



# 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](http://go.osu.edu/pted3787).

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**Talk to your doctor or health care team if you have any questions about your care.**

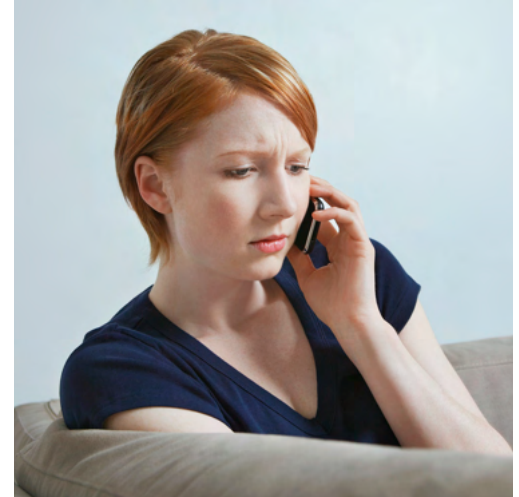
For more health information, go to [wexnermedical.osu.edu/patiented](http://wexnermedical.osu.edu/patiented) or contact the Library for Health Information at 614-293-3707 or [health-info@osu.edu](mailto:health-info@osu.edu).

# When to Call Your Health Care Provider

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## Call your health care 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
- Bleeding goes back to bright red after turning pink or brown
- A fever of 100.5 degrees F or 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 or incision opens
- Breasts that are full or painful (may be swollen, hot, itchy, lumpy or shiny)
- Feeling like you have signs of the flu, such as vomiting or nausea
- 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 health care provider right away. Treatment is available.



# Recovery After Vaginal Delivery

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The time after a woman goes through childbirth is known as the postpartum period. It begins with delivery and lasts until your body has healed. 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) 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, vaginal bleeding may increase. Your nurse will massage the 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 decrease daily and change from bright red to brown or clear over the next 2 to 4 weeks. 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

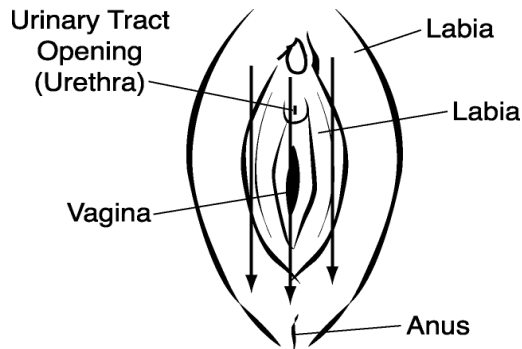
Perineal care is the cleaning of the perineum, which includes the vagina, the anus (rectum) and the area around these openings. You will need to wear a sanitary pad to collect the vaginal drainage. Perineal care is done each time you urinate or have a bowel movement to:

- 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 health care provider.
6. Change the 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 from feeling dizzy or light-headed. 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 to change your pad with help from the nurse.

- If you become dizzy or light headed 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.

### 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 to get rid of odor unless told to by your health care provider.
- Use only sanitary pads until you have your postpartum check up in 4 to 6 weeks. Ask your health care provider when you can use tampons again.
- Do not use any powders, oils or perfumes in the perineal area.
- Take showers, not baths, until your postpartum check up.

**See when to call your health care provider on page 3 of this book.**

# Recovery After Cesarean Delivery

Cesarean delivery is surgery and your body needs time to heal and recover for the next 6 weeks, also known as the postpartum period. In some ways, your care at home is the same as if you have a vaginal delivery. 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 2nd 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, vaginal bleeding may increase. Your nurse will massage the 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 decrease daily and change from bright red to brown or clear over the next 2 to 4 weeks. 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.

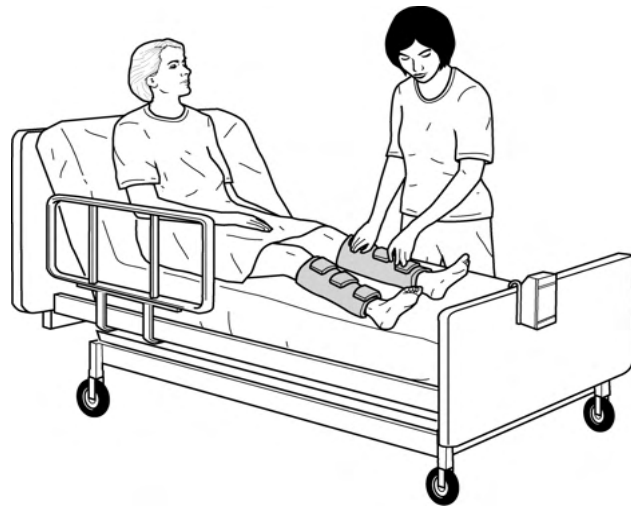


## Getting out of bed and taking showers while in the hospital

- 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 from feeling dizzy or light-headed.
  - 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 to change your pad with help from your nurse.
  - If you become dizzy or light-headed 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 hallways 3 to 4 times a day to build strength and prevent problems from staying in bed.
- Ask your nurse when you may take a shower.

## 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

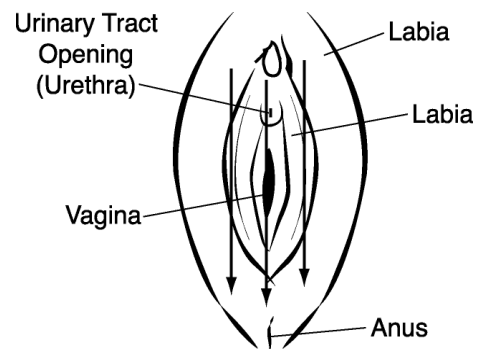
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### Steps for peri care:

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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 health care provider.
6. Change the sanitary pad every few hours or as needed.
7. Wash your hands after perineal care.



## After leaving the hospital

- The first week home, make your appointment for your postpartum check up in 4 to 6 weeks.
- Do not douche to get rid of odor unless instructed to by your health care provider.
- Use only sanitary pads until you have your postpartum check up in 4 to 6 weeks. Ask your health care provider when you can use tampons again.
- Do not use any powders, oils or perfumes in the perineal area.
- Take showers, not baths, until your postpartum check up.

## 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.

### Deep Breathing

- Raise the head of your bed up as far as allowed to a sitting position.
- Have tissues and a trash bag close to you.
- Support your incision by placing the palms of your hands together across your abdomen. Interlock your fingers to help you take deep breaths. You may hold a pillow over the incision instead of your hands.
- Breathe in deeply through your nose and mouth. Your abdomen will rise as your lungs fill with air.
- Hold this breath for a few seconds.
- Purse your lips as if you were going to whistle. Let all the air out through your nose and mouth.
- Repeat the deep breathing exercise 12 to 15 more times.
- Cough after each group of five breaths.

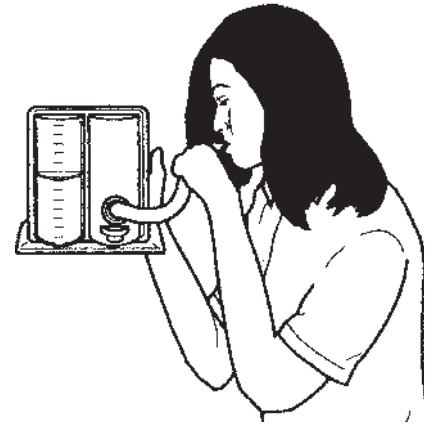


### Coughing

- Raise the head of your bed up as far as allowed to a sitting position.
- Breathe in and out fully.
- With your mouth open, take in a deep breath. Quickly give one or two strong coughs from deep in your lungs. Support your incision as you cough.
- Cover your mouth with a tissue as you cough to catch any mucus you cough up.

## Breathing Exerciser

- Raise the head of your bed up as far as allowed to a sitting position.
- Slide the pointer on the right side of the breathing exerciser to the volume level set by your respiratory therapist or nurse.
- Keep the breathing exerciser in an upright position. You can hold it or put it on a table.
- Breathe out normally. Put the mouthpiece in your mouth. Form a tight seal around it with your lips.
- Breathe in slowly through the mouthpiece. This raises the piston in the clear chamber of the breathing exerciser.
- Continue to breathe in and try to raise the piston to the set volume level. Read the level of the volume at the top of the piston.
- When you are finished breathing in, hold your breath as long as you can. Remove the tube from your mouth and exhale.
- Let the piston return to the bottom of the chamber. Repeat the exercise 10 times every 1 to 2 hours, while you are awake.
- Try to cough up any mucus you have right after using the breathing exerciser.



**See when to call your health care provider on page 3 of this book.**

# Pain Control After Delivery

Delivery is a very physical process and your body has gone through a lot of changes. Pain, from labor, to after delivery and the postpartum period, is a very real experience for many women 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.

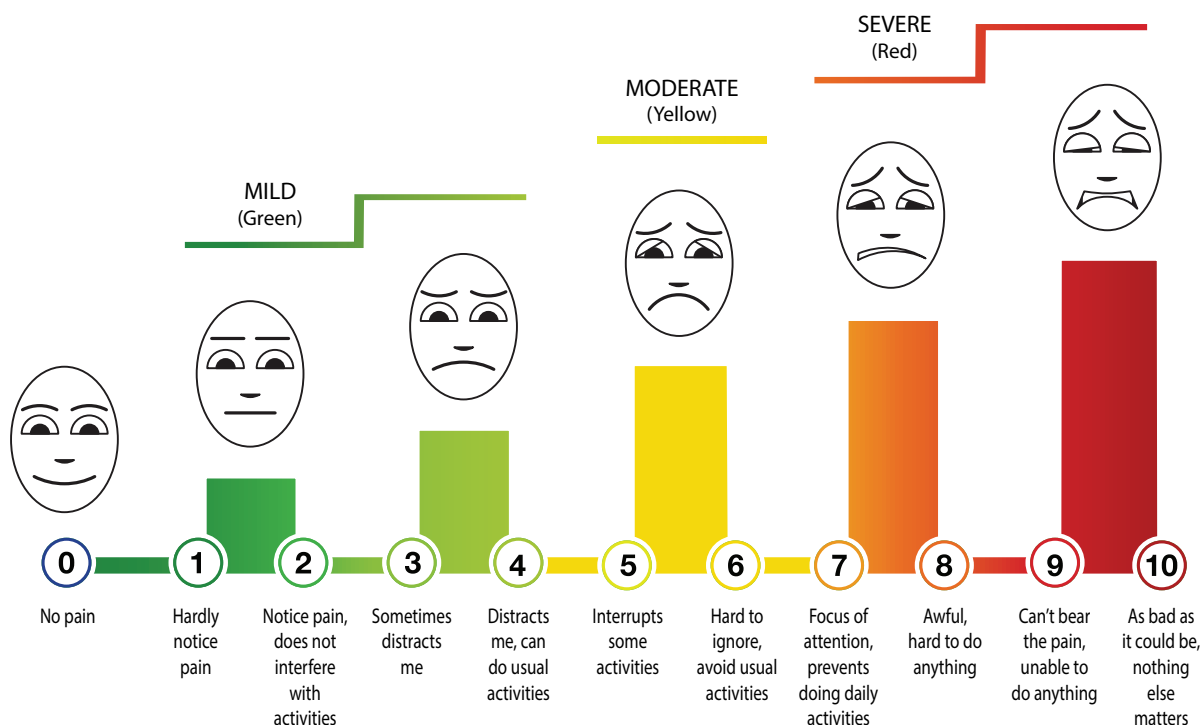
Pain is the most intense the first 2 to 3 days after delivery and then lessens. Your doctor will order pain medicine for you after delivery to keep you comfortable for the next few days, but you may not have total pain relief. If your medicine does not provide enough pain relief, talk with your nurse about your pain. The goal of pain medicine is to ask for medicine before the pain becomes too strong. Intense pain may prevent you from breathing deeply, coughing and walking, which help with your recovery. **Tell your doctor if you have any medicine allergies.**

Medicine may be given to reduce discomfort from:

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

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

# 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 overflow 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 health care provider.
  - Having overfilled or engorged breasts can cause other problems. Call Ohio State's Breastfeeding Helpline at 614-293-8910 for more information. Our outpatient lactation specialists will help you.
- **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 lymphatic fluids to the breast, which can lead to swelling.
  - Do not try to pump, massage or hand express milk. Touching your breasts produces milk.
  - Use ice packs to help relieve discomfort for 20 minutes at a time.
  - Take pain medicines as directed by your health care provider.
  - Wear a well-fitting, support bra day and night until engorgement goes away, if desired.

## When to call your health care provider

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

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

# If You Have Rh Negative (Rh-) Blood

Rh negative (Rh-) blood means that a person does not have a protein on the surface of their red blood cells. If you have the protein, you are Rh positive (Rh+). Being Rh- or Rh+ does not affect your health, but can affect future pregnancies. You were tested during your pregnancy to see what type of Rh blood you have. If you were Rh-, you received medicine to protect future pregnancies. You may get another dose depending on the type your baby has.

## How Rh type affects pregnancy

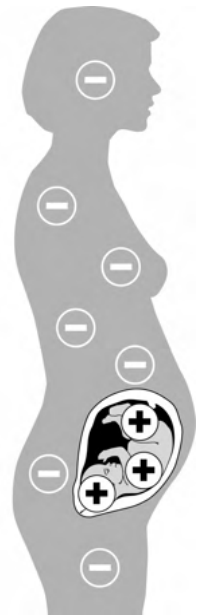
You and your developing baby may have different Rh types. Rh types are passed down by either the mother or father to the baby. There is only a risk to the baby if the mother has Rh- blood and the baby has Rh+ blood. If the mother is Rh+, there is no risk to the baby.

When the mother's Rh- blood mixes with the baby's Rh+ blood during pregnancy, the mother's immune system can attack the baby's red blood cells, called Rh sensitization. This is usually not a problem for a first pregnancy, but can be for later pregnancies.

## Testing and treatment

- If you have Rh- blood:
  - At 28 weeks of pregnancy, you were given a medicine called Rhogam as an injection (shot). 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+, you will be given Rhogam again within 3 days after your baby's birth to protect future pregnancies. Rhogam will be given as an injection or through an IV (intravenous) line. If your baby is Rh-, you will not receive medicine.

Talk with your doctor before you become pregnant again if you are Rh-.



# Home Care Quick Guide

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

<b>Activity and rest</b>	<ul style="list-style-type: none"><li>• Read your discharge instructions for activity. 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.</li><li>• Rest as much as possible and accept help from others.</li><li>• Do not drive for 2 weeks.</li><li>• 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.</li></ul>
<b>Perineal care</b>	<ul style="list-style-type: none"><li>• Continue to do perineal care until your discharge has stopped. Follow the steps for peri care on page 5 or 7.</li><li>• Do not douche or use tampons until you see your health care provider at 4 to 6 weeks after delivery.</li></ul>
<b>Hand washing</b>	<ul style="list-style-type: none"><li>• Wash your hands before and after breast care and perineal care.</li></ul>
<b>Bathing</b>	<ul style="list-style-type: none"><li>• Take showers instead of baths until the postpartum check up at 4 to 6 weeks.</li><li>• You may take a warm water sitz bath 2 to 3 times daily to relieve the discomfort from stitches or hemorrhoids.</li><li>• When bathing, drip plain or soapy water over your incisions and gently pat the area dry with a clean towel. Do not rub the area.</li></ul>
<b>Sexual intercourse</b>	<ul style="list-style-type: none"><li>• Do not have intercourse until after your 4 to 6 week check up. <b>It is possible to become pregnant</b> during the 4 to 6 week period after delivery. Sexual intercourse also puts you at risk for injury or infection while healing.</li></ul>
<b>Menstruation (periods)</b>	<ul style="list-style-type: none"><li>• Your menstrual cycle can begin as early as 6 weeks after delivery for women who do not breastfeed. If breastfeeding, your period may be delayed until 12 weeks or as long as 18 months.</li><li>• Ovulation without a period can occur, making pregnancy possible. Talk to your health care provider about the best birth control method for you.</li></ul>



<p><b>Breast care</b></p>	<ul style="list-style-type: none"> <li>• Wear a well-fitted, support bra (no underwire) during the day and at night if needed.</li> <li>• Check your breasts for lumps or nipple problems.</li> <li>• If breastfeeding, your breasts may be full and tender for 6 weeks after delivery.</li> <li>• Your breasts may leak some fluid. Breast pads, worn inside your bra, may help keep you dry.</li> </ul>
<p><b>Diet</b></p>	<ul style="list-style-type: none"> <li>• You may be told to continue taking your prenatal vitamin. Follow your doctor's orders for taking medicine.</li> <li>• Drink plenty of water. This helps with breastfeeding and your body's healing.</li> <li>• Eat foods high in fiber, such as whole grains (cereal, bread and pasta), whole fruits, vegetables and beans to reduce constipation.</li> <li>• Eat foods high in calcium, such as low fat milk, low fat yogurt and dark leafy vegetables.</li> <li>• Eat small meals and snacks often throughout the day rather than 2 or 3 big meals. This helps keep your energy level up.</li> </ul>
<p><b>Bowel and bladder</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• If constipation is a problem, contact your health care provider. Keep using a stool softener if your doctor prescribed one.</li> </ul>
<p><b>Incision care (C-section or tubal)</b></p>	<ul style="list-style-type: none"> <li>• Keep the incision clean and dry.</li> </ul>
<p><b>Exercise</b></p>	<ul style="list-style-type: none"> <li>• Walking is good exercise for you. Brief walks of 5 to 10 minutes will help restore your body to its normal state.</li> <li>• Keep good posture.</li> <li>• Kegels or pelvic floor tightening, and pelvic tilts are good toning exercises after leaving the hospital.</li> </ul>
<p><b>Follow-up visit with health care provider</b></p>	<ul style="list-style-type: none"> <li>• Schedule a postpartum check up for 4 to 6 weeks after delivery. The check up will tell you how you have healed.</li> </ul>

# Your Emotions After Delivery

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## Changes in your emotions

Your body needs time to adjust from delivery and hormones that are going back to pre-pregnancy levels. While many women have some mild mood changes during or after delivery, 15 to 20% 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 health care 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 like 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 can't 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 health care 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 women do not know the signs or don't 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.

Post Partum Support International: [www.postpartum.net](http://www.postpartum.net) or 1-800-944-4PPD (4773)

Online information, resources and helpline.

**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.

Resources include:

- Emergency Department at Ohio State University Hospital:  
410 W 10th Ave, Columbus, OH 43210
- Emergency Department at Ohio State East Hospital:  
181 Taylor Ave, Columbus, OH 43203
- National Suicide Prevention Lifeline: 1-800-273-8255
- Netcare Access: 614-276-2273

# 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](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

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

- **MEASLES (M)** can cause 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)** can cause 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)** can cause 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 her 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 12 through 15 months of age
- Second dose at 4 through 6 years of age

**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. The child should still get 2 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 in certain 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 vaccine 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.
- 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 to 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 MMR vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

## 4 Risks of a vaccine reaction

- Soreness, redness, or rash where the shot is given and rash all over the body can happen after MMR vaccine.
- Fever or swelling of the glands in the cheeks or neck sometimes occur after MMR vaccine.
- More serious reactions happen rarely. These can include seizures (often associated with fever), temporary pain and stiffness in the joints (mostly in teenage or adult women), pneumonia, swelling of the brain and/or spinal cord covering, or temporary low platelet count which can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection which 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](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff 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. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement (Interim)  
**MMR Vaccine**



Office use only

8/15/2019 | 42 U.S.C. § 300aa-26

# Tdap Vaccine

## What You Need to Know

(Tetanus,  
Diphtheria and  
Pertussis)

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

**Tetanus, diphtheria and pertussis** are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

**TETANUS** (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

**DIPHTHERIA** is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, heart failure, paralysis, and death.

**PERTUSSIS** (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

### 2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

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

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

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

### 3 Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.
- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.
- Talk to your doctor if you:
  - have seizures or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had a condition called Guillain-Barré Syndrome (GBS),
  - aren't feeling well on the day the shot is scheduled.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

## 4 Risks

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

### Mild problems following Tdap

*(Did not interfere with activities)*

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

### Moderate problems following Tdap

*(Interfered with activities, but did not require medical attention)*

- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500).

### Severe problems following Tdap

*(Unable to perform usual activities; required medical attention)*

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

### Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

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

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

## 5 What if there is a serious problem?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- 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](http://www.cdc.gov/vaccines)

## Vaccine Information Statement Tdap Vaccine

2/24/2015

42 U.S.C. § 300aa-26



# 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](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://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 of age 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.

Each 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 vaccine

CDC recommends everyone 6 months of age 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 three or four viruses that are 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 vaccine 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 to 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 influenza vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

## 4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- 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.

## 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.

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Vaccine Information Statement (Interim)  
**Inactivated Influenza  
Vaccine**



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