# PERINATAL QUALITY IMPROVEMENT PROGRAM

## DETAILED SPECIFICATIONS

# 2025-2026
## MEASUREMENT YEAR

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PARTNERSHIP HEALTHPLAN of CALIFORNIA
*A Public Agency*

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## Program Overview

Partnership HealthPlan of California (Partnership) offers a diverse managed care pay for performance (P4P) portfolio that includes key healthcare services. The P4P portfolio includes performance measures in the following types of patient care: primary, hospital, specialty, palliative, perinatal, long-term care, and behavioral health. These patient-centric value-based program offerings center on quality driven measures that support the Partnership's organizational mission to help our members and the communities we serve be healthy.

The Perinatal Quality Improvement Program (PQIP) is an invitation P4P program that offers financial incentives to practices participating in Partnership's Perinatal Services Program (PHPS) and select non-PHPS other practices that provide quality and timely prenatal and postpartum care to Partnership members. The PQIP is developed and designed with primary care providers (PCP) and OB/GYN providers in mind who drive measurable health outcomes through a concise and meaningful measurement set focused on the following measures:

- Timely Tdap and Influenza Vaccine
- Timely Postpartum Care
- Timely Assessments
- Timely Prenatal Care
- Electronic Clinical Data System (ECDS)
- Depression Screening at First Prenatal Visit

## Participation Requirements

Perinatal QIP provider participation is by invitation. Participating PHPS practices and select perinatal practices with *more than 50 deliveries per year* may be invited to participate in the PQIP. All invited practices will submit an application for the Partnership HealthPlan Perinatal Services (PHPS) that includes contact information for their program and outlines the services and staff who provide perinatal clinical care and other perinatal services in their program.

Eligible providers must have a Partnership contract within the first three (3) months of the measurement year (**by October 1**). Providers must remain contracted through **June 30, 2025** (end of Measurement Year) and be considered in Good Standing *as of the month* the Perinatal QIP incentive payment is to be disbursed by the end of **November**.

Partnership has the sole authority to determine if a provider is in Good Standing based on the criteria set forth below:

1. Provider is open for services for Partnership members.
2. Provider is financially solvent (not in bankruptcy proceedings).
3. Provider is not under financial or administrative sanctions, exclusion or disbarment from the State of California, including the Department of Health Care Services (DHCS) or the federal government including the Centers for Medicare and Medicaid Services (CMS). If a provider appeals a sanction and prevails, Partnership will consider a request to change the provider status to in Good Standing.
4. Provider is not pursuing any litigation or arbitration against Partnership.

5. Provider has not issued or threatened to issue a contract termination notice, and any contract renewal negotiations are not prolonged.
6. Provider has demonstrated the intent to work with Partnership on addressing community and member issues.
7. Provider is adhering to the terms of their contract (including following Partnership policies, quality, encounter data completeness, and billing timeliness requirements).
8. Provider is not under investigation for fraud, embezzlement or overbilling.
9. Provider is not conducting other activities adverse to the business interests of Partnership.

## Incentive Payment Requirements and Conditions

Providers shall remain under contract with assigned members for at least **NINE (9)** months of the measurement year. Provider site closures within a measurement year must have at least nine (9) months of *continuous* program participation to qualify for program incentives. Claims, visits and depression screenings, counted in the PQIP are for members with Partnership as their primary insurance.

**Perinatal Quality Improvement Letter of Agreement (LOA)**
Providers with a Letter of Agreement (LOA) in effect are no longer required to renew an LOA for each measurement year. Only new participating providers or providers that have had a break in program participation will be required to complete an LOA.

Providers must sign and submit an LOA by **August 15, 2025.** Providers who do not submit an LOA will be removed from program participation within the measurement period.

## Medical Record Audits

All submissions are *subject* to an audit to verify the timely and comprehensive services of members included in Excel submissions and postpartum visits captured administratively.

- Within the measurement period, Partnership may request documentation to verify services rendered.
- Documentation must indicate that all required components outlined in the measure specification were addressed during the service, including a depression screening tool and score.
- Sites unable to demonstrate program compliance are subject to incentive reductions.

## Growing Together Perinatal Program

During FY 2025-26 Measurement Period, **ALL** eligible members submitted in the PQIP through Timely Prenatal Care attestation submissions will be automatically referred to Partnership's Growing Together Program (GTP). Through this program, Partnership members will receive additional health benefits and participation incentives including care coordination if they choose to enroll.

### PROGRAM OFFERINGS HIGHLIGHTED BELOW:

#### COORDINATION OF PERINATAL CARE

- Connection/referral to resources
- Perinatal mental health
- Postpartum support
- Member Incentive is offered for GTP participation

#### COORDINATION OF INFANT CARE

- Well-baby visits
- Access and utilization of Partnership services
- Immunizations
- Member Incentive is offered for GTP participation

#### EDUCATIONAL SUPPORT

- Prenatal immunizations
- Postpartum care
- Perinatal Mood Disorder (PMD)
- Well-baby visits
- Well-baby immunizations
- Diseases prevented
- Family planning
- Medi-Cal enrollment for baby

**NOTE:** *If after speaking to a member about the GTP the member would not like to be referred to a GTP Care Coordinator, the provider* is encouraged to send a SECURE email to PopHealthOutreach@partnershiphp.org to notify the Partnership's Population Health Team that the member has requested to OPT-OUT of the GTP. Emails should include the Partnership member's CIN number, first and last name, and date of birth.

## Perinatal QIP Timeline

The Perinatal QIP is a Fiscal Year (FY) Quality Incentive Program. The FY 2025-26 PQIP will run for 12 months starting: July 1, 2025, to June 30, 2026. Qualifying incentive payments are distributed ***by November 30, 2026***.

| TASK | DUE DATE |
|---|---|
| **Start of new measure period** | **July 1, 2025** |
| ***PQIP Provider Participants: Last day to meet eligibility requirements:**<br>• Submit signed Letter of Agreement (LOA) or amended LOA<br>***Only applies to providers who are new or rejoining (break in participation)*** | **August 15, 2025** |
| **Last day of measurement period** | **June 30, 2026** |
| **Last day to send proof of DataLink Contract and Successful Data Extraction** | **June 30, 2026** |
| **Last day to submit Prenatal Submissions** | **July 15, 2026** |
| **Final quarterly report (Preliminary Period)** | **First two weeks of October** |
| **Payment distributed for measurement period** | **November 30, 2026** |

## FY 2025-26 PQIP Summary of Measures

| Measure | Incentive Amount(s) | Documentation Source / Reporting |
|---|---|---|
| **Gateway Measure: Electronic Clinical Data System (ECDS) – DataLink Implementation** | N/A | DataLink Contract and Extracts |
| **Prenatal Immunization Status**<br>(Timely **Tdap** vaccine and Influenza vaccine) | $37.50<br>$12.50 | Partnership claims system **(must be provided & billed)** |
| **Timely Prenatal Care**<br>(**<14** weeks gestation) | $100 | Participating providers submit a **monthly** (by the 10th day following each reporting month) attestation template via SECURE email indicating services provided at reported visit. |
| **Prenatal Care - Depression Screening at First Prenatal Visit with Late Entry to Care**(**≥14** weeks gestation) | $25 | Participating providers submit a **monthly** (by the 10th day following each reporting month) attestation template via SECURE email indicating services provided at reported visit. |
| **Timely Postpartum Care**<br>2 visits: One (1) visit < 21 days after delivery, and one (1) visit between 22 and 84 days after delivery<br>*Min. of 10 visits**/10 members** required for incentive | $25 (1st visit)<br><br>$50 (2nd visit) | Partnership claims system **(must be provided & billed)** |
| **Monitoring Measure: Timely Comprehensive Assessments** | **None.** This measure is a monitoring only measure with no incentive amounts | Partnership will monitor the use of timely comprehensive assessments through claims data and potentially site audits. |

## Gateway Measure 1: Electronic Clinical Data Systems (ECDS) – DataLink Implementation

This measure supports the allowance of data exchange from provider Electronic Health Records to Partnership to capture clinical screenings, follow-up care and outcomes. ECDS participation is a vital component of furthering the quality of care for covered Partnership members. Note that NCQA is converting most hybrid measures to ECDS measures in the coming years. DHCS continues to make Partnership accountable for several ECDS measures; this process will continue to increase in emphasis and could potentially become a gateway measure to the Perinatal QIP. Partnership partnered with DataLink (a qualified HEDIS data aggregator) who can pull a much larger scope of measures than what is currently required for the Perinatal QIP.

### Measure Requirements

DataLink contracting was incentivized in the 2024-25 measurement year. In Measurement Year 2025-26 the ECDS measure is now a ***Gateway Measure*** requirement for perinatal providers to receive incentive dollars. The gateway measure is a multi-step data exchange process that involves a Dara Share Agreement or contract with DataLInk and successful extraction of data. Some providers may have completed this during the 2024-25 measurement year. However, if a perinatal provider did not complete a contract and implementation with DataLink during the 2024-25 measurement period, they must complete all ***Implementation Phases*** and ***Participation Requirement Steps*** by June 30, 2026, to be eligible for incentive payment in the 2025-26 measurement year.

**Implementation Phases:**

**Phase 1**: DataLink's Interoperability Specialist will coordinate outreach with providers to schedule Discovery Meetings with targeted providers. Discovery Meetings will be to discuss connectivity, benefits of the data extraction and the extraction process. Discovery meetings will include the QIP team, Partnership IT team and the DataLink team.

**Phase 2**: DataLink's Interoperability Specialist will work one-on-one with each practice to set up the Data Generation and Data Upload via sFTP

**Phase 3**: DataLink will parse and ingest the provider's Continuity of Care Documents (CCD) and create the output file for both quality and risk.

**Phase 4**: DataLink will deliver to Partnership via sFTP the output file for validation and processing.

### Participation Requirements

The ECDS measure includes a multi-step process. The process below must be followed for providers that did not contract with DataLink during the 2024-25 Measurement Year.

**Step 1**: Notify the PQIP team at perinatalqip@partnershiphp.org of your Parent Organization's intention to sign a contract/data share agreement with DataLink and include the following details:

- Name and email of your organization's assigned point of contact
- The name of your current EMR.
- How long have you been using your current EMR
- If recently transitioned to a new EMR, who was the previous EMR
- If there are any plans in the near future to transition to a new EMR vendor (within the next couple years) and if so, what new EMR vendor

**Step 2**: Request a copy of the DataLink contract by emailing perinatalqip@partnershiphp.org. After the contract is signed, please send the contract to the DataLink Legal Team and perinatalqip@partnershiphp.org.

**Step 3**: Once the contract is received and approved, DataLink team will then coordinate on-boarding meetings for all providers wanting to participate in the ECDS measure. Meetings will include the DataLink, HEDIS and QIP teams.

## Measure 2. Prenatal Immunization Status

The Advisory Committee on Immunization Practices (ACIP) recommend that all women who are pregnant or who might be pregnant in the upcoming influenza season receive influenza vaccines and at least one dose of Tdap during pregnancy[1]. The tetanus, diphtheria, acellular pertussis (Tdap) vaccine is a combination booster shot that protects adults, pregnant women, and newborns against three diseases: tetanus, diphtheria, and pertussis (or whooping cough). Since the number of antibodies from the vaccine decreases over time, getting it during the third trimester is the best way to help protect babies from whooping cough in the first few months of life. Nonetheless, there is some benefit to receiving the vaccine earlier in pregnancy over not receiving it all, and the recommended age range for the Tdap vaccine in Europe extends through the entire 2nd trimester. For this reason, Partnership will count vaccines given in the second trimester for the purposes of this incentive.

### Measure Summary

The number of women who had one dose of the tetanus, diphtheria, acellular pertussis vaccine (Tdap) within 30 weeks before delivery date and an influenza vaccine during their pregnancy (i.e. within 40 weeks of delivery date).

### Measurement Period

July 1, 2025 to June 30, 2026: Index period by which women with live births are identified.

### Specifications

Partnership will calculate the total number of women who had one dose of Tdap vaccine within 30 weeks before delivery by:

1) Identifying all women who delivered a live birth during the measurement period
2) Identifying Tdap codes billed for these women within 30 weeks before the delivery date Partnership will calculate the total number of women who had one dose of influenza during their pregnancy by:
3) Identifying Influenza vaccine codes billed for these women any within the 40 weeks before the delivery date

Providers are able to receive a financial incentive of $37.50 for each Tdap vaccination and $12.50 for each influenza vaccine administered, for a total potential $50 for each member who received both vaccinations.

### Codes Used

For delivery, Tdap, and Influenza codes, please refer to the code list. If vaccine information is unable to be billed to Partnership but has been entered into CAIR, Partnership will accept these members if providers send a SECURE email to the PQIP with member information (first name, last name, DOB, vaccine type (Tdap or Influenza) and date of administration.

## Reporting

No reporting necessary from providers. Data will be extracted from Partnership's claims system. Summary reports will be produced quarterly and emailed to providers to inform them of what has been received. Providers should expect to receive final statements and payments four (4) months after the end of the measurement period.

# Measure 3. Timely Prenatal Care (<14 weeks of Gestation)

Timely prenatal care has been proven to improve the health outcomes of pregnancy for mothers and their children. Increased access to care during pregnancy and childbirth can prevent pregnancy-related deaths and diseases. A pregnant woman's contact with her provider is more than a simple PCP visit because it establishes care and support throughout the pregnancy.[3]

## Measure Summary

Timely prenatal care services rendered to pregnant Partnership members in the first trimester, as defined as less than 14 weeks of gestation, or within 42 days of enrollment in the organization.

## Measurement Period

July 1, 2025 to June 30, 2026

## Specifications

Prenatal care visits to an OB/GYN or other perinatal care practitioner or PCP in the first trimester (less than 14 weeks of gestation, as documented in the medical record) will be eligible for the incentive payment.

All requirements performed during the visit and recorded in the EHR/MHR must be charted accordingly to qualify as a comprehensive and timely prenatal service.

For each submitted timely prenatal care visit, the submitting provider is **attesting** that a diagnosis of pregnancy is present and the completion of the following:

- A note indicating the date when prenatal care visits occurred
- Weight (lbs.) and blood pressure
- Documentation of estimated due date (EDD) and gestational age in weeks
- Comprehensive physical/obstetrical exam including weight, blood pressure AND *one* of the following:
    - Auscultation for fetal heart tone

    - Pelvic exam with obstetric observations
    - Measurement of fundus height (standardized prenatal flow sheet may be used)
    - Ultrasound
- Assessment of a complete medical and social history including but not limited to:
    - History of gestational diabetes
    - Use of drugs, alcohol, or tobacco during pregnancy
    - C-section prior to the pregnancy
    - Issues with previous pregnancy
- Depression screening using one of the approved tools

Providers can receive a $100 incentive for the first timely visit for each patient, with all required elements completed and *submitted on the monthly submission template. Components of care may occur in separate visits (i.e., telemedicine and in-person) but must occur within the required timeframe noted above and the results referenced in the timely face-to-face.*

## Reporting

For consideration of Measure 3, *Timely Prenatal Visit* and Measure 4, *Depression Screening at First Prenatal Visit*, practices are to submit the ***Partnership PQIP Submission Template*** *found here* under the Submission Templates header, **monthly (by the 10th day following each reporting month)**. Submissions should be emailed to Partnership by SECURE email to the Perinatal QIP team at perinatalqip@partnershiphp.org. All submitted attestation forms are subject to audit by Partnership. Submission templates must be complete, and missing data could result in a reduction of incentive dollars. Member submissions containing empty fields will not earn incentive credit.

Submission corrections must be sent in the monthly submission template and provide a written notice in the body of the submission email. Incomplete submissions will be returned for correction/resubmission. Upon notification, providers are required to resubmit a SECURE resubmission email within **five (5)** business days to: perinatalqip@partnershiphp.org.

HIPPA regulations require email exchanges containing member PHI to be sent using secure encryption. Submission templates must include:

- Member level information regarding clinical services of timely prenatal care occurring during the measurement year. **Detailed data requirements are outlined below**.
- All entry fields on the submission template must be complete for each member, including Partnership member's CIN, Expected Delivery Date (EDD), Date of Birth (DOB), correct spelling of members First Name and Last Name.

  Monthly submission shall consist of visits that are rollover dates of service from previous month or current month dates of service. No future dates are accepted.

Timely prenatal visit is comprehensive FIRST prenatal visit with a clinical provider of obstetrics services (MD/DO/CNM/LM/NP/PA-c) that occurs in the first trimester of the pregnancy or within 42 days of Partnership enrollment.

## Measure 4. Depression Screening at First Prenatal Visit (≥14 weeks Gestation)

Increased access to care during pregnancy and childbirth can prevent pregnancy-related deaths and diseases. Data needs for prenatal care should include data submitted for the first prenatal visit to include all visits, regardless of the timeliness, to enable calculation of rates, and to avoid missing appointments that do qualify by virtue of a change in MediCal status.

### Measure Summary

Prenatal care services rendered to pregnant Partnership members after the first trimester, defined as equal to or greater than 14 weeks of gestation that include documentation of depression screening.

### Measurement Period

July 1, 2025 to June 30, 2026

### Specifications

Prenatal care visits to an OB/GYN or other perinatal care practitioner or PCP after the first trimester (equal to or greater than 14 weeks of gestation, as documented in the medical record) will be eligible for the incentive payment. A diagnosis of pregnancy must be present.

All requirements performed during the visit and recorded in the EHR/MHR must be charted accordingly to qualify as a comprehensive and timely prenatal service.

For each submitted timely prenatal care visit, the submitting provider is **attesting** that a diagnosis of pregnancy is present and the completion of the following:

- A note indicating the date when the prenatal care visits occurred
- Weight (lbs.) and Blood Pressure
- Documentation of estimated due date (EDD) and gestational age in weeks
- Comprehensive physical/obstetrical exam including weight, blood pressure AND *one* of the following:
    - Auscultation for fetal heart tone
    - Pelvic exam with obstetric observations
    - Measurement of fundus height (standardized prenatal flow sheet may be used)
    - Ultrasound
- Assessment of a complete medical and social history including but not limited to:

    - History of gestational diabetes
    - Use of drugs, alcohol, or tobacco during pregnancy
    - C-section prior to the pregnancy
    - Issues with previous pregnancy
- Depression screening using one of the approved tools

Providers can receive a $25 incentive per patient entering care for the first time at ≥ 14 weeks gestation for which all the required elements above were completed (must include a depressions screening). Visits must be submitted on the monthly submission template. Components of care may occur in separate visits (i.e., telemedicine and in-person) but must occur within the required timeframe and the results referenced in the timely face to face.

## Measure 5. Timely Postpartum Care

Timely postpartum care is a measure of quality care and can contribute to healthier outcomes for women after delivery. The postpartum visit is an important opportunity to educate new mothers on expectations about motherhood, address concerns, and reinforces the importance of routine preventive health care.[2] The American College of Obstetricians and Gynecologists (ACOG) recommends that a timely postpartum visit be used to assess the health of the infant, mother's medical and psychological condition, breastfeeding, and contraceptive plan.[2]

Timely post-partum visits are comprehensive post-partum visit with a medical provider ONE visit from 7 days – 21 days post-partum and/or 22 – 84 days post-partum. A comprehensive visit includes relevant history and physical exam, lactation and family planning education with notation of any required follow up for complications noted or addressed during pregnancy.

### Measure Summary

Two timely postpartum care services rendered to Partnership members with one occurring within 21 days after delivery and the other occurring between 22 and 84 days after delivery.

### Measurement Period

April 8, 2025 to April 7, 2026: Index period by which women with live births are identified.

### Specifications

Two *timely* postpartum visits to an OB/GYN practitioner, midwife, family practitioner or PCP. One occurs within 21 days of delivery, and another between 22 and 84 days after delivery.

Partnership will calculate the total number of women who had a postpartum visit by:

1. Identifying all women who delivered a live birth between April 8, 2025 to April 7, 2026

2. Identifying postpartum visit codes billed for these women occurring within 21 days of the live birth date and occurring between 21 and 84 days after the live birth date.

While this will be captured by claims, documentation in the medical record must include a note indicating the date when a postpartum visit occurred and the following:

- Date of delivery and live birth confirmation
- A complete postpartum visit that includes all of the notation of the following:
    - Weight, blood pressure, and evaluation of the abdomen and breasts.
        - "Normal"/ "abnormal" components of medically necessary physical exam
        - Abdominal exam as: "normal" / "abnormal" or "not clinically indicated"
        - "Breastfeeding" is acceptable for the "evaluation of breasts."
- Depression screening using one of the approved tools at each visit
    - For a list of approved depression screenings, please refer to Appendix I.
- The provider also attests that the following evaluation occurred:
    - Evaluation of lactation (if breastfeeding)
    - Discussion of family planning

Financial Incentive of $25 = 1st postpartum visit/$50 for 2nd visit, totaling $75 per member.
A minimum of 10 visits must be completed for the incentive to apply.

## Codes Used

For delivery diagnosis, delivery procedure, Tdap codes, and influenza codes, please refer to the code list. Please contact perinatalqip@partnersiphp.org to receive a copy of the list.

## Reporting

Data will be extracted from Partnership's claims system. Summary reports will be produced quarterly and emailed to providers to inform them of what has been received. Providers should expect to receive final statements and payments by the end of November.

## Monitoring Measure 6. Timely Comprehensive Assessments

Partnership's vision is for members receiving perinatal care to be assessed as a whole person, which includes full psychosocial, nutrition, and behavioral health assessments. Conducting these assessments allows perinatal providers to employ early intervention strategies appropriate to the level of mental health and nutritional risks and social stressors that could negatively affect women's health and pregnancy. Performing these assessments can also help providers identify those members who need non-clinical behavioral health and nutritional education. When psychosocial risks are identified during pregnancy, this enables the provider and expectant mother to proactively plan for postpartum support services to address potential mental health concerns after delivery.

### Measure Summary

During the 2025- 26 Measurement year Partnership will be monitoring claims data looking for members receiving Comprehensive Health Assessment from the PHPS programs of psychosocial, nutrition and behavioral health assessment at the initiation of care, in each trimester and in the post-partum period.

This measure is a monitoring only measure, without any incentive dollars attached to the measure. It may be developed into an incentive measure in future years. Summary reports will be produced quarterly and emailed to providers to inform them of what has been received.

### Measurement Period

July 1, 2025 through June 30, 2026

### Reporting

There is no reporting from providers required. Data will be extracted from Partnership's claims system for the codes under Comprehensive Health Education Services that reflect initial and follow-up health education assessments, treatment and care plans.

### Measure Guidance

When monitoring claims, Partnership will be looking for the Z Codes noted below.
A typical coding scenario for a member who is seen in each trimester and postpartum, would be for Partnership to receive one (1) Z6402 code for the first prenatal visit, a minimum of two (2) Z6406 codes for follow-up visits and one (1) Z6414 code billed for an assessment postpartum.

**Providers should use the following Z Codes from the Comprehensive Health Ed Services category of Perinatal Services:**

**Z6402:** Initial health education assessment and development of care plan, individual initial 30 minutes.

**Z6406:** Follow-up antenatal psychosocial assessment/treatment/intervention, individual.

This code is billed in 15 minutes increments and can be used up to 72 times in pregnancy.

**Z6414:** Post partum health education assessment/treatment/intervention, individual.

# Appendix I

## TOOLS FOR DEPRESSION SCREENING

See ECDS documents for details on how to use this.

| **Instruments for Adolescents (12–17 years)** | |
|---|---|
| Tool | Positive Finding |
| Patient Health Questionnaire (PHQ-9)® | Total Score ≥5 |
| Patient Health Questionnaire Modified for Teens (PHQ-9M)® | Total Score ≥5 |
| PRIME MD-PHQ2® | Total Score ≥3 |
| Beck Depression Inventory-Fast Screen (BDI-FS)®* | Total Score ≥4 |
| Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) | Total Score ≥10 |
| Edinburgh Postnatal Depression Scale (EPDS) | Total Score ≥9 |
| PROMIS Depression | Total Score ≥52.5 |

| **Instruments for Adults (18+ years)** | |
|---|---|
| Tool | Positive Finding |
| Patient Health Questionnaire (PHQ-9)® | Total Score ≥5 |
| PRIME MD-PHQ2® | Total Score ≥3 |
| Beck Depression Inventory-Fast Screen (BDI-FS)®* | Total Score ≥4 |
| Beck Depression Inventory (BDI-II) | Total Score ≥14 |
| Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) | Total Score ≥10 |
| Edinburgh Postnatal Depression Scale (EPDS) | Total Score ≥9 |
| My Mood Monitor (M-3)® | Total Score ≥5 |
| PROMIS Depression | Total Score ≥52.5 |

## Works Cited


1. Centers for Disease Control and Prevention. (2016). National Center for Immunization and Respiratory Diseases (NCIRD): Division of Bacterial Diseases. Retrieved from: https://www.cdc.gov/features/Tdap-in-pregnancy

2. “Committee Opinion No. 666 Summary.” Obstetrics and Gynecology, vol. 127, no. 6, 2016, pp. 1192–1193. doi:10.1097/aog.0000000000001487.

3. World Health Organization. (2017). Sexual and Reproductive Health: New guidelines on antenatal care for a positive pregnancy experience. Retrieved from: http://www.who.int/reproductivehealth/en/