

Obstetrics department
Women's health services

Patient education
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Vaccination against rubella, measles and mumps

Rubella during early pregnancy can cause birth defects. Those who are not immune or not vaccinated against rubella are not only at risk of getting infected, they may get it at the worst possible time – in the beginning of their pregnancy.

Blood tests during pregnancy can tell us if you are immune or not. Those who are not immune will be offered vaccination against rubella immediately after giving birth.

Vaccines that only target rubella do not exist anymore. Instead, there is a combined vaccine that also protects against measles and mumps.

Measles is a disease that causes high fever, cough and prolonged fatigue.

Meningitis can occur in rare cases, which can cause permanent damage.

Mumps can cause meningitis and permanent hearing loss. Men can suffer from a painful testicular inflammation, which can lead to sterility.

The vaccine can sometimes cause mild and completely harmless symptoms such as fever and rash one to two weeks after vaccination. Occasionally, symptoms similar to mumps may develop, such as mild joint pain or swelling. You cannot infect those around you.

However, the vaccine virus may remain in the body for a month after vaccination. **This means that you should not attempt to get pregnant during the two months after vaccination, as this could cause birth defects.** Before you leave the hospital, it is a good idea to talk with your doctor or midwife about which contraceptive options might work best for you. If you do become pregnant during these two months, contact your doctor or maternity clinic as soon as possible.

You can breastfeed as usual after the vaccination.

Tell the midwife in the maternity ward if you want to be vaccinated. You should also tell us if you have any serious illnesses or severe allergies.



I hereby confirm that I have read the information concerning vaccination against rubella, measles and mumps

Härmed bekräftar jag att jag tagit del av den undervisning som gäller vid vaccination mot röda hund, mässling och påssjuka

Name

Namn.....

Personal identity number

Personnummer.....

Department

Avdelning.....

Date Patient's signature

Datum Patientens underskrift
