from the
CDC’s Advisory Committee on Immunization
Practices (“ACIP”): Morbidity & Mortality
Weekly Report, 5/30/08, Vol. 57

ACOG Committee Opinion #438, August 2009

“Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination”

- To provide optimal protection for the pregnant woman & her neonate, preconception immunization is preferred to vaccination during pregnancy.
- Pregnant women who have not received a dose of Tdap previously, should receive it after delivery and before discharge from the hospital if it has been 2 or more years since the most recent Td vaccination.
- However, if a pregnant woman needs protection from tetanus, diphtheria or pertussis during pregnancy, immunization with Tdap, instead of Td, may be considered in the 2nd & 3rd trimesters.

To provide optimal protection for the pregnant woman & her neonate, preconception immunization is preferred to vaccination during pregnancy.

Rationale:

- Infants under 1 year suffer the majority of morbidity & mortality of pertussis, and parents, especially mothers, have been the most common source of infant pertussis.
- Avoid unnecessary exposure to the fetus.
No evidence of risk from vaccinating pregnant women with an inactivated virus or bacterial toxoid such as Tdap.
Avoid unproven concerns about traces of thimerosal.

To provide optimal protection for the pregnant woman & her neonate, preconception immunization is preferred to vaccination during pregnancy.

Theoretical risk that Tdap given in pregnancy might not result in early protection to the infant against pertussis, but, instead, that transplacental passage of maternal antibodies will have a negative effect on the infant's own immune response to pediatric DTaP. There have been studies (detailed in the MMWR report) showing this.

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Rationale:

- Infants under 1 year suffer the majority of morbidity & mortality of pertussis, and parents, especially mothers, have been the most common source of infant pertussis.
- Avoid unnecessary exposure to the fetus.
- Best way to protect mother and infant without concern for transplacental passage of maternal antibodies affecting infant's response to vaccines.

However, if a pregnant woman needs protection from tetanus, diphtheria or pertussis during pregnancy, immunization with Tdap, instead of Td, may be considered in the 2nd & 3rd trimesters.

Rationale:

- No evidence of risk from vaccinating pregnant women with an inactivated virus or bacterial toxoid such as Tdap.
- Tdap should not be withheld if it has been more than 10 years since the woman's last Td vaccination, especially if indicated for wound management, or diphtheria or pertussis outbreak.
- If Td is given in pregnancy, instead of Tdap, Tdap is not advisable after delivery as the incidence of adverse reactions is increased.

Barriers to OB/GYN's Promoting Tdap Vaccination

- Many insurances will not pay for pre-conception counseling appointments.
- OB/GYN's may only see the woman during pregnancy & postpartum so they don't have the woman's immunization history.
- Tdap should be given only once during a lifetime (per the ACIP), so the OB/GYN may be hesitant to recommend this vaccine.
- MD lack of knowledge re safety & efficacy of vaccines and importance of Tdap vaccination of mothers in protecting their infants.
- Patient opposition to vaccination.
- Storage & Reimbursement issues

Strategies/recommendations for immunization coalitions & programs to better collaborate with local ACOG sections and OB/GYN's to promote immunization

- Help to design/implement information systems that keep track of an individual's vaccination history.
- Work with local hospitals to get the Tdap vaccine on their pre-printed postpartum orders.

Strategies/recommendations for immunization coalitions & programs to better collaborate with local ACOG sections and OB/GYN's to promote immunization

- Education!

- Contact you local ACOG Section officers & try to set up meetings with them to discuss vaccine implementation strategies.
- Contact the California ACOG District Office (District IX at www.acog.org) & provide them with educational materials to send to ACOG members.

Summary

- ACOG has already shown its commitment to educating its members about the ACIP's Tdap vaccine recommendations for pregnant & postpartum women.
- Vaccinating women pre-conception or postpartum is preferable, but more work is needed to get OB/GYN's to participate in the process.
- Developing ways to make patients' immunization histories easily available to OB/GYN's will be key.