

## Why did rubella susceptibility screening in pregnancy stop on 3 October 2016?

A review of antenatal screening for rubella susceptibility, held in 2012 by the UK National Screening Committee (UK NSC), found that rubella susceptibility screening in pregnancy no longer met the UK NSC criteria for a screening programme because of the success of immunisation: [Rubella susceptibility](#)

The Wales Screening Committee considered the UK NSC's recommendation and supports the decision that screening in Wales should be stopped. England stopped screening in April 2016 and Scotland stopped in June 2016. The offer of antenatal screening for rubella susceptibility stopped for pregnant women in Wales whose booking bloods were taken on or after **3 October 2016**.

Due to the high uptake of the measles, mumps and rubella (MMR) vaccination, the epidemiology of rubella has changed, providing the following reasons to end screening for susceptibility in pregnancy.

- Rubella infection levels in the UK are at a level defined as eliminated by the World Health Organization. The last case of laboratory-confirmed rubella in Wales was in 2005.
- Screening for rubella susceptibility during pregnancy does not give any protection to the unborn baby.
- The test may falsely reassure some women that they are not susceptible to rubella infection while pregnant.
- Being fully immunised before becoming pregnant is the most effective way to protect women against rubella in pregnancy. Two doses of the MMR vaccine are recommended.
- Stopping antenatal screening is unlikely to result in increased rates of congenital rubella. There were 12 cases of congenital rubella syndrome reported in the UK between 2003 and 2016, but none of these could have been prevented by the screening programme. There have been no cases of congenital rubella syndrome in Wales in the last 10 years. We will continue to monitor cases after screening has stopped.

### What if rubella infection rates increase?

Stopping antenatal screening for rubella is unlikely to result in increased rates of congenital rubella. Rubella is a notifiable disease and we will continue to monitor levels of infection.

### What will replace screening in pregnancy?

Women who have not previously had two doses of a vaccine containing rubella, should ask their GP practice to arrange for two doses of MMR a month apart and should avoid becoming pregnant for at least a month after the second dose. The vaccine cannot be given during pregnancy.

## **How can a woman find out which immunisations she has had?**

If a woman is not sure of her immunisation status she should ask her GP surgery to check her immunisation history, which may be recorded in her GP records.

## **Can a woman have her rubella status checked when pregnant if she is not sure which immunisations she has had?**

No, the screening programme stopped on 3 October 2016.

## **As a GP, can I ask for a woman's rubella status to be checked?**

No, the screening programme finished on 3 October 2016.

## **What if a woman knows she has had two doses of MMR – can she be sure that she is immune to rubella?**

Because of the long-term effectiveness of the MMR vaccine, we can say that experience shows that two doses provide immunity to rubella. The protection from MMR immunisation lasts for at least 40 years.

## **We have given midwives the following information.**

- All pregnant women should have an MMR vaccination history taken by their midwife.
- Women should be made aware that they will be protected from rubella if they have had two doses of MMR. If they cannot remember having two doses of MMR they should discuss this with their GP after the birth. As MMR is a live vaccine it should not be given in pregnancy.
- The All Wales hand-held maternity records (March 2019 page 33) have been updated to include information about rubella and a section relating to MMR status and consent for postnatal MMR, if required.
- This section should be completed by the midwife following a discussion with the woman about her vaccination history.
- The woman's MMR status should be recorded.
- If catch up MMR is required after the baby is born, the woman's consent/agreement to have the vaccine should be documented.
- If catch up MMR is **not** required then "consents to MMR" should be marked as not applicable (N/A).
- Women should be reminded to report any rashes or contact with rashes in pregnancy to their midwife or doctor.
- Midwives should be aware of the 'infections and rashes in pregnancy guideline' for how to deal with rashes in pregnancy. This is available on the Antenatal Screening Wales website.

## **What about women moving to the UK who may not know their vaccination history?**

All women moving into the UK should be offered vaccinations to bring them up to date with the UK schedule ([Vaccination of individuals with uncertain or incomplete immunisation status - GOV.UK](#)) as part of the GP registration process and immigration assessment. Checking MMR status to make sure women have received two doses is very important for women entering Wales from countries where rubella (and other infectious diseases) is more common.

Asylum seekers entering Wales by the Home Office dispersal programme, to the Cardiff Initial Assessment Centre, should have their immunisation status checked and immunisations offered by the Cardiff Health Access Practice.

## **What other vaccinations should women have before and during pregnancy?**

Women should be up to date with all routine immunisations before pregnancy, which includes having received two doses of the MMR vaccine.

Whooping cough (pertussis) and flu (influenza) vaccines are recommended in pregnancy.

Further information can be found in the leaflet : Pregnancy- how to help protect you and your baby

<https://www.nhsdirect.wales.nhs.uk/livewell/vaccinations/Leaflets/>

Health Boards can order the leaflet at: [Public Health Wales | Health Information Resources](#)

Midwives should provide this leaflet to pregnant women early in pregnancy

## **If women have had one dose of MMR do they need another?**

Yes. Two doses of the MMR vaccine are needed to protect women from measles, mumps and rubella.

## **What about women who have had separate measles, mumps and rubella vaccinations?**

The single vaccines that are imported into this country and given privately are not licensed in the UK and their effectiveness cannot be guaranteed. Women should be offered two doses of MMR a month apart and should avoid pregnancy for a month after the second dose. Women who have had two doses of a rubella-containing vaccine as part of the NHS vaccine schedule do not need to have further vaccines for rubella.