Royal Cornwall Hospitals
NHS Trust

Vaccinations in the Perinatal Pathway Standard Operating Procedure

V1.0

September 2025

Summary

This Standard Operating Procedure (SOP) outlines the process of offering vaccines during pregnancy and the documentation process that should be followed.

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

All recommended perinatal vaccinations in pregnancy (including pertussis, RSV, seasonal flu and covid if advised) will be offered to pregnant patients during the course of their pregnancy at intermittent intervals in accordance with their eligibility at each stage. This is combined with the provision of BCG vaccinations of eligible neonatal babies (please see BCG vaccinations bookings SOP).

2. Purpose of this Policy/Procedure

2.1 To Define the perinatal vaccination offer for staff and patients.

2.2 To ensure that all relevant teams and members of staff know their responsibilities in relation to this SOP.

2.3 Scope

2.3.1. This guidance is relevant to the following staff groups:

- All midwifery, nursing and maternity staff who work within maternity services across the Royal Cornwall Hospital, both at onsite and community settings.
- All staff deemed competent in administering the relevant vaccinations.

2.4 Definitions/Glossary

- JCVI – Joint Committee of Vaccinations and Immunisations.
- RAVS – Record A Vaccine System.
- RCHT – Royal Cornwall Hospitals Trust.
- RSV – Respiratory Syncytial Virus.
- SOP – Standard Operating Policy.
- BCG – Bacillus Calmette-Guerin vaccine.

3 Ownership and Responsibilities

Ownership of this SOP will be shared between the Vaccination and Health Promotion Team members and the maternity team based both onsite and in the community.

3.1 Role of the Clinical Lead

The Vaccination and Health Promotion Clinical Lead is responsible for:

- Being aware of the standards described in this SOP and their role in following them.
- Complying with the standards outlined within this SOP.

- Providing clinical oversight of the process.
- Ensuring its effectiveness for patients and fulfilling service needs.

3.2 Role of the Vaccination and Health Promotion Service Manager

The Service Manager is responsible for:

- Being aware of the standards described in this SOP and their role in following them.
- Liaising with the Vaccination and Health Promotion Matron and Community Matron where issues arise, or clarity needed where SOP is not being adhered to.
- Maintaining functionality of the process.
- Ensuring all relevant staff are aware of the perinatal vaccinations on offer.
- Escalating clinical issues (as they arise) to the clinical lead.
- Investigating incidents that relate to failure to follow this SOP.
- Reviewing the SOP at set intervals.

3.3 Role of the Perinatal Administrators

The Perinatal administrators are responsible for:

- Being aware of the standards described in this SOP and their role in following them.
- Adhering to the standards and practices outlined in this SOP.
- Ensuring all eligible patients are contacted and offered an opportunity to book their vaccinations.
- Ensuring all patients have access to vaccination literature in a variety of languages.
- Escalating any issues to the Vaccination and Health Promotion service manager for early resolution.
- Covering sickness where required and escalating to the service manager if no solution can be found.

3.4 Role of the Maternity Team:

- Midwives will advise and signpost to perinatal vaccinations and offer appropriate vaccines at the correct time in pregnancy.
- Any vaccine given is to be recorded on the Euroking maternity electronic record as well as on the RAV system.

3.5 Role of the Community Matron

- Work with the vaccination team to ensure all perinatal vaccines are offered appropriately.
- All reporting needs are followed.

3.6 Role of the Managers

Line managers are responsible for:

- Ensuring all relevant staff are aware of the perinatal vaccinations on offer.
- Ensuring all staff have access to relevant training materials and resources to effectively promote and encourage perinatal vaccination uptake.

3.7 Role of the C19 Vaccination Hospital Hub and Vaccination Centre Performance and Oversight Group

The C-19 Vaccination Hospital Hub and Vaccination Centre Performance and Oversight Group is responsible for:

- Review of this policy.
- Review of issues by exception.

3.8 Role of Individual Staff

All staff members are responsible for:

- Midwives are responsible for informing the patient of all the perinatal vaccinations available to them.
- Midwives are also responsible for recording the administration of any perinatal vaccines on the Record A Vaccine System (RAVS) platform.
- Vaccination nurses are responsible for ensuring the risks and benefits are explained to the patient to allow them to make an informed decision.
- Vaccination nurses are also responsible for recording the administration of any perinatal vaccines on RAVS.

4 Standards and Practice

4.1. The recommended perinatal vaccinations are available throughout pregnancy at various intervals and will be discussed with midwives at routine scan appointments.

4.1.1. Pertussis (whooping cough)- Pertussis is a highly infectious disease, usually caused by the bacterium Bordetella. Illness in infants (up to 6 months) is associated with a high rates of hospital admissions, severe illness and death. (Routine vaccinations for infants can be offered from 2 months old by the GP – this is not offered under the RCHT maternity service). All pregnant patients are advised to have the pertussis vaccination from 16weeks pregnant, in each pregnancy, regardless of previous vaccination status. The aim of this is to boost the levels of pertussis-specific antibodies that are transferred through the placenta and protect the newborn prior to routine immunisations. Ideally the vaccination is offered between 16- 32 weeks pregnant. After this, vaccinations can be offered but protection is reduced. The vaccination can also be offered to new mothers until the infant is 2 months old and receives their first vaccination. This does not provide any direct protection to the baby but may reduce the chance of exposure to pertussis via the mother.

4.1.2. Respiratory Syncytial Virus (RSV) vaccination - RSV is a common virus which can cause a lung infection called bronchiolitis. In small babies this condition can make it hard to breathe and to feed. The RSV vaccine is to be offered at around the time of the 28 week antenatal appointment and can be administered up to (and including) 36 weeks. Having the vaccine in week 28 or within a few weeks of this will help to build a good level of antibodies to be passed on to the baby before birth. If the vaccine is given later in pregnancy, it may be less effective, however, it may still protect the patient from infection and reduce the risk of spreading infection to the newborn baby.

4.1.3. Seasonal Influenza - The seasonal influenza should be offered to all pregnant people at any stage of pregnancy during “flu season” which usually falls from September to December each year. The influenza vaccination can be given on the same date as the Pertussis vaccination. The flu jab is recommended regardless of previous flu vaccinations.

4.1.4. Covid - Covid-19 vaccinations are strongly advised in pregnancy. JCVI define pregnant people as a ‘clinical risk’ group within the covid-19 vaccination programme. Pregnant people have a higher risk of getting seriously ill from Covid-19. Evidence shows that most pregnant people with Covid-19 who need hospital treatment or intensive care in the UK have not been vaccinated. Vaccination also reduces the risk stillbirth. All pregnant people are advised to have a Covid-19 Booster vaccination in autumn (September – December).

4.2. Booking of patients into clinics

Patients can be booked in to specific vaccination clinics as follows;

- RSV – Patients can self refer by scanning the RSV clinic QR code to book into clinics or by following a booking link. They can also be referred by means of an email by their midwives. The Perinatal Pathway Administration team have a process in place which ensures all eligible patients are contacted from 28 weeks (please see separate SOP – RSV Clinic Bookings).

- BCG - *(please see separate SOP – BCG Clinic Bookings)*
- Pertussis – can be offered from 16 weeks of pregnancy and is available in all community bases to be accessed when a pregnant person requests and consents to the vaccine. The vaccine is to be recorded on the Euroking maternity electronic system as well as the RAV system.
- Flu – can be offered at any time in pregnancy in the flu season which is usually between October-March. It is to be recorded on the Euroking electronic system and the RAV system.
- Covid – midwives are not currently able to offer the Covid vaccine, so pregnant people can be signposted to GP services or RCHT vaccination team clinics.

5 Dissemination and Implementation

5.1. This document will be disseminated to all RCHT maternity registered staff (based onsite or in the community), all RCHT midwives (based onsite or in the community) and to all staff in the Vaccination and Health Promotion team.

5.2. On commencement and following any amendments to this SOP, an e-mail will be sent to all staff to disseminate any changes made.

5.3. All new colleagues will receive this SOP and be signed off during their I induction period.

6 Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	This process is to be regularly monitored to ensure compliance with relevant national guidelines.
Lead	Vaccination and Health Promotion Matron and Service Manager.
Tool	Incident reporting where standards not followed.
Frequency	Reassess within 1 month of implementation. Then quarterly thereafter.
Reporting arrangements	Any issues or concerns will be raised to the Service Manager in the first instance and then escalated to the C-19 Vaccination Hospital Hub and Vaccination Centre Performance and Oversight Group by means of exception.
Acting on recommendations and Lead(s)	The Service Manager, Clinical Matron and Clinical Lead, will be responsible for reviewing any recommendations/actions and sharing them with the clinical area where standards were not followed.

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 1 month of presentation. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7 Updating and Review

The document will be reviewed in no less than 3 years.

8 Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Vaccinations in the Perinatal Pathway Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New document.
Date Issued/Approved:	23 July 2025
Date Valid From:	September 2025
Date Valid To:	September 2028
Author/Owner:	Sarah Williams-Doyle, Vaccination and Health Promotion Service Manager
Contact details:	Rcht.rsv.vaccination@nhs.net
Brief summary of contents:	Perinatal Immunisation pathway.
Suggested Keywords:	Perinatal, vaccinations, maternity.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	C19 Vaccination Hospital Hub and Vaccination Centre Performance and Oversight Group – 26 March 2025. Clinical Support Care Group Governance Meeting - 23 July 2025.
Manager confirming approval processes:	Chief Pharmacist
Name of Governance Lead confirming consultation and ratification:	Kevin Wright
Links to key external standards:	None required
Related Documents:	BCG Booking SOP
Training Need Identified:	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Pharmacy

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
February 2025	V1.0	Initial issue	Sarah Williams-Doyle, Service Manager for Vaccination and Health Promotion

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Vaccinations in the Perinatal Pathway Standard Operating Procedure V1.0
Department and Service Area:	Vaccination and Health Promotion. Clinical Support Care Group.
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sarah Williams-Doyle, Service Manager for Vaccination and Health Promotion
Contact details:	07554 874870

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The policy is aimed at maternity and vaccination and health promotion staff.
2. Policy Objectives	To ensure the appropriate staff are sighted on the vaccinations available to perinatal patients and their role in the offer of this service.
3. Policy Intended Outcomes	Uniform process for patients to be routinely offered perinatal vaccinations as they become eligible.
4. How will you measure each outcome?	By reviewing uptake figures against eligible cohorts.
5. Who is intended to benefit from the policy?	Staff and service users.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: Yes • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Vaccination and Health Promotion Team. NHS England Screening Team. RCHT Maternity team.
6c. What was the outcome of the consultation?	We agreed the policy locally.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No this is a new initiative.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Sarah Williams-Doyle, Service Manager for Vaccination and Health Promotion.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis