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[More research to support whooping cough vaccination during pregnancy](#)



By [Dr David Moore](#), 19 May 2014

Whooping cough, also called the 100 day cough, is an illness caused by the bacterium *Bordetella pertussis*. While often curable, it can be life-threatening in children, especially newborn infants. In fact, over 90% of deaths from pertussis infection occur in children under the age of five. Pertussis vaccination forms part of the [Australian Immunisation Schedule](#), and begins in children at two months of age. Unfortunately, many children are vaccinated during the highest-risk period of their lives. Immunisation does not provide lifelong immunity and, until recently, pertussis vaccination was not recommended for pregnant women and their partners (dads-to-be and new mums), in attempt to reduce the likelihood of their new baby being exposed to parents with active pertussis.

The idea of vaccinating pregnant women has been around for a while, with the rationale that maternal antibodies will pass on "live" immunity" against the infection at birth and in the newborn period. Additionally, the safety of this vaccine is well-established (it is a "live" vaccine). However, this concept has not been readily proven, as "protective levels" of antibody in baby's blood have not been clearly defined. There has also been concern that such maternal antibodies may dampen the baby's immune response to their own childhood immunisations, potentially delaying or interfering with the vaccine schedule.

A research paper published [this month in JAMA](#) has provided further insights into the possible benefits of vaccinating pregnant women. These researchers randomised women to pertussis vaccination during pregnancy, or vaccination after birth. Most of the women had been vaccinated at some point previously during their lives. They measured levels of protective antibodies in mothers near delivery, and after completion of their routine childhood pertussis vaccination program. Reassuringly, they found that vaccinated women's children's response to routine childhood vaccination was similar to that of children of non-vaccinated mothers. Additionally, they confirmed that levels of protective antibodies were higher in children of mothers vaccinated during pregnancy. Although this study was not powered to prove a reduction in newborn pertussis infection (the protective threshold of antibody levels is not known, this research adds strength to the argument for **pregnancy**, to maximise the levels of protective antibodies present during their babies' most vulnerable time for infection.

About Dr David Moore



David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, and a Fellow of the Royal College of Obstetricians and Gynaecologists, Queensland. He is highly skilled in the management of complex and high-risk pregnancies, and has specialised in the management of endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine, and can offer the full range of assisted reproductive treatments. He is a Lecturer at the Queensland Medical School, and has published both medical journal and textbook contributions.

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