Information for pregnant or breastfeeding women who have asplenia or hyposplenism

**Patient information sheet**    Version 4_ 22/12/2014

Is it safe to have vaccinations or antibiotics when I am pregnant or breastfeeding?

Vaccination during pregnancy may protect the baby with antibodies for the first six months of life. The immune system is altered during pregnancy so **live virus vaccines should be avoided** if possible. However, none of the vaccinations routinely recommended for splenectomised patients are live vaccines. Neither killed nor live vaccines affect the safety of breastfeeding for mothers or infants.

Which vaccinations do I need?

(i) Pneumococcal vaccines

The pneumococcal vaccine is recommended for splenectomised or hyposplenic pregnant women. There are two vaccines available (i) a conjugate vaccine called “Prevenar 13 and (ii) a polysaccharide vaccine called “Pneumovax 23”. The Pneumovax 23 can be administered at any stage of your pregnancy. The safety and efficacy of Prevenar 13 in pregnancy has not yet been established. Pregnant women respond well to the Pneumovax 23 vaccine and are not expected to have more side effects than people in the general population.

(ii) Meningococcal vaccines

Infection caused by meningococcal bacteria during pregnancy is rare but can be serious. Although not routinely recommended during pregnancy these vaccines can be given when clinically indicated and the preferred vaccine is the meningococcal ACWY conjugate vaccine (Mencevax or Menactra). There is currently insufficient clinical data on the effects of exposure to the meningococcal group B vaccine during pregnancy.

(iii) Haemophilus influenzae type b (HIB)

Hib is an uncommon cause of post splenectomy sepsis. A single dose of Hib vaccine (Hiberix) is recommended for people without spleens. A booster is not required. This vaccine has been administered during pregnancy with no safety concerns identified.

(iv) Influenza vaccine “flu shot” (annual)

The current Australian Immunisation handbook recommends that pregnant women receive the influenza vaccine. There is no evidence that influenza vaccination can cause damage to your unborn baby and in fact, data suggests that babies whose mothers receive the influenza vaccine during pregnancy are less likely to experience a respiratory illness with fever in the first 6 months of life.

What antibiotics are recommended?

There is no clinical data available to work out the optimal length of time people without a spleen should take daily antibiotics for. We do know that women with some medical conditions should be offered lifelong antibiotics. Other patients are encouraged to take antibiotics for at least three years after splenectomy or diagnosis of hyposplenism (and lifelong if tolerated). However, you should always have an emergency supply of antibiotics to take when you are unwell (refer to Spleen Australia’s medical recommendations). Importantly you should report to your doctor if you develop fevers or shaking chills.

What is often prescribed is: Amoxycillin 250-500 mg daily OR, *if penicillin allergic* roxithromycin 150 mg daily or erythromycin 250 mg daily. All of these antibiotics are safe to take during pregnancy.

Where can I get advice about my health after a splenectomy?

The Spleen Australia Service & Registry is based at The Alfred hospital, in Melbourne can provide the latest advice for patients. Ms Penny Jones, the manager, has nursing and research qualifications, but also has extensive experience in post splenectomy or hyposplenism health care issues. An education kit is also available when you register with the VSR. Call **(03) 9076 3828** for more information or refer to the spleen registry website - [www.spleen.org.au](http://www.spleen.org.au)

References

8. Spelman ASID guidelines 2008

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