

Maternity Flu Toolkit



England

WM Vaccinations Public Health Commissioning
Team - NHS England (Midlands)

July 2024

Aim of the toolkit

The purpose of this toolkit is to support Midwives and Maternal Vaccinators to improve flu vaccine uptake in 2024-25 flu season

<https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2024-to-2025>



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Background - Influenza

- Influenza (flu) is a highly infectious, acute viral respiratory tract infection which has a usual incubation period of 1 to 3 days. Patients can experience sudden onset of symptoms such as dry cough, headache, fever and extreme fatigue
- For healthily individuals it is usually a self-limiting disease with recovery within 2-7 days
- Flu can be more serious in those in a clinical risk group, this includes pregnant women, who are at higher risk of developing severe complications such as bronchitis and secondary bacterial pneumonia
- If a pregnant woman gets flu during pregnancy, it can also be harmful to her unborn baby, there is a risk of prematurity, lower birth weight, smaller neonatal size and still birth
- Vaccinating pregnant women also protects the baby in the first few months of life
- Once vaccinated it can take up to 2 weeks for a full immune response to develop
- The vaccine should be offered to all pregnant women including those who become pregnant in the flu season
- Most women of child-bearing age would not be eligible for a flu vaccine unless they are in a clinical risk group. Therefore, they do not necessarily understand the need for the flu vaccine when pregnant. UKHSA guidance from 2023-2024 explains how pregnancy alters how the body handles infections [Flu vaccination: who should have it this winter and why - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/flu-vaccination-who-should-have-it-this-winter-and-why)

Symptoms of Flu?

Flu symptoms can occur very quickly and can include:

- A sudden high temperature of over 38 degrees or more
- Fever or Chills
- Aches and pains in joints and muscles
- Feeling tired or exhausted, but may also have trouble sleeping
- Dry cough, sore throat, headache
- Loss of appetite
- Diarrhoea or tummy pain

The flu vaccine cannot cause the flu

Influenza and pregnancy

All pregnant women should have a flu vaccine to protect their unborn babies and themselves. If a pregnant woman gets flu during pregnancy, it can be harmful to their unborn baby and themselves. These complications can lead to increased risk of admission to intensive care for both the baby and pregnant woman. The flu vaccine can be given safely at any stage of pregnancy. Vaccination of the mother will create passive immunity to the baby, protecting them when they are most vulnerable in the first few months of life.

Complications for the baby

- Prematurity
- Lower birth weight
- Smaller neonatal size
- Still birth or death

There is also strong evidence that pregnant women have a much higher risk of serious illness compared to the general population, the risk is highest in the last three months of pregnancy.

Complications for the mother

- Bronchitis
- Pneumonia
- Septic shock
- Meningitis
- Encephalitis

Why is the vaccine being offered in September to pregnant women and not later, with other eligible cohorts ?

The flu letter [National flu immunisation programme 2024 to 2025 letter - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/121212/national-flu-immunisation-programme-2024-to-2025-letter.pdf) outlines there are 3 clinical reasons to vaccinate pregnant women against flu:

1. To protect the pregnant women themselves (they are at higher risk from complications from flu)
2. To protect the baby during pregnancy (for example flu infection increases the risks of the baby being premature or stillborn)
3. To protect the baby in the first few months of life (babies aged under 6 months are at high risk of complications from flu)

Pregnant women are not expected to lose protection as rapidly as the elderly population and therefore vaccinating earlier, especially those who are in the later stages of pregnancy will continue to offer protection in the peak season

Commencing the programme early will ensure as many newborn babies are protected as possible and optimise uptake

The third reason requires women to be vaccinated prior to delivery and therefore the programme will commence on the 1st September

Top Tips

Pre-Flu Season

- Meet with the pharmacist to ensure the correct vaccine has been ordered and there is sufficient stock, when discussing this with the pharmacist consider your vaccine ambition to increase your uptake
- Discuss the commencement date of 1st September, rather than waiting for frontline workers start date of October
- Ensure the recently issued National Flu PGD has trust sign off, if this is a trust requirement
- Have plans in place to actively promote the flu vaccine throughout the summer and the flu season
- Consider offering set appointments and how this would work
- Consider the cohort of pregnant women who are pregnant at the start of the flu season and who may never need to re-attend the vaccination site, how are you going to reach them?
- Consider a recall system for pregnant women who have not engaged or who have not taken up the offer of vaccination
- Consider women who attend other areas of the hospital such as GTT clinic's, parent craft classes, triage, pregnancy assessment areas', consultant appointments and inpatients. How can you reach them?

Top Tips

Staff – responsibilities, training and HCW vaccination

- Have a flu lead who is responsible for the maternal flu programme
- Every member of the maternity team including the sonography team should know their roles and responsibilities for optimising uptake of the flu vaccine. Are they up to date with their training and know how to access UKHSA resources and online learning
- Staff delivering the flu programme should have completed the 2024/25 UKHSA flu immunisation e-learning
- Registered staff delivering the flu programme under a Patient Group Direction (PGD) should have read and understood the content; and signed the document prior to administering flu vaccinations
- Encourage all staff involved in promoting the flu vaccine message to pregnant women and their families know how to access UKHSA resources and online learning
- Ensure your staff are offered vaccination
- NICE 2023 [Quality statement 4: Vaccination | Antenatal care | Quality standards | NICE](#) highlights the importance of appropriate training and providing sufficient time to discuss vaccination

Top Tips

Active Promotion

- Educate pregnant women, all year round about the importance of flu vaccine for their baby and themselves
- Ensure there is an offer of the vaccine to all pregnant women – document conversations about the vaccine, consider other messaging methods - letter, phone call, text, e-mail or push notifications
- Take every opportunity to discuss vaccination with women. Think about your MECC offer and how this can be fully incorporated throughout the pregnancy journey
- Consider doing extra flu clinics at the start of the flu season at weekends and evenings to offer and administer the vaccine to those who are eligible as of the 1st September 2024
- Consider offering set appointments to those who are pregnant and may not need to attend the hospital again
- Continue to offer vaccination, throughout the season
- Review the pregnant caseload and identify those who have not had the vaccine – consider ways to reach the women who have not yet had the vaccine in their pregnancy

Top Tips

Active promotion

- Promote the service within the trust so all staff know where and how to signpost pregnant women, consider areas outside of maternity.
- Make sure non-clinical staff know where they can signpost women to for more information
- Keep staff enthused during the season – celebrate success's
- Order UKHSA flu immunisation posters and leaflets in the reception and waiting rooms. These can be ordered for free from [Home - Health Publications](#)
- Use digital messaging, via social media, push notifications, QR codes
- Engage with your Local Authorities, they may have areas you can actively promote the service or ways to reach underserved groups
- Sign post to GP's or community pharmacies if vaccine cannot be given within the trust

Top Tips

Documentation

- Ensure staff have their NIVS/RAVS accounts activated
- Ensure the 100% offer is recorded on the electronic maternity record
- Encourage all staff members document conversations with pregnant women regarding vaccination
- Document vaccines administered
- Document if vaccines are reported as being given elsewhere
- Document declines and the discussion of this, consider notifying the GP of the decline.

Some reasons for a decline may be:

- Religious or philosophical reasons
- Concerned about side effects/safety
- Needle Phobia
- Belief that the vaccine is ineffective
- Contraindications
- Maternity/Medical exception
- No reason provided

Health Inequalities (1)

Do you know the demographics of the women who access the maternity services?

What are the demographics of women who decline?

What are the demographics of those where there is no record of vaccination?

Are there any common demographics in these two groups: consider ethnicity, postcode, IMD, parity, education, language barriers, disabilities, age ...

What measures could you put in place to improve the inequality in vaccine uptake/address health inequalities e.g.:

- Targeted education, myth busting
- Language appropriate messaging
- Targeted messaging
- Clinic accessibility
- Could vaccines be given in local hubs

Evaluate what is working

Evaluate what is not working

Be mindful of what worked two years ago may not work now as demographics change

Who could support your health inequalities work? EDI midwife, Public Health Midwife, Informatics, Community Champions, MVP, LMNS, Local Authorities, ICB's.

Health Inequalities (2)

- Check your uptake figures for 2023/2024 set a higher goal for uptake than last season.
- Identify what went well and where you could improve.
 - Does the vaccination clinic work in its current arrangement?
 - Have you tried an appointment system and how did it compare?
 - Do you have a vaccinator available every day?
 - Can times be flexible for women to reattend if they could not stay to see a vaccinator i.e. does your service offer a weekend drop-in clinic or a late evening?
- Identify the pregnant women who have not had their flu vaccine with yourselves or their GP and make a personalised vaccination offer
- Think about patients who declined the vaccine or did not engage – Why is this?
- Consider engaging with women to hear their voices and receive feedback.
 - Community Champions,
 - Maternity Voice Partnership,
 - EDI or Public Health Midwife
- Think about your patients whose first language is not English
 - Do they understand the messages around flu?
 - Has information been given to them in a format they understand?
 - Language appropriate leaflets
 - Translation services
 - Community Champions

Digital Information

There are lots of electronic platforms to support messaging and information sharing to pregnant women, staff and the GP's

- Forms of communication to support messaging:
 - Push notifications
 - Audio
 - Social media
 - Trust Facebook pages: internal closed and patient facing
 - X (previously Twitter)
 - Trust website
 - Local radio
 - Videos and messaging in waiting rooms
- Use appropriate electronic platforms to record the vaccination status
 - Ensure accounts for NIVS or RAVS (if live) are active before the 1st September 2024
 - Notifications to GP's e-mail/automatic
 - Electronic maternity pathways

Non digital information

Not everyone has a connection to the internet, this may be enforced or by choice. Some women may not be able to read the information available and may need to be communicated to in other ways. Consider formats such as:

- Discussion with midwife or vaccinator
- Posters in multiple languages, pictorial, or easy to understand guides
- Leaflets in multiple languages, pictorial, or easy to understand guides
- Video messages in waiting rooms
- Braille
- Audio
- Use translators in person or through your trust's agreed translation services

The Health Publications website can support with digital and non-digital information [Home - Health Publications](#)

Clinical Queries and FAQs

West Midlands- Immunisation Clinical Advice Service

For further information and support with clinical immunisation queries and/or incidents please contact the West Midlands Vaccinations Public Health Commissioning Team - NHS England (Midlands)

England.wmid-imms@nhs.net

The Flu PGD's can be found on our local webpage: <https://www.england.nhs.uk/mids-east/info-professionals/west-midlands-screening-and-immunisation-team-sit/>

FAQ's

1. Is the vaccine safe to have in pregnancy or whilst breastfeeding?
2. Can the flu vaccine be co-administration with other vaccines?
3. Can the flu vaccine be given with anti D immunoglobulin?
4. Is the flu vaccine a live vaccine?
5. Are there any side effects from having the flu vaccine?
6. When can pregnant women have the flu vaccine?
7. If a woman was pregnant at the end of the last flu season and had the vaccine, can she have a vaccine in the new flu season?
8. Can a pregnant woman have a flu vaccine if they are allergic to egg?
9. Are there vegan and porcine free vaccines available?
10. What should a woman do if they think they have been infected with the flu virus?

1. Is the vaccine safe to have in pregnancy or whilst breastfeeding?

Yes. Studies have shown that pregnant women can safely receive the inactive (none live) flu vaccine during any part of the pregnancy and that their infants also receive some protection from the maternal antibodies as result of the mothers having the vaccine. This protection can last for the first few month of the baby's lives.

Green Book Chapter 19 [Influenza: the green book, chapter 19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/green-book-chapter-19)

All pregnant women including those who become pregnant in the flu season should be offered the flu vaccine.

Breastfeeding is not a clinical indication for vaccination, but the inactive vaccine can be given to breastfeeding women if they are pregnant or in a clinical risk group.

[Flu vaccination programme 2023 to 2024: information for healthcare practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/flu-vaccination-programme-2023-to-2024) – updated annually

2. Can the flu vaccine be co-administration with other vaccines?

Yes. The flu and pertussis containing vaccines are inactive (not live) and can be given at the same time, on the same day or with any interval between them. [Pertussis \(whooping cough\) vaccination programme for pregnant women: information for healthcare practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/pertussis-whooping-cough-vaccination-programme-for-pregnant-women-information-for-healthcare-practitioners)

The vaccines should be given at the recommended stage of pregnancy, for flu this is at any stage of pregnancy and for pertussis from 16 week's gestation. The flu vaccine should not be deferred in order to give it at the same appointment as the pertussis containing vaccine for pregnant women.

[Flu vaccination programme 2023 to 2024: information for healthcare practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/flu-vaccination-programme-2023-to-2024-information-for-healthcare-practitioners) – updated annually

COVID-19 vaccines can also be given at the same time as flu and pertussis if required.

[COVID-19 Greenbook chapter 14a \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/covid-19-greenbook-chapter-14a.pdf) Guidance on COVID-19 being a routine offer to pregnant women for Autumn 24/25 has not been announced but will be shared once known

The recommendation is that pertussis is administered from 16 weeks' gestation, RSV from 28 weeks' gestation and flu can be given at any gestation. Please see link for clear guidance on the co-administration. [RSV vaccination of pregnant women for infant protection: information for healthcare practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/rsv-vaccination-of-pregnant-women-for-infant-protection-information-for-healthcare-practitioners)

3. Can the flu vaccine be given with anti D immunoglobulin?

Yes, anti-D immunoglobulin can be given at the same time or at any interval before or after the flu and pertussis containing vaccines.

[Flu vaccination programme 2023 to 2024: information for healthcare practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/campaigns/flu-vaccination-programme-2023-to-2024) – updated annually

4. Is the flu vaccine a live vaccine?

No, the vaccine that is recommended for pregnant women is inactive, it does not contain any live viruses and cannot cause the flu. There are some side effects (please see next slide for common side effects) that women may experience after having the vaccine, this is the body's way of building up its immunity.

[Flu vaccination programme 2023 to 2024: information for healthcare practitioners - GOV.UK \(www.gov.uk\)](#) – updated annually

5. Are there any side effects from having the flu vaccine?

There are some side effects that some women may experience after having the vaccine, this is the body's way of building up immunity, some side effects are common, and some are rare:

The most commonly reported side effects include:

- Headache
- A slightly raised temperature - fever
- Pain and redness at the site of injection
- Aching joints and muscles
- Tiredness
- General feeling of being unwell

[Flu vaccination programme 2023 to 2024: information for healthcare practitioners - GOV.UK \(www.gov.uk\)](#) – updated annually

For a full list of the side effects please see the patient and professional leaflet that should come with the vaccine, they can also be located on [Home - electronic medicines compendium \(emc\)](#)

Some people may have a severe allergic reaction to the vaccine this is very rare, symptoms may include:

rash, itching, hives, redness, difficulty breathing, shortness of breath, swelling of the face, lips, throat, or tongue, cold, clammy skin, palpitations, dizziness, weakness or fainting

If a person has an allergic reaction, it should be reported via the MRHA yellow card scheme www.mhra.gov.uk/yellowcard

6. When can pregnant women have the flu vaccine?

The flu season for pregnant women commences on the 1st September 2024 and finishes on the 31st March 2025.

Any pregnant woman on the 1st September is eligible for the flu vaccine and should be offered the vaccine. Any woman who becomes pregnant during the flu season is also eligible for the flu vaccine and should be offered the vaccine as soon as possible. It can take up to 2 weeks for an individual to make a response to the flu vaccine. Pregnant women and their unborn babies are at higher risk of influenza associated morbidity and mortality.

[Flu vaccination programme 2023 to 2024: information for healthcare practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/flu-vaccination-programme-2023-to-2024-information-for-healthcare-practitioners) – updated annually

The vaccine is available in most Maternity trusts in the West Midlands and women can access it when they attend for their USS scan appointments or sooner if the trust can accommodate this. The vaccine should also be accessible via their GP, Community Pharmacy or through their Occupational health service if offered.

7. If a woman was pregnant at the end of the last flu season and had the vaccine, can she have a vaccine in the new flu season?

Yes, because the viruses that cause flu change every year. This means the flu strains the vaccines are designed to prevent against this flu season may be different from last flu season. The protection from a flu vaccine also wanes with time.

If a woman had the vaccine during the last flu season because they were pregnant (with the same or different pregnancy), or because they are in a vulnerable group, they will need to have the vaccine again.

[The flu jab in pregnancy - NHS \(www.nhs.uk\)](https://www.nhs.uk)

8. Can a pregnant woman have a flu vaccine if they are allergic to egg?

Yes, QIVc vaccines are egg free.

The national flu letter advises QIVc should be offered, and QIVe can be considered only when every attempt to use QIVc has been exhausted. QIVe does contain egg, therefore the ovalbumin content of the vaccine should be considered in relation to the severity of the allergy if this vaccine is offered.

The link [All influenza vaccines marketed in the UK for the 2024 to 2025 season \(text version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/all-influenza-vaccines-marketed-in-the-uk-for-the-2024-to-2025-season) states all the vaccines which are being marketed in the UK for the 2024/2025 season and provides the Ovalbumin content for each vaccine.

“Adult patients with egg allergy can be immunised in any setting using an inactivated influenza vaccine with an ovalbumin content of less than 0.12 micrograms/ml (equivalent to 0.06 micrograms per 0.5 ml dose), excepting those with severe anaphylaxis to egg which has previously required intensive care. These adults should be offered an egg-free vaccine. If this is not possible, they should be referred to a specialist for assessment with regard to receiving immunisation in hospital. Egg-free vaccines licensed in adults are the cell-grown quadrivalent inactivated vaccine (QIVc)” [Influenza: the green book, chapter 19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) - 2023

9. Are there vegan and porcine free vaccines available?

Vaccines often use animal products in their manufacturing procedures.

Vaccines are grown in a special liquid called 'culture media'. This culture media may have been obtained from materials of animal origin. These components are used in the early stages of the manufacturing process and are not present or may only be present in trace amounts (residues) in the final vaccines. Animal enzymes are also used during the manufacture of vaccine viruses, but subsequent washing, purification and dilution steps removes them from the final vaccine.

Please see UKHSA guidance at [Guide to the use of human and animal products in vaccines - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/guide-to-the-use-of-human-and-animal-products-in-vaccines)

Porcine gelatine is only used in children's flu vaccines.

Currently only 3 vaccines used in the UK contain porcine gelatine and only one of these is a flu vaccine, this vaccine is used to protect children, not adults. The UKHSA have produced guidance on Vaccine and porcine gelatine [Vaccines and porcine gelatine - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/vaccines-and-porcine-gelatine), which may help when discussing this with women.

The British Islamic Medical Association [Flu Vaccination Guidance 2023 | British Islamic Medical Association \(britishima.org\)](https://www.britishima.org/flu-vaccination-guidance-2023) offers guidance to support discussions with women and families about the flu vaccines. This guidance is updated yearly.

The Vegan friendly organisation has some information which you may find useful in counselling women who are vegan [Are Vaccines Vegan? | VeganFriendly.org.uk](https://www.veganfriendly.org.uk/are-vaccines-vegan/)

10. What should a woman do if they think they have been infected with the flu virus?

If a woman thinks they have flu, they should be advised to contact a medical professional for advice and guidance, this could be their GP or the trust's maternity triage service. The health professional can support and plan any relevant care for the woman in relation to the individual's health and pregnancy needs.

Resources

Resource	Link
Flu Letter 2024/25 Amendment (13 th June)	National flu immunisation programme 2024 to 2025 letter - GOV.UK (www.gov.uk) Statement of amendment to the annual flu letter for 2024 to 2025 – 12 June 2024 - GOV.UK (www.gov.uk)
Green Book Immunisations – Influenza Chapter 19	Influenza: the green book, chapter 19 - GOV.UK (www.gov.uk)
UKHSA Annual Programme collection	Annual flu programme - GOV.UK (www.gov.uk)
Available vaccines for 2024/25 season + ovalbumin content	All influenza vaccines marketed in the UK for the 2024 to 2025 season (publishing.service.gov.uk)
Promotional Materials	Home - Health Publications
Training resources	When available - Annual flu programme - GOV.UK (www.gov.uk) Home - elearning for healthcare (e-lfh.org.uk)
NICE	Overview Flu vaccination: increasing uptake Guidance NICE Overview Antenatal care Guidance NICE Quality statement 4: Vaccination Antenatal care Quality standards NICE

Resources

Resource	Link
PGD's	NHS England — Midlands » Patient Group Directions (PGDs)
NHS futures	FutureNHS Collaboration Platform - FutureNHS Collaboration Platform
Health inequalities	Immunisation inequalities: data and information sources (publishing.service.gov.uk) PHE immunisation inequalities strategy - GOV.UK (www.gov.uk)
West Midlands Immunisation Clinical Advice Service (WMICAS)	England.wmid-imms@nhs.net
Vaccine Knowledge programme	Flu vaccine in pregnancy Vaccine Knowledge Project (ox.ac.uk)
UKHSA	Vaccine update: issue 344, November 2023, pregnancy special - GOV.UK (www.gov.uk)