Caring For You After Delivery

The Ohio State University
Wexner Medical Center

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For a digital copy of this book, please visit go.osu.edu/pted3787.

This book is for informational purposes only. Talk to your healthcare provider if you have any questions about your care.

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When to Call Your Healthcare Provider

Call your healthcare provider right away if you have any of these signs:

- You are soaking your pad and need to change it every hour
- Have blood clots the size of a golf ball or an egg
- A fever of 100.5 degrees F (38 degrees C) or higher
- Pain that becomes worse in the abdominal or vaginal areas
- Pain, redness, warmth, or firmness in the lower leg (calf)
- Trouble breathing, dizziness, or fainting
- Burning, painful urination, trouble when urinating, or bad vaginal odor
- Fluid leaking from abdominal incision, your incision opens, or other signs of infection, such as yellow or green drainage, foul odor, or the skin around incision is hot, red, inflamed, or painful to touch
- Breasts that are painful, hard with redness or red streaks, or are hot to touch
- Feeling like you have signs of the flu, such as vomiting or nausea
- Signs of a headache, blurry vision, or other vision changes
- Chest pain, any trouble breathing, or you feel short of breath
- Numbness in your fingers or hands
- Pain in your upper right abdomen
- Feeling like you cannot cope with caring for yourself
  - Excessive crying, anger, mood swings that feel out of control, or feeling overwhelmed may all be signs of postpartum depression or a postpartum mood disorder. Call your healthcare provider right away. Treatment is available.
- Loss of interest in baby, severe sadness, or thoughts of harming yourself or others

Recovery After Vaginal Delivery

The time after you go through childbirth is known as the postpartum period. The first 12 weeks after delivery is also sometimes referred to as the fourth trimester. This section will help you know what to expect and what you can do to help yourself be more comfortable and heal.

While in the hospital

- You will get fluids through an intravenous (IV) line in your hand or arm until you can drink the liquids you need. You will be able to eat solid food as soon as your condition is stable.
- Your nurse will check your uterus to make sure it stays hard and firm. If your uterus becomes soft and spongy, your vaginal bleeding may increase. Your nurse will massage your uterus to make it firm again. Your nurse can help you locate your uterus and teach you how to massage it. Your uterus will return to pre-pregnancy size over the next few weeks.
- You will have vaginal bleeding, called lochia, the first few days like a heavy menstrual period. You may also pass small clots. The discharge will gradually decrease. You will wear thick sanitary pads and be given some to take home.
- Keep your bladder as empty as possible to help decrease vaginal bleeding. Try emptying your bladder every 2 to 4 hours.

Perineal Care

Perineal care, or peri care, is the cleaning of the perineum, which includes the vagina, the anus (rectum), and the area around these openings. You will need to wear a sanitary pad. Perineal care is done each time you urinate or have a bowel movement to:

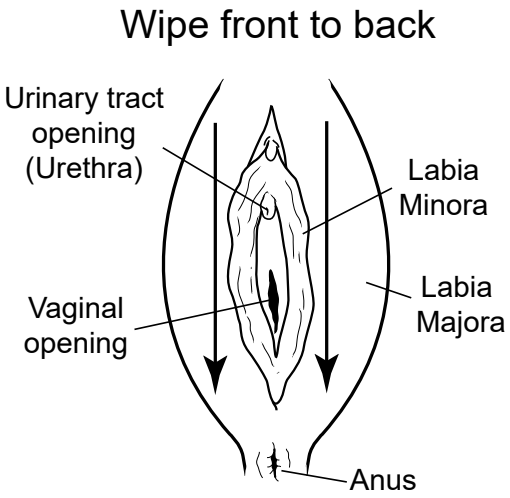
- Help prevent infection
- Comfort sore muscles around the vagina or birth canal
- Stop odor caused by vaginal drainage

Your nurse will teach you how to do perineal care while you are in the hospital and you will continue it when you go home.

Steps for peri care:

1. Wash your hands before going to the bathroom and after changing your sanitary pad. Do not use tampons!
2. While in the hospital, place dirty pads in the red trash bag in your room. At home, place them in a small bag or wrap in toilet paper to control odor and place in the trash. Do not flush pads down the toilet.
3. Use your “peri bottle” to spray water onto your perineal area after going to the bathroom.

4. Gently wipe or pat this area **from front to back** with toilet paper. This prevents the spread of germs from the rectum to the bladder and vagina.
5. After perineal care, apply sprays, ointments, or ice packs as advised by your healthcare provider.
6. Change sanitary pad every few hours or as needed.
7. Wash your hands after perineal care.



Other ways to sooth the perineal area:

- **Ice packs** are available to place on your perineal area, episiotomy, or hemorrhoids. The ice may help to decrease swelling and relieve perineal discomfort.
- **Sitz baths** are portable bowls that fit on top of the toilet seat and can be filled with warm water. Soak the perineal area in the water for 15 to 20 minutes, or as recommended by your doctor or nurse. Gently pat dry with toilet paper. Use the sitz bath several times a day. You can use 1 to 2 inches of water in your bathtub instead of a sitz bath bowl.

Getting Out of Bed and Taking Showers While in the Hospital

Your nurse will help you to get up and out of bed the first few times to prevent falls.

To get out of bed safely, dangle your legs over the side of the bed and move to a sitting position. You may be strong enough to walk to the bathroom with help from your nurse.

- If you become dizzy or light-headed while you are in the bathroom, pull the emergency call light on the bathroom wall for help. This is for your safety.
- Ask your nurse when you may take a shower.

Breathing Exerciser

- Use your breathing exerciser, called an incentive spirometer, to help keep your lungs clear while you recover.
- Your nurse will show you how to use it. Do your breathing exercises 10 times every hour while you are awake each day.

After leaving the hospital

- During the first week after going home, make your appointment for your postpartum check up in 4 to 6 weeks.
- Do not douche.
- Use only sanitary pads until you have your postpartum check up in 4 to 6 weeks. Ask your healthcare provider when you can use tampons again.
- Do not use any powders, oils, or perfumes in the perineal area.
- Take showers, not baths (except sitz), until allowed by your healthcare provider.
- Do not have intercourse or place anything into the vagina until evaluated by your healthcare provider at your 4 to 6 week postpartum checkup.

Review when to call your healthcare provider on page 3 of this book.

Recovery After Cesarean Delivery

Cesarean delivery is surgery. Your body needs time to heal and recover for about 6 to 8 weeks during the postpartum period.

In some ways, your care at home is the same as if you have a vaginal delivery. But there are also some specific steps to help you recover from surgery.

While in the hospital

- Your incision may be covered by a dressing that will be checked and changed as needed. Some types of dressing are removed the second day after delivery and other types will stay on longer. You will be shown how to care for your incision before you go home.
- You will get fluids through an intravenous (IV) line in your hand or arm until you can drink the liquids you need. You will be able to eat solid food as soon as your condition is stable.
- Your nurse will check your uterus to make sure it stays hard and firm. If your uterus becomes soft and spongy, your vaginal bleeding may increase. Your nurse will massage your uterus to make it firm again. Your nurse can help you locate your uterus and teach you how to massage it. Your uterus will return to pre-pregnancy size over the next few weeks.
- You will have vaginal bleeding, called lochia, the first few days like a heavy menstrual period. You also may pass small clots. The discharge will gradually decrease. You will wear thick sanitary pads and be given pads to take home.
- Your catheter, the tube used to remove urine from your bladder during surgery, will be removed 6 to 12 hours after delivery.

Getting Out of Bed and Taking Showers While in the Hospital

- **About 6 to 12 hours after surgery, your nurse will help you to get up and out of bed. Have your nurse help you to prevent falls.**
  - To get out of bed safely, dangle your legs over the side of the bed and move to a sitting position. You may be strong enough to walk to the bathroom with help from your nurse.
  - If you become dizzy or light-headed while you are in the bathroom, pull the emergency call light on the bathroom wall for help. This is for your safety.
- Your nurse will let you know when you can walk around the halls. When you are able, walk in the hallway 3 to 4 times a day to build strength and prevent problems from staying in bed too long.
- Ask your nurse when you may take a shower.

Breathing Exerciser

- Use your breathing exerciser, called an incentive spirometer, to help keep your lungs clear while you recover.
- Your nurse will show you how to use it. Do your breathing exercises 10 times every hour while you are awake each day.

Compression Device

You will have compression wraps around your legs or feet to prevent blood clots. The wraps are held in place by Velcro straps. A tube connects the wrap to a pump. When the pump is turned on, air is pumped into the wrap. It will feel snug on your leg or foot. This pressure against your muscles helps to keep your blood flowing through your veins as if you were up walking.

The device should be worn when you are in bed or sitting up in a chair. It should be taken off when you bathe each day, so the skin under the wrap can be checked. Let your nurse know if you have any redness or skin breakdown where the wrap was placed. You may need help to remove or replace the wrap.

Perineal Care

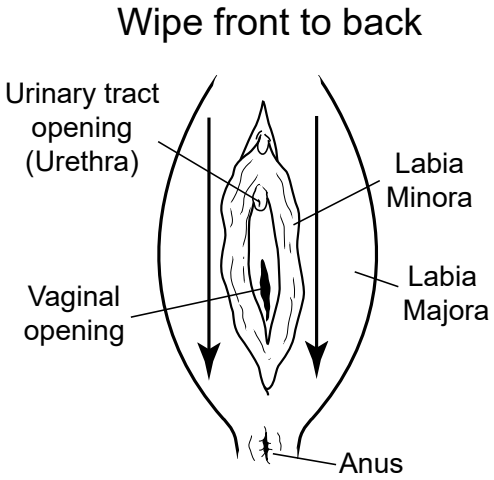
Perineal care, or peri care, is the cleaning of the perineum, which includes the vagina, the anus (rectum), and the area around these openings. You will need to wear a sanitary pad. Perineal care is done each time you urinate or have a bowel movement to:

- Help prevent infection
- Comfort sore muscles around the vagina or birth canal
- Stop odor caused by vaginal drainage

Your nurse will teach you how to do perineal care while you are in the hospital and you will continue it when you go home.

Steps for peri care:

1. Wash your hands before going to the bathroom and after changing your sanitary pad. Do not use tampons!
2. While in the hospital, place dirty pads in the red trash bag in your room. At home, place them in a small bag or wrap in toilet paper to control odor and place in the trash. Do not flush pads down the toilet.
3. Use your “peri bottle” to spray water onto your perineal area after going to the bathroom.
4. Gently wipe or pat this area **from front to back** with toilet paper. This will prevent the spread of germs from the rectum to the bladder and vagina.
5. After perineal care, apply sprays, ointments, or ice packs as advised by your healthcare provider.
6. Change sanitary pad every few hours or as needed.
7. Wash your hands after perineal care.



Other ways to sooth the perineal area:

- Ice packs are available to place on your perineal area or hemorrhoids. The ice may help to decrease swelling and relieve discomfort.
- Sitz baths are portable bowls that fit on top of the toilet seat and can be filled with warm water. Soak the perineal area in the water for 15 to 20 minutes, or as recommended by your doctor or nurse. Gently pat perineal area dry with toilet paper. Use the sitz bath several times a day. You can use 1 to 2 inches of water in your bathtub instead of a sitz bath bowl. **Do not submerge your incision in the sitz bath.**

Exercises to help you heal

After your cesarean delivery, you need to take an active part in getting better. Deep breathing and coughing helps to prevent breathing problems. When you are ready, getting out of bed and walking will help with your strength and healing. Your doctor or nurse will talk to you about which activities are best for your recovery.

After leaving the hospital

- The first week home, make your appointment for your postpartum check up in 4 to 6 weeks.
- Do not douche.
- Use only sanitary pads until you have your postpartum check up in 4 to 6 weeks. Ask your healthcare provider when you can use tampons again.
- Do not use any powders, oils, or perfumes in the perineal area.
- Do not have intercourse or place anything into the vagina until evaluated by your healthcare provider at your 4 to 6 week postpartum checkup.

Incision Care

- Take showers, not baths (except sitz), until allowed by your healthcare provider. Do not use bathtubs, hot tubs, or swimming pools until your incision has healed and all bleeding has stopped.
- When showering, let mild, soapy, or plain water run over the incision and rinse well. Do not scrub the incision. Pat the incision dry with a clean towel.
- Avoid applying any lotions or powders.

See when to call your healthcare provider on page 3 of this book.

Pain Control After Delivery

What to expect

Many people have pain after delivery and pain relief is helpful. The goal is for you to manage your pain in a way that allows you to still care for yourself.

Pain is the most intense the first 2 to 3 days after delivery and then lessens. Your doctor may order pain medicine to keep you comfortable for the next few days, but you may not have total pain relief. It is important to ask for medicine before the pain becomes too strong. Medicine may be given to reduce discomfort, such as for:

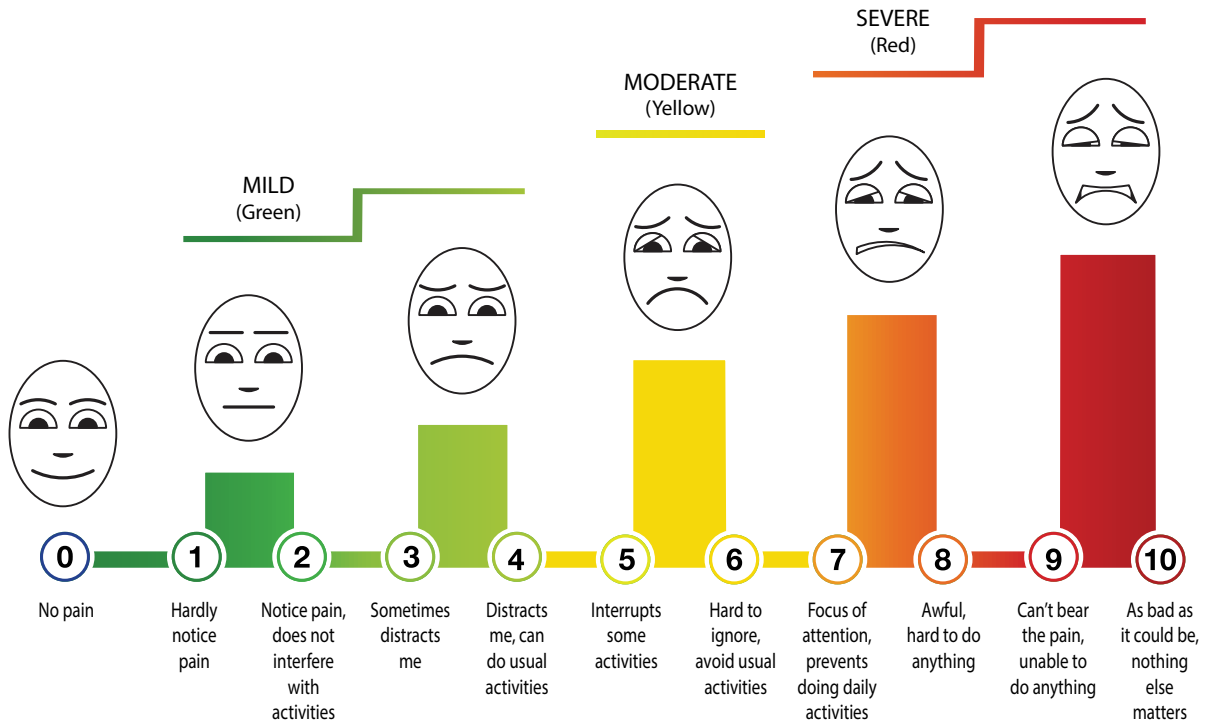
- General muscle aches or after birth cramps
- Cesarean abdominal incision or vaginal perineal stitches
- Hemorrhoids
- Breast engorgement and nipple soreness

Tell your doctor if you have any medicine allergies.

Intense pain may prevent you from breathing deeply, coughing, and walking, which help with your recovery. If your medicine does not provide enough pain relief, talk to your nurse.

Your nurse will ask you often to rate your pain. Use the scale and choose the number (0 to 10), description, or face that best matches the pain you feel now.

Defense and Veterans Pain Rating Scale



Defense & Veterans Center for Integrative Pain Management v 2.0

Home Care Quick Guide

It takes time for your body to recover and heal after delivery. This general information will help you care for yourself after leaving the hospital. Your healthcare provider will also give you specific information as a part of your discharge instructions.

Activity and rest	• Read your discharge instructions for activity limits. You may be told not to lift anything heavier than about 10 pounds for several weeks to allow your body time to heal from delivery. • Rest as much as possible and accept help from others. • Do not drive while taking narcotic pain medicine. • Gradually increase your daily activity until you are back to normal activity levels. When possible, sit down to do work. If you are too active, you may notice an increase in your vaginal discharge.
Peri care	• Continue perineal care until your discharge has stopped. • Do not douche. • Do not place anything into the vagina until evaluated by your healthcare provider at your 4 to 6 week postpartum checkup.
Hand washing	• Wash your hands before and after breast care and perineal care.
Bathing	• Take showers, not baths (except sitz), until allowed by your healthcare provider. • You may take a warm water sitz bath 2 to 3 times daily to relieve the discomfort from stitches or hemorrhoids. If you had a C-section, do not submerge your incision in the sitz bath.
Sexual intercourse	• Do not have intercourse until after your 4 to 6 week checkup. **It is possible to become pregnant** during the 4 to 6 week period after delivery. Sexual intercourse also puts you at risk for injury or infection while healing.
Menstruation (periods)	• Your menstrual cycle can begin as early as 6 weeks after delivery if you are not breastfeeding. If breastfeeding, your period may be delayed until 12 weeks or as long as 18 months. • Ovulation can happen without a period, making pregnancy possible. Talk to your healthcare provider about birth control options.

Incision care for C-section	• Keep the incision clean and dry. • When showering, drip plain or soapy water over your incisions and gently pat the area dry with a clean towel. Do not rub the area. • Do not use bathtubs, hot tubs, or swimming pools until your incision has healed and all bleeding has stopped.
Breast care	• Wear a well-fitted support bra (no underwire) during the day and at night, if needed. • Check your breasts for lumps or nipple problems. • If breastfeeding, your breasts may be full and tender for 6 weeks after delivery. • Your breasts may leak some fluid. Breast pads worn inside your bra may help keep you dry.
Diet	• You may be told to continue taking your prenatal vitamin. Follow your doctor's orders for taking medicine. • Drink plenty of water. This helps with breastfeeding and your body's healing. • Eat foods high in fiber, such as whole grains (cereal, bread, and pasta), whole fruits, vegetables, and beans to reduce constipation. • Eat foods high in calcium, such as low fat milk, low fat yogurt, and dark leafy green vegetables. • Eat small meals and snacks often throughout the day rather than 2 or 3 big meals. This helps keep your energy level up.
Bowel and bladder	• Increasing the amount of fruits, vegetables, and whole grains in your diet will help keep your bowel movements soft. Drinking more fluids will also help with this. • If constipation is a problem, contact your healthcare provider. Keep using a stool softener if your doctor prescribed one.
Exercise	• Walking is good exercise for you. Brief walks of 5 to 10 minutes will help restore your body to its normal state. • Keep good posture. • Kegels, or pelvic floor tightening, and pelvic tilts are good toning exercises after leaving the hospital.
Follow-up visit	• Schedule a postpartum checkup for 4 to 6 weeks after delivery. This checkup will tell you how you have healed.

Refer to when to call your healthcare provider on page 3 of this book.

Caring for Your Breasts

In the 3 to 5 days after delivery, your breasts will fill with milk and they may leak. Your breasts can also become tender or sore. When they overfill with milk, your breasts may become firm and hard. This is known as engorgement. Daily care of your breasts will help ease discomfort and keep your breasts healthy.

Daily breast care steps

- Wash your hands before and after touching your breasts.
- Wear a well-fitting support bra day and night for the first 2 to 3 weeks, if you choose. Do not wear a bra that has underwire.
- Breast pads worn inside your bra will help absorb the milk leaking from your breasts. Change the breast pads often.
- **If you are breastfeeding:**
  - Wearing a nursing bra may add to your comfort.
  - Gently massage your breasts to get the milk flowing. Nurse your baby or pump at least 8 to 12 times a day until your breasts are softer and you are breastfeeding on demand.
  - Use ice packs to relieve swelling and slow milk production between feedings for 20 minutes at a time, if desired. Take pain medicines as directed by your healthcare provider.
  - Having overfilled or engorged breasts can cause other problems. Ask to speak with a lactation specialist for help.
- **If you are not breastfeeding:**
  - Avoid long, hot showers, or baths. Warmth opens the milk ducts, letting milk flow. It also brings extra blood and fluids to the breast, which can lead to swelling.
  - Avoid any direct stimulation of your breasts. Touching your breasts produces milk. Do not try to pump, massage, or hand express milk.
  - Use ice packs to help relieve discomfort for 20 minutes at a time.
  - Take pain medicines as directed by your healthcare provider.
  - Wear a well-fitting support bra day and night until engorgement goes away, if desired.

When to call your healthcare provider

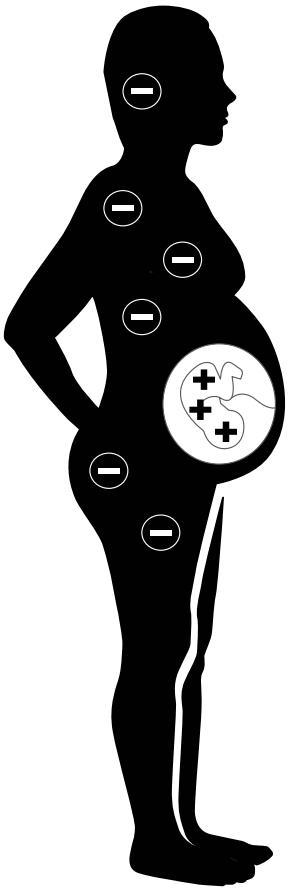
A breast infection needs immediate attention and treatment, so call if you have these signs:

- Breasts are hard with red streaks.
- You have flu-like symptoms.
- You have a fever of 100.5 degrees F (38 degrees C) or higher.

If You Have Rh Negative (Rh-) Blood

Rh negative (Rh-) blood means that you do not have a protein on the surface of your red blood cells. If have the protein, you are Rh positive (Rh+). Being Rh- or Rh+ does not affect your health, but can affect the health of your baby. This is usually not a problem for a first pregnancy, but can be for a future pregnancies.

How Rh type affects pregnancy



You and your baby may have different Rh types. Rh types are passed down by either parent to the baby. There is only a risk to the baby if you as the pregnant parent has Rh- blood and the baby has Rh+ blood. If you have Rh+ blood, there is no risk to the baby.

If you are Rh- and your blood mixes with the baby's Rh+ blood during pregnancy, your immune system can attack the baby's red blood cells, called Rh sensitization.

In most cases, your blood will not mix with your baby's blood until delivery. It takes a while to make antibodies that can affect the baby. So during your first pregnancy, the baby probably would not be affected.

If you get pregnant again, the antibodies could attack your baby's red blood cells. This can cause the baby to have anemia, jaundice, or more serious problems.

Testing and treatment

You should have been tested during your pregnancy to see what type of Rh blood you have.

- If you have Rh- blood, you should have been given a treatment of Rh immune globulin (such as RhoGAM) as an injection at around 28 weeks of pregnancy. RhoGAM is safe for both you and your baby. It prevents Rh antibodies from forming in your blood that could harm your baby.

After birth, hospital staff will test your baby's blood for Rh.

- If your baby is Rh+ and you are Rh-, you will be given another treatment within 3 days after your baby's birth as an injection or through your IV (intravenous) line.
- If your baby is Rh-, you will not need treatment.

Future pregnancies

If you are Rh- and thinking about getting pregnant again, talk to your doctor. They can help make sure you get the right care to keep you and your future baby safe.

Your Emotions After Delivery

Changes in your emotions

Your body needs time to adjust from delivery and hormones that are going back to levels before pregnancy. While many people have some mild mood changes during or after delivery, 15 to 20 percent of people have more serious signs of depression or anxiety.

For the next 2 weeks, it is normal to have any of the following:

- Less of an appetite
- Feelings of being overwhelmed
- Crying for no reason
- Restlessness
- Anxiety or nervousness
- Problems concentrating
- Mood swings
- Tiredness
- Feelings of being irritable
- Problems sleeping
- Being impatient

Tips for coping

To cope with these emotional changes, remember to take breaks and rest. It may also help to:

- Accept help from family or friends for meals or cleaning.
- Take a break and go out for dinner or a movie, enjoy a carry out meal, or meet a friend for lunch.
- Talk about your feelings with someone you trust.
- Get outside for a few minutes every day, even if you just sit outside or take a walk.
- Find time for yourself to take a bath or to do something else you enjoy for at least 15 minutes a day.
- Eat a healthy diet. Eat small meals more often, rather than 2 or 3 large meals.
- Don't hesitate to talk to your doctor, nurse practitioner, or nurse midwife about how you feel.

How others can help you

Ask your support person (a family member or friend) to learn more about what you are going through and how to help you. Examples of ways they can help you are:

- Encourage you to rest as much as possible.
- Take you seriously and listen to your concerns.
- Go to the doctor or therapist with you to get more information about how to support you.
- Help you set limits on what you can do right now.
- Sit with you when you are feeling bad.
- Give you permission to do things to take care of yourself during this time.

When it is more serious

It is normal to have these types of feelings after delivery. If these last more than 2 weeks, talk to your healthcare provider to find out if you may have a **perinatal mood disorder**. Symptoms can appear any time during pregnancy and in the first year after delivery. Listed here are the general types and their possible symptoms.

Postpartum Depression symptoms may include:

- Feeling angry or irritable
- Lack of interest in the baby
- Appetite and sleep problems
- Crying and sadness
- Feelings of guilt, shame, or hopelessness
- Loss of interest, joy, or pleasure in things you used to enjoy
- Possible thoughts of harming the baby or yourself

Postpartum Anxiety symptoms may include:

- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Sleep and appetite problems
- Not able to sit still
- Physical symptoms such as dizziness, hot flashes, and nausea

Perinatal Obsessive-Compulsive Disorder symptoms may include:

- Repetitive, upsetting, and unwanted thoughts or mental images
- A need to do certain things over and over to reduce anxiety from these thoughts

Postpartum Stress Disorder is often caused by a traumatic delivery. Symptoms may include:

- Flashbacks of the trauma
- Feelings of anxiety
- A need to avoid things related to the event
- Anxiety and panic attacks
- Feeling detached or that things seem unreal

Postpartum Psychosis symptoms may include:

- Seeing or hearing voices or images others cannot see or hear
- Feeling very energetic and unable to sleep
- Believing things are not true and not trusting people around you

Postpartum psychosis is rare and can be dangerous. Help is needed right away.

Getting treatment

Talk to your healthcare provider and seek treatment if you have any signs of a perinatal mood or anxiety disorder. Do not be embarrassed, feel guilty, or blame yourself. Many people do not know the signs or do not think it can happen to them. Share your symptoms and ask to be seen as soon as possible.

Resources and More Information

POEM (Perinatal Outreach and Education for Moms): 614-315-8989
They can answer your questions and provide you with support and referral information.
mhaohio.org/poem

Post Partum Support International: 1-800-944-4773
Online information, resources, and helpline.
postpartum.net

If you feel like harming yourself or your baby, it is important to seek help right away. Go to the nearest emergency department or call for help.

Other resources include:

Ohio State Behavioral Health Urgent Care: 614-293-8295
Walk-in care for mental and behavioral health services.
1670 Upham Drive, Columbus, OH 43210
wexnermedical.osu.edu

988 Suicide and Crisis Lifeline: Call 988
Videophone, call, text, or chat online with the 988 Lifeline.
988lifeline.org

Netcare Access: 614-276-2273
Call, text, and chat services.
netcareaccess.org

Vaccines You May Need After Delivery

Getting vaccines after delivery help protect you and your baby from serious illnesses. Talk to your doctor or nurse before leaving the hospital to see which vaccines you need.

These shots help protect you from getting sick. If you are breastfeeding, they can also help your baby by passing along some protection through your milk. This is especially important if you did not get certain vaccines before or during pregnancy.

Recommended vaccines may include:

Measles, Mumps, and Rubella (MMR) Vaccine

If you did not get the MMR (measles, mumps, rubella) vaccine before or during pregnancy, you may need it after giving birth. Rubella can be dangerous for future pregnancies, so getting this shot now helps protect your next baby.

Tetanus, Diptheria, and Pertussis (TDap) Vaccine

The Tdap vaccine protects against tetanus, diphtheria, and pertussis (whooping cough). Whooping cough can be very serious for newborns. By getting this vaccine, you help keep your baby safe until they are old enough to get their own shots.

Influenza (Flu) Vaccine

The flu can make you very sick, especially when your body is still healing. Getting a flu shot helps protect you and your baby, since babies under 6 months cannot get the flu vaccine themselves.

The vaccine information sheets for the vaccine listed above from Centers for Disease Control and Prevention (CDC) are on the following pages of this book.

VACCINE INFORMATION STATEMENT

MMR Vaccine (Measles, Mumps, and Rubella): *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

MMR vaccine can prevent **measles, mumps**, and **rubella**.

- **MEASLES (M)** causes fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- **MUMPS (M)** causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- **RUBELLA (R)** causes fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a woman gets rubella while she is pregnant, she could have a miscarriage or the baby could be born with serious birth defects.

Most people who are vaccinated with MMR will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

2. MMR vaccine

Children need 2 doses of MMR vaccine, usually:

- First dose at age 12 through 15 months
- Second dose at age 4 through 6 years

Infants who will be traveling outside the United States when they are between 6 and 11 months of age should get a dose of MMR vaccine before travel. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

Older children, adolescents, and **adults** also need 1 or 2 doses of MMR vaccine if they are not already immune to measles, mumps, and rubella. Your health care provider can help you determine how many doses you need.

A third dose of MMR might be recommended for certain people in mumps outbreak situations.

MMR vaccine may be given at the same time as other vaccines. Children 12 months through 12 years of age might receive MMR vaccine together with varicella vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of MMR or MMRV vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks she might be pregnant—pregnant women should not get MMR vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Has ever had a **condition that makes him or her bruise or bleed easily**
- Has recently **had a blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

In some cases, your health care provider may decide to postpone MMR vaccination until a future visit.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting MMR vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Sore arm from the injection or redness where the shot is given, fever, and a mild rash can happen after MMR vaccination.
- Swelling of the glands in the cheeks or neck or temporary pain and stiffness in the joints (mostly in teenage or adult women) sometimes occur after MMR vaccination.
- More serious reactions happen rarely. These can include seizures (often associated with fever) or temporary low platelet count that can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get MMR vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at www.cdc.gov/vaccines.

Vaccine Information Statement
MMR Vaccine

42 U.S.C. § 300aa-26
1/31/2025

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VACCINE INFORMATION STATEMENT

Tdap (Tetanus, Diphtheria, Pertussis) Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Tdap vaccine can prevent **tetanus, diphtheria**, and **pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **PERTUSSIS (aP),** also known as "whooping cough," can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. Tdap vaccine

Tdap is only for children 7 years and older, adolescents, and adults.

Adolescents should receive a single dose of Tdap, preferably at age 11 or 12 years.

Pregnant women should get a dose of Tdap during every pregnancy, preferably during the early part of the third trimester, to help protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Adults who have never received Tdap should get a dose of Tdap.

Also, **adults should receive a booster dose of either Tdap or Td** (a different vaccine that protects against tetanus and diphtheria but not pertussis) **every 10 years**, or after 5 years in the case of a severe or dirty wound or burn.

Tdap may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP, DTaP, or Tdap)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

In some cases, your health care provider may decide to postpone Tdap vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting Tdap vaccine.

Your health care provider can give you more information.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

4. Risks of a vaccine reaction

- Pain, redness, or swelling where the shot was given, mild fever, headache, feeling tired, and nausea, vomiting, diarrhea, or stomachache sometimes happen after Tdap vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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7. How can I learn more?

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Vaccine Information Statement
Tdap (Tetanus, Diphtheria, Pertussis) Vaccine

42 U.S.C. § 300aa-26
1/31/2025

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VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. Women who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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Vaccine Information Statement
Inactivated Influenza Vaccine

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