

Immunisation toolkit for midwives

"Women trust midwives to provide information about maternal and early childhood vaccines and are more likely to accept a vaccine if recommended by a health care professional, including a midwife."

- Frawley et al., 2020

Midwives' role in immunisation discussions

Midwives develop a unique rapport and trust with the wāhine hapu/pregnant women* and whānau they support. They play a vital role in providing reliable advice and information about immunisations, assisting them to reach informed decisions regarding maternal and newborn immunisations. Their scope allows them to prescribe and administer maternal influenza and Tdap, neonatal hep B and postnatal MMR vaccinations, plus, with additional training, the COVID-19 vaccine.

To better meet whānau needs, a midwife may offer additional immunisation as an expanded practice activity (with appropriate education, and maintenance of skills).

From 31st March 2025, midwives can choose to expand their scope to include vaccination of **colleagues**. They are required to declare this as expanded practice when they apply for their Annual Practicing Certificate. Additional training is required - see the education section on next page.

This toolkit provides a quick summary of key information, with relevant links to assist midwives in their role offering information and advice on immunisation.

Prescribing vaccines as a midwife

Midwives administering vaccines do not require a prescription but must document vaccinations clearly in client notes and ensure they are entered on the Aotearoa Immunisation Register (AIR). See later section on documentation and payment claims.



Safety of maternal vaccination

- Many countries, including Aotearoa New Zealand, recommend immunisation during pregnancy to protect pregnant women and infants from potentially severe infectious diseases.
- The vaccines recommended to be given in pregnancy include inactive and subunit vaccines and COVID-19 mRNA vaccines. All have excellent safety profiles, and there are no theoretical concerns around giving any non-live vaccine in pregnancy.
- All vaccines undergo vigorous clinical trials to determine safety, immunogenicity, and efficacy in non-pregnant groups prior to approval for use by Medsafe and other global regulatory organisations e.g., the World Health Organization.
- Ongoing international surveillance systems monitor vaccine use during pregnancy, following both intentional or inadvertent administration, and this surveillance shows no evidence of harm to the fetus or newborn when given during pregnancy.
- See IMAC factsheets, linked at the end of this resource, for more detailed information, including references.

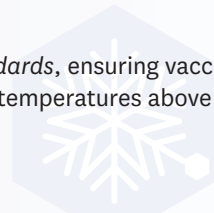
**IMAC acknowledges that not everyone who becomes pregnant identifies as being a woman.*

Maintaining cold chain

It is a requirement for all providers and vaccinators to adhere to the *National Cold Chain Standards*, ensuring vaccines are always kept at +2°C to +8°C. This is to ensure the vaccine maintains potency. If exposed to temperatures above or below, vaccines may be damaged and may not provide the expected level of protection.

For more cold chain information, visit immune.org.nz/vaccines/cold-chain.

IMAC also provides a one-hour online course covering this topic in detail. See course details [here](https://tinyurl.com/4h46nh3e) (tinyurl.com/4h46nh3e).



Midwives' immunisation education and support

- See immune.org.nz/education/courses-and-events for information on all of IMAC's online courses
- IMAC's online midwife vaccinator education is available free until 31 December 2025. *Maternal immunisation essentials for midwives* is a 4-5 hour course, designed to increase knowledge and confidence in supporting wāhine hapū in their decisions around vaccinations
- *Vaccine storage and transport* - free (1 hour)
- *Getting Started with the Aotearoa Immunisation Register* -free (approx 1 hour)
- *Aotearoa NZ COVID-19 Vaccinator* - free (2-3 hours). Completion of this course is required by all vaccinators prior to administering COVID-19 vaccines
- View IMAC's *Flu and Friends 2025* webinar (tinyurl.com/4hj57vmb)
- View IMAC's *Pertussis: A reminder of the basics* webinar (tinyurl.com/4hj57vmb)
- Those working in hospital setting may also complete IMAC's *Influenza peer vaccinator course*. (Contact Health NZ's Occupational Health team for guidance on process.)

Midwives can access a wide range of evidence-based resources to support their immunisation conversations. These resources can be taken home by individuals to discuss with their wāhau (see resources at the end of this toolkit).

Midwives can call 0800 IMMUNE (0800 466 863) for support (weekdays 8.30am to 4.30pm).

Parents are advised to contact Healthline/Whakarongorau (0800 611 116) and any questions they are unable to answer will be transferred to IMAC.

Whooping cough (pertussis)

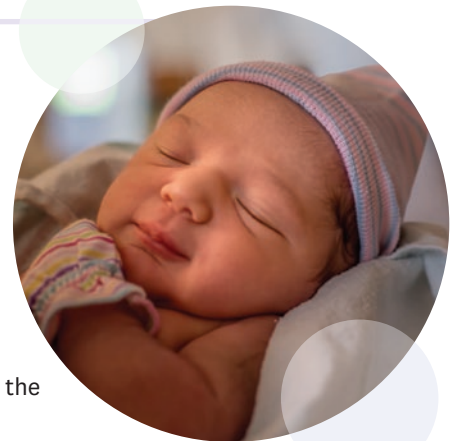
Facts about the disease

- Very serious for those under 1 year of age:
 - Hospital admission rate of 50% with a 1-2% death rate. Sadly, three neonates died of pertussis in first quarter of 2023.
 - Two in 1,000 children end up with permanent brain damage, paralysis, deafness, or blindness following pertussis.
- There is no treatment that will cure the disease, treatment can only try to stop the spread of infection and manage the symptoms. Disease in young infants can be devastating, even with intensive care support.
- Can be asymptomatic. Studies show up to 20% of people with long-term coughs may have the disease.

Facts about the pertussis vaccine (Boostrix)

- The pertussis vaccine given in pregnancy, Boostrix, is a combined tetanus, diphtheria and pertussis vaccine.
- Pertussis vaccination has been recommended in pregnancy in Aotearoa since 2013. It is administered from the second trimester, ideally from 16 weeks to 32 weeks, to achieve the best protection. Maternal antibodies transferred across the placenta protect baby until they can make their own protection following their own immunisations.

- The pertussis vaccine needs to be given during every pregnancy to ensure each baby gets the best protection.
- Maternal vaccination offers around 90% protection for a baby in the first few months of life.
- Vaccine also gives protection against tetanus and diphtheria. Note, there is no pertussis-only vaccine.
- Once born, the baby will still need to have their own vaccinations on time, to ensure ongoing protection.



Benefits of cocooning - reducing risk to pēpē

- While evidence shows best protection for pēpē is provided by maternal vaccination, there is also a place for protecting those in close contact. Vaccine is funded for parents of pēpē admitted to neonatal intensive care, in the absence of maternal vaccination. Vaccine can be purchased for other family members.
- The vaccine is highly recommended for midwives and other healthcare workers working with neonates, young children and pregnant people, to be received 5-10 yearly.

Influenza

Facts about the disease

- Influenza infection has been associated with adverse infant birth outcomes such as preterm birth, small for gestational age and increased admissions to NICU.
- Pregnant women are five times more likely to end up in hospital with complications from influenza than non-pregnant women with influenza.
- Risks to the mother increase with gestation, due to physiological changes in pregnancy. Those with co-morbidities are at higher risk of complications from influenza.

Facts about the influenza vaccine

- Recent studies of infants of vaccinated mothers show a 41% reduction in confirmed influenza and a 47% reduction in hospital admissions.
- Antenatal vaccination has been associated with improved birth outcomes, including reduction in incidence of influenza-like illness, reduction in small for gestational age births and increased mean birth weights.
- The vaccine is adjusted every year to protect against the influenza virus strains expected to circulate during the season.
- To ensure good protection for each influenza season, those pregnant from 1 April can also have the current year's influenza vaccine, even if they have already had one at the end of the previous year.
- Influenza vaccines have been recommended for decades and can be given at any stage of pregnancy, but is recommended as early as possible for maximum benefit.
- Influenza vaccination given in pregnancy also provides protection for infants aged under 6 months, who are unable to receive the influenza vaccine themselves. Influenza can be a very severe illness in infants.

COVID-19

Facts about the disease

- COVID-19 in those with underlying health conditions or with a high-risk pregnancy significantly increases the risk of preterm labour, pre-eclampsia and eclampsia than in those without underlying conditions.
- Early in the pandemic, without immunity to SARS-CoV-2, pregnant women were at increased risk of severe COVID-19 complications. Now, with vaccination and COVID-19 infections, most healthy pregnant people have good immunity, but some remain at risk of complications or exacerbation of underlying conditions.

Facts about the COVID-19 vaccine

- Comirnaty is an mRNA vaccine, a technology that has been developed over the last decade. Millions of doses have been given worldwide in pregnancy and large-scale international surveillance data indicates no safety concerns.
- As well as protecting the māmā, vaccinating during pregnancy also offers temporary protection for pēpē via passive transfer of antibodies across the placenta and in breastmilk.
- Comirnaty can be given at all stages of pregnancy. An additional dose is particularly recommended for those who are unvaccinated and anyone with a high-risk pregnancy or those who are pregnant and have medical conditions putting them at risk of severe COVID-19.
- All pregnant people are eligible for Comirnaty vaccine - minimum of 6 months from last COVID-19 vaccine, or infection.
- Can be given with influenza or pertussis vaccines.

Birth Hep B vaccination

- Infants born to HBsAg-positive mothers should receive a dose of Hep B vaccine and hepatitis B immunoglobulin (HBIG), given at or as close as possible to birth (preferably within 12 hours).
 - If HBIG and/or Hep B is inadvertently omitted, administer as soon as the omission is recognised up to 7 days post-delivery. If the delay is for longer, seek specialist advice.
- These infants should then continue to receive all vaccines as per the National Immunisation Schedule at ages 6 weeks, 3 months and 5 months, including the Hep B-containing vaccine, DTaP-IPV-HepB/Hib (Infanrix-Hexa). Serological testing is required at 9 months of age to check if the vaccine has been effective. This is very important.
- The vitamin K injection may also be given at the same time, in the same limb as the HBIG, but not at the same site.



Tuberculosis vaccine, BCG

BCG is only to be given to those infants and children aged under 5 years at risk of tuberculosis (TB) exposure. A birth dose may be indicated to be administered by a gazetted BCG vaccinator. More information on the eligibility criteria is available [here](https://tinyurl.com/bdfs6mmn) (tinyurl.com/bdfs6mmn).

Postnatal MMR vaccination, rubella screening and MMR vaccination information

- Rubella infection during pregnancy, particularly early in pregnancy, is associated with severe physical and intellectual defects of the infant, known as congenital rubella syndrome.
- Measles and mumps are also potentially severe for the pregnant person and for their unborn child or neonate.
- Although rubella serology is routine in pregnancy, it is important that all pregnant women have their immunisation history checked.
- A woman is considered immune to rubella if she has had two documented doses of a rubella-containing vaccine given at least 4 weeks apart and after the age 12 months, regardless of subsequent serology results.
- Pregnant non-immune women should avoid contact with known cases of rubella and should be offered MMR as soon after the birth as possible.
- MMR can be given any time after the birth and is safe for breastfeeding mothers, but pregnancy should be avoided for 4 weeks after vaccination.
- Anti-D immunoglobulin and MMR are safe to give postnatally at the same time, at different injection sites.
- MMR is a live vaccine and should not be given during pregnancy. However, information on pregnancy outcomes for those who have inadvertently received vaccines have proved to be reassuring.

Contact for non-immune mothers

In case of contact or risk of contact with measles or mumps in a non-immune person, refer for medical advice as to whether immunoglobulin should be used. For contacts with rubella, full review is required, immunoglobulin is not an effective treatment.

Varicella (chickenpox)

Pregnant women are at high risk of complications from varicella. If a pregnant woman is in contact with someone with varicella, her immunity should be assessed – if the woman has memory or knowledge of previous varicella infection or vaccination, she is considered immune. If her immunity is unknown, serology should be requested urgently and refer for medical advice as to whether immunoglobulin should be used if non-immune on serology.



Expected responses to vaccines

It is important to discuss potential minor responses to vaccines, such as redness, pain or swelling at the injection site, feeling tired or unwell, muscle aches and headaches and how to manage pain or discomfort. Post a COVID-19 vaccine, those who feel unwell are also advised to avoid vigorous activities, such as going to the gym. Reactions following MMR vaccine may include fever or a measles-like rash presenting 6 to 12 days after vaccination.

Rare but serious responses to any vaccine or medication

Awareness that anaphylaxis, although very unlikely, could occur and observation for 20 minutes post-vaccination is required. All vaccinators are trained to recognise, and are required to have equipment available to treat immediate-onset severe allergic reactions. This can occasionally occur several hours postvaccination, so ensure the person receiving the vaccine or medication knows that if there are any breathing difficulties, they should call 111.

COVID-19 vaccine specific guidance: possible adverse response after COVID-19 vaccine

Although extremely rare, cardiac inflammation problems following vaccination with Comirnaty (COVID-19 vaccine) can be serious. It is important to ensure recipients of this vaccine understand the importance of seeking medical advice early for any out of character symptoms such as: chest pain, heavy feeling in chest, discomfort, sensation of heart fluttering, racing or skipping beats, difficulty breathing, dizziness and fainting. These symptoms should not be ignored. It is important that they seek advice from a doctor or Healthline.

For those who have insulin dependent diabetes, discuss the need to closely monitor blood glucose for the next few days.

New Zealand National Immunisation Schedule (December 2024)

	RV	DTaP-IPV-HepB/Hib	PCV	MenB	MMR	Hib	VV	DTaP-IPV	Tdap	HPV	Influenza	COVID-19	ZV	
Every pregnancy									Boostrix® from 2nd trimester		Any trimester - see below	Comirnaty® any trimester		
Birth vaccines	High risk babies, eligible for birth hepatitis B and/or BCG (tuberculosis) vaccines. See over page for more details.													
6 weeks	Rotarix®	Infanrix®-hexa	Prevenar 13®											
2 months				Bexsero®†										
3 months	Rotarix®	Infanrix®-hexa	Prevenar 13®*	Bexsero®										
4 months				Bexsero®†										
5 months		Infanrix®-hexa	Prevenar 13®	Bexsero®										
6 months														
12 months			Prevenar 13®	Bexsero®	Priorix®						Seasonal influenza vaccines are available for eligible persons from 6mths of age: visit org.nz for eligibility criteria and vaccine brands	COVID-19 vaccines available for eligible persons from 6mths of age: see Immunisation Handbook for details		
15 months				Priorix®	Act-HIB®	Varilrix®								
4 years								Infanrix®-IPV						
School year 7 (11 years)									Boostrix®					
School year 8 (12 years)										Gardasil® 9 two doses				
45 years									Boostrix®					
65 years									Boostrix®				Shingrix® two doses	
*An additional dose of Prevenar 13 is given at 3 months to children with an eligible medical condition. Children with high pneumococcal-risk conditions may be eligible for 23PPV. Check the 'special groups' eligibility in the online Immunisation Handbook.										†Alternative approved schedule for MenB: 2 months; 4 months; Booster at 12 months.				

Baby's first vaccination protection comes from maternal vaccination to protect them until they build their own immunity with routine immunisations starting at 6 weeks of age.

Practical aspects of vaccine administration

Emergency equipment

In the unlikely event of anaphylaxis, all vaccinators must ensure they have access to emergency equipment and are up to date with their CPR training. For more information and a list of minimum staff and emergency equipment requirements, see the [Immunisation Handbook Appendix 4](#) and [Resource: IMAC Management of Anaphylaxis](#) ([immune.org.nz/factsheets/management-of-anaphylaxis](https://www.immune.org.nz/factsheets/management-of-anaphylaxis)).

Remember to report any adverse effects to the [Centre for Adverse Reactions Monitoring \(CARM\)](#) database ([nzphvc.otago.ac.nz/carm/](https://www.nzphvc.otago.ac.nz/carm/)).

Vaccination pre-screening

Prior to immunisation with any vaccine, the vaccinator should check if the vaccine can be given, has been previously given, or if there is any reason why it should be deferred or is contraindicated. Also, always check vaccine history, and ensure informed consent is obtained.

- [Pre-vaccination screening checklist \(patient version\)](https://tinyurl.com/5auhky9)
- [Pre-vaccination screening checklist \(vaccinator version\)](https://tinyurl.com/2ef5yrwz)
- [COVID-19 pre-vaccination screening tool](https://tinyurl.com/53nufe6m)

Vaccine preparation - practical tips

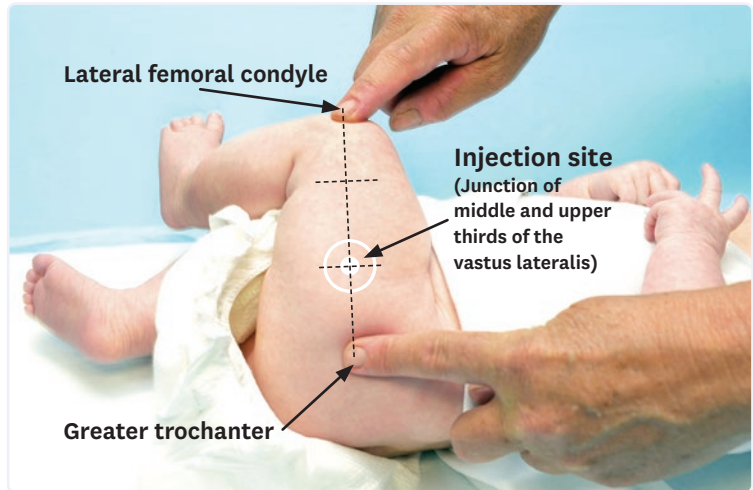
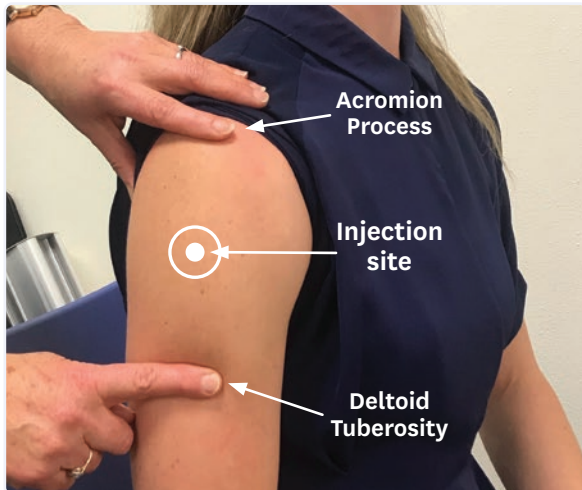
- Do not expel air from vaccines supplied in a pre-filled syringe (e.g. influenza)
- For vaccines that require reconstitution:
 - ie MMR, replace the draw up needle, and carefully expel any air until the vaccine reaches the level of the syringe hub. Do not expel the air contained in the new needle
 - For COVID-19 vaccines, due to the small volume, the draw up needle is used to administer

Take care when separating needles from syringes, never recap used needles. All needles, plus empty or partly used vials and syringes, should be discarded into the sharps container for crush incineration.




Landmarking

Correctly administering vaccine to the appropriate location and route of delivery prevents injury and ensures an appropriate immunological response to the vaccine. All vaccinators should be able to recognise anatomical landmarks to identify correct injection sites. A serious consequence of incorrect administration of a deltoid vaccination is shoulder injury, resulting from the vaccine being given too high in the deltoid muscle causing damage to underlying structures in the shoulder. Correct needle length ensures that IM injections reach the muscle tissue.



Needle selection

	SITE	NEEDLE
	Birth	Vastus Lateralis using a 23-25g, 16mm needle
	6 weeks	Vastus Lateralis using a 23-25g, 16mm-25mm needle
	Adults	Deltoid using a 23-25g, 16mm-25mm needle (depending on size of arm)
	Very large/obese adult	Deltoid using a 23-25g, 38mm needle

Post-vaccination advice

Reiterate possible expected side effects, the observation period and who to contact if they have any concerns. Give written resources, available from [health.govt.nz/products/after-your-immunisation](https://www.health.govt.nz/products/after-your-immunisation).

Using Aotearoa Immunisation Register (AIR)

Newborn enrolment nominations

The newborn enrolment form (NIR1) has been replaced by the NIP8897 Notification of newborn for enrolment form. You can find this form [here](https://tinyurl.com/mry4wch9) (tinyurl.com/mry4wch9). Please check with your District Lead for local variations.

Vaccinations

- To administer vaccinations, refer people to an immunisation service, or view vaccination history:
 - use a Patient Management System (PMS) that connects directly to AIR
 - use the AIR Vaccinator Portal. For details on how to sign up see [Vaccine System Toolkit](https://tinyurl.com/4znw7ywy) (tinyurl.com/4znw7ywy)
 - clinical portals used in Health NZ hospitals are integrated with AIR.

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- contact AIR Admin for immunisation history queries or recording immunisation event on paper form and sending to AIR Admin to record. Find your AIR Admin team [here](https://tinyurl.com/ms7td2mp) (tinyurl.com/ms7td2mp).
- The NIR forms (NIR3) to record vaccinations have been replaced by the NIP8898 vaccination recording form, available [here](https://tinyurl.com/mry4wch9) (tinyurl.com/mry4wch9).

For more details visit the [AIR website](https://tinyurl.com/wwwdjbshx) - tinyurl.com/wwwdjbshx.

Payments, education incentive and cold chain funding

Eligible self-employed LMC Community Midwives can access new funding to support them to provide antenatal immunisations. Scan the QR code for more information.



Documentation

Accurate documentation, including information on the Aotearoa Immunisation Register (AIR), is important.

In addition to this, it is important that the patient's clinical notes include:

- Confirmation that informed consent was given
- Confirmation that the individual was observed for the recommended time and no adverse events occurred during the observation period (if an adverse event does occur, it is essential to document the action and treatment given and inform CARM with full details of vaccine(s) given and affected individual).

Vaccination conversations - tips and resource links

Access to evidence-based information and resources from a trusted source allows wāhine hapū to make informed decisions regarding antenatal and post-natal vaccinations. The following tips are evidence-based ideas to support positive conversations around immunisations.

- **Assume people are willing to be vaccinated.** Be careful to not make assumptions about any specific concerns or uncertainties. Keep an open mind, use open questions and bear in mind that they may have complex reasons for taking their time to decide. Provide reassurance, information, and support.
 - **Keep in mind that getting vaccinated is an act of trust.** Build on your trusted relationships. Recognise that those who have had negative experiences within our health system may be less likely to have trust in health professionals.
 - **Ask-Tell-Ask approach may be helpful to engage in active listening.** Ask for their thoughts, educate, and then check in with them to see how they feel about what you told them.
 - **Lead with values before evidence.** Most people want to protect their baby and the vulnerable people in their community. Connect with those messages before you talk about safety and risks.
 - **Use plain language and effective metaphors.** E.g., “Vaccines power up your immune system so it can produce its own natural protection.”
 - **Always finish with a recommendation to vaccinate**
 - **Accept that vaccination is not for everyone.** Be prepared to end a discussion respectfully, keeping options open for further discussions at a later date.
- If you treat people respectfully and acknowledge concerns, they may well choose to vaccinate, if not today, then in the future - thanks to the dialogue you have had with them.

IMAC resources for health professionals

- IMAC website immune.org.nz/immunisation-workforce/midwives
- [Influenza and pregnancy \(tinyurl.com/6ne6vkph\)](https://tinyurl.com/6ne6vkph)
- [Recommended and funded vaccines during pregnancy - factsheet \(tinyurl.com/zc354s28\)](https://tinyurl.com/zc354s28)
- [Immunisation for the low birth weight and/or preterm infant \(tinyurl.com/3uysdkza\)](https://tinyurl.com/3uysdkza)
- [COVID-19 vaccination in pregnancy \(tinyurl.com/4tpu934w\)](https://tinyurl.com/4tpu934w)
- [National Immunisation Schedule \(tinyurl.com/bdetfw9m\)](https://tinyurl.com/bdetfw9m)
- [Mitigating pain and distress \(tinyurl.com/37kjfukj\)](https://tinyurl.com/37kjfukj)

Other resources for health professionals

- midwife.org.nz/women/pregnancy/10210-2/
- tewhātuora.govt.nz/for-the-health-sector/vaccine-information/new-zealand-immunisation-schedule/

Information for parents/whānau:

- IMAC website - immune.org.nz
- midwife.org.nz/women/
- [Immunisation during pregnancy video - tinyurl.com/yr6du7ek](https://tinyurl.com/yr6du7ek)
- [NZ immunisations | Health NZ - immunise.health.nz](https://immunise.health.nz)
- [Health Ed - vaccinations and immunisations \(tinyurl.com/3sje3v9e\)](https://tinyurl.com/3sje3v9e)
- kidshealth.org.nz/immunisation-overview
- [Whānau Āwhina Plunket - tinyurl.com/3rvtbsyh](https://tinyurl.com/3rvtbsyh)
- [Health Ed - immunise during pregnancy - \(tinyurl.com/jz4fa28u\)](https://tinyurl.com/jz4fa28u)



**Call 0800 IMMUNE (0800 466 863) for clinical advice
or visit [immune.org.nz](https://www.immune.org.nz)**