

Prenatal Immunization Status



Use this tip sheet to enhance your HEDIS¹ rates for the prenatal immunization status measure. It outlines key aspects of the measure, scheduling access to care, documentation and best practices.

Measure

The percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations.

- **Measurement Period: January 1 – December 31**

Scheduling access to care

Ensure appointment availability for patients who are pregnant.

- Provide tetanus, diphtheria, pertussis (Tdap) vaccines during pregnancy, ideally at 27-36 weeks gestation.
- Provide influenza vaccine any time during gestation within the influenza season (usually October – March/April).

Documentation

All vaccines must be entered into the California Immunization Registry (CAIR).

- Record the date of the prenatal immunization period.
- Record which vaccines were received.
- Document if the patient declined or refused any vaccine.

Help protect newborns and improve HEDIS scores—ensure pregnant patients receive timely Tdap and flu vaccines.

¹HEDIS – Healthcare Effectiveness Data and Information Set.

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Prenatal Immunization Status (cont.)

Best Practices	
<p>Influenza vaccine</p>	<ul style="list-style-type: none"> • Educate staff to schedule the influenza vaccination visit for pregnant patients if gestation is during the influenza season (October – March/April). • Offer the vaccine or refer partners, family members and infant caregivers to alternative sites for the influenza vaccine if not previously vaccinated. <ul style="list-style-type: none"> ◦ Recommend the vaccine at least two weeks before coming into contact with newborn. ◦ If the influenza vaccine is missed, newborns should start receiving the influenza vaccine after six months of age.
<p>Provider workflow</p>	<ul style="list-style-type: none"> • Ensure vaccines are in stock on site. If vaccines are out of stock, have a list of alternative sites available that offer the vaccines. • If vaccines are offered on site, implement standing orders for Tdap vaccines at 27-36 weeks of gestation and flu vaccines during the influenza season. • Revaccination with both Tdap and influenza vaccines is recommended during each pregnancy. • Review vaccination records prior to each appointment and administer any missing vaccines. • Create alerts within your electronic health record to indicate when the vaccines are due. • Send frequent appointment reminders by phone or text messaging. • Use every patient encounter, including sick and well visits, as an opportunity to educate parents and administer recommended vaccines. • Educate parents on the importance of vaccinations to prevent certain diseases. • Address vaccine hesitancy by responding to parents' concerns with accurate, evidence-based educational materials. • If patient declines vaccination, this refusal should be documented in the patient's prenatal record, and the provider is advised to revisit the issue of vaccination at future visits. • When necessary, refer patients to alternative vaccination sites, such as pharmacies, primary care providers or local health departments. • Record all administered vaccines, along with the date of service, in the patient's prenatal record.
<p>Tdap vaccine</p>	<ul style="list-style-type: none"> • Educate staff to schedule a Tdap vaccination visit for pregnant patients between 27-36 weeks of gestation. • Offer the vaccine or refer partners, family members and infant caregivers to alternative sites for the Tdap vaccine if not previously vaccinated. <ul style="list-style-type: none"> ◦ Recommend vaccine two weeks before coming into contact with newborn. • If not administered during pregnancy, the Tdap vaccine should be given immediately postpartum if the pregnant person has never received a prior dose of the Tdap vaccine as an adolescent, adult or during a previous pregnancy. • If a pregnant person is vaccinated early in their pregnancy (i.e., before 27–36 weeks of gestation), they do not need to be vaccinated again during weeks 27–36 of gestation. • If the Tdap vaccine is missed, newborns should receive diphtheria, tetanus and pertussis (DTap) vaccine after two months of age.

(continued)

Prenatal Immunization Status (cont.)

Best Practices

Vaccine knowledge

Access these helpful resources to support prenatal immunization conversations and practices:

- Provide recommendation for prenatal immunization to all pregnant patients.
 - U.S. Centers for Disease Control and Prevention resource for vaccination conversation - [Foster Support for Vaccination in Your Practice](#)
- Resources for providers and members.
 - Immunization.org - [Clear Answers and Smart Advice About Your Baby's Shots](#)
 - U.S. Centers for Disease Control and Prevention - [Immunization schedule from birth to age 6](#)
 - U.S. Centers for Disease Control and Prevention - [Vaccine Safety for Moms-To-Be](#)
 - U.S. Centers for Disease Control and Prevention - [About Vaccines and Pregnancies](#)
 - California Department of Public Health - [Immunizations for a Healthy Pregnancy](#)
 - American Family Physician - [Immunizations in Pregnancy](#)
- Sample posts and graphics for vaccine promotion.
 - American College of Obstetricians & Gynecologists - [Maternal Immunization Social Media Toolkit](#)
 - California Department of Public Health - [Pregnancy and Immunizations](#)