All women of reproductive age should have their immunization status for tetanus-diphtheria toxoid/diphtheria-tetanus-pertussis; measles, mumps, and rubella; and varicella reviewed annually and updated as indicated. All women should be assessed annually for health, lifestyle, and occupational risks for other infections and be offered indicated immunizations.

**Hepatitis B**

The hepatitis B vaccine prevents transmission of infection to infants and eliminates the risks to the woman of hepatic failure, liver carcinoma, cirrhosis, and death due to HBV infection.

All women who are at high risk and who have not been vaccinated previously should receive the hepatitis B vaccine before pregnancy; women who are chronic carriers should be instructed on ways to prevent transmission to close contacts and how to prevent vertical transmission to their babies.

**Human Papillomavirus (HPV)**

Women should be screened routinely for HPV-associated abnormalities of the cervix with cytologic (Papanicolaou) screening. Recommended subgroups should receive the HPV vaccine for the purpose of decreasing the incidence of cervical abnormalities and cancer. By avoiding procedures of the cervix because of abnormalities caused by HPV, the vaccine could help maintain cervical competency during pregnancy.

**Influenza**

Influenza vaccination is recommended for everyone 6 months of age and older. It is especially important for women who will be pregnant during influenza season and for any woman with an increased risk for influenza-related complications, such as cardiopulmonary disease or metabolic disorders, before influenza season begins. To prevent influenza, encourage your pregnant patients to get the trivalent inactivated seasonal influenza vaccine during any trimester.
Immunizations

Measles, Mumps, and Rubella

The rubella vaccine provides protection against congenital rubella syndrome.

All women of reproductive age should be screened for rubella immunity. Immunization should be offered to women who have not been vaccinated or who are not immune and who are not pregnant. Women should be counseled not to become pregnant for 3 months after receiving the vaccination. This vaccination will provide protection against measles, mumps, and rubella.

Tetanus, Diphtheria, Pertussis

Women of reproductive age should be up to date for tetanus toxoid because passive immunity probably is protective against neonatal tetanus. If a tetanus and diphtheria booster vaccination is indicated during pregnancy for a woman who has previously not received Tdap (i.e., more than 10 years since previous Td), then health care providers should administer Tdap during pregnancy, preferably during the third or late second trimester (after 20 weeks’ gestation).

Varicella

Because the varicella vaccine is contraindicated during pregnancy, screening for varicella immunity (by either a history of previous vaccination, previous varicella infection verified by a health care provider, or laboratory evidence of immunity) should be done as part of a preconception visit. All nonpregnant women of childbearing age who do not have evidence of varicella immunity should be vaccinated against varicella.

More Information

This fact sheet is part of a series on the clinical content of preconception care for women. Other fact sheets in the series include:

• Health Promotion
• Personal History
• Nutrition
• Infectious Diseases
• Medical Conditions
• Exposures
• Psychosocial Risks
• Special Populations

To see the complete list of the preconception clinical content and description of how the content was selected and rated, please visit: www.cdc.gov/preconception/careforwomen