

MATERNAL IMMUNIZATION

— TASK FORCE —



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Call to Action: Obstetric Care Professionals Urge Recommended Vaccines during Pregnancy

Issued by the American Academy of Family Physicians; American College of Nurse-Midwives; American College of Obstetricians and Gynecologists; Association of Women's Health, Obstetric and Neonatal Nurses; The National Association of Nurse Practitioners in Women's Health; and the Society for Maternal-Fetal Medicine.

INTRODUCTION

Vaccines are an essential part of prenatal care, offering critical protection to pregnant people and their fetuses against potentially deadly diseases. Four vaccines are currently recommended during pregnancy: influenza; tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap); COVID-19; and respiratory syncytial virus (RSV).¹ These vaccines have demonstrated safety and efficacy profiles, leading to their recommendation during pregnancy. As professional organizations whose members care for pregnant people, we affirm the importance of recommending and advocating that pregnant people receive all recommended vaccines at the appropriate time during pregnancy. **The ongoing decrease in vaccination rates in this population calls for our urgent commitment** to discuss the evidence-based benefits of vaccinating pregnant people and enabling seamless access.

COVID-19

- COVID-19 continues to persist, causing widespread morbidity and mortality. Pregnant and recently pregnant individuals with COVID-19 are at increased risk of more severe illness compared with nonpregnant peers.²
- COVID-19 vaccination is recommended for everyone 6 months and older, including pregnant people and lactating adults, no sooner than 2 months after their last COVID-19 vaccine dose. There is no preferential recommendation for the use of any one COVID-19 vaccine over another.³
- COVID-19 vaccination during pregnancy has been found to reduce the risk of infant hospitalization with COVID-19.⁴ These findings emphasize the importance of COVID-19 vaccination during pregnancy to protect pregnant people and their babies from COVID-19.⁵
 - COVID-19 vaccine recommendations are likely to be updated annually, and our professional organizations will strive to update guidance as quickly as possible.

INFLUENZA

- Influenza can be a devastating disease for pregnant individuals because of the increased risk of fetal demise,⁶ preterm labor, and preterm birth.^{7,8} Influenza can also cause severe, life-threatening illness to pregnant people.^{9,10}



- In the United States, the influenza season typically lasts from October to May. The CDC recommends that all people who are, will, or could be pregnant during influenza season receive an influenza vaccine during any trimester.¹
- Influenza vaccination plays an important role in protecting pregnant people and their infants against serious, sometimes life-threatening, illness. Influenza vaccination during each pregnancy allows for the transfer of antibodies to the fetus, helping to protect babies against influenza before they can be vaccinated at 6 months.¹¹

PERTUSSIS

- Pertussis (whooping cough) can be a deadly infection for infants and children. Most cases occur in infants aged less than 2 months; babies in this age group account for 69% of pertussis deaths, with pertussis-related hospitalizations ranging from 262 to 743 each year.¹² Infants are not eligible for the first pertussis-containing vaccine until the age of 2 months.¹³
- Pregnant people should receive Tdap vaccine during each pregnancy, between 27 0/7 and 36 6/7 weeks of gestation.¹³
- Newborns are best protected if their birthing parent receives a Tdap vaccine during pregnancy. After vaccination, maternal antibodies are passed to the fetus, giving the infant a boost of protection at birth until they can receive their first pertussis-containing vaccine.^{14, 15}

RSV

- Respiratory syncytial virus is one of the most common causes of childhood respiratory illness and results in annual outbreaks of respiratory illnesses in all age groups.¹⁶
- A single dose of RSV vaccine (Abrysvo) for pregnant individuals between 32 0/7 and 36 6/7 weeks of gestation, using seasonal administration, is recommended to prevent RSV lower respiratory tract infection (LRTI) in infants.¹⁷
- For most of the United States, RSV season occurs from September through January. Respiratory syncytial virus vaccination is recommended for pregnant individuals from September through January. In jurisdictions with a seasonality that differs from most of the continental United States (eg, the territories, Hawaii, Alaska, and parts of Florida), health care professionals should follow state, local, or territorial guidance on the timing of administration.¹⁸
- A monoclonal antibody product (nirsevimab) is recommended for all infants aged younger than 8 months, born during—or entering—their first RSV season, whose birthing parent did not receive the RSV vaccine during pregnancy. Most newborns and infants will not need both maternal vaccination and monoclonal antibody administration. If the maternal RSV vaccine is not received during pregnancy, clinicians should also counsel new parents regarding monoclonal antibody as another safe and effective option for newborns.¹⁹
- It is not recommended that pregnant patients who received the maternal RSV vaccine during a previous pregnancy receive an additional dose during a subsequent pregnancy. However, their infants should receive nirsevimab to protect them against severe LRTI.¹⁹
- Counsel patients about the maternal RSV vaccine, Abrysvo, and the monoclonal antibody nirsevimab as safe and effective ways to prevent severe LRTI caused by RSV in infants.

COADMINISTRATION OF MATERNAL VACCINES

- It is critically important that pregnant patients receive all recommended vaccines. COVID-19, influenza, and RSV vaccines may be coadministered (given at the same visit) with each other and with other routine immunizations, like Tdap.
- It is recommended that clinicians discuss all vaccines recommended during pregnancy (COVID-19, influenza, Tdap, RSV) with their patients at their first prenatal encounter to plan for when patients are eligible to receive them and to reduce vaccine burden.

VACCINES FOR FAMILY AND CAREGIVERS

- Newborns do not yet have fully developed immune systems, making them particularly vulnerable to infections. For this reason, anyone who will be in contact with a newborn should be up to date on their vaccinations, including the Tdap vaccine, the influenza vaccine, and the COVID-19 vaccine. When family members and caregivers are up to date on their vaccines, they help form a circle of disease protection around the baby.²⁰

YOUR ROLE AND RESPONSIBILITIES

Collectively, the American Academy of Family Physicians; American College of Nurse-Midwives; American College of Obstetricians and Gynecologists; Association of Women's Health, Obstetric and Neonatal Nurses; National Association of Nurse Practitioners in Women's Health; and Society for Maternal-Fetal Medicine are deeply committed to improving immunization rates in pregnant individuals and urge health care professionals to commit to the following:

- Become knowledgeable on the safety and efficacy of vaccines during pregnancy and be comfortable communicating this information thoroughly to patients
- Become knowledgeable on motivational interviewing and understand the role that persistent structural racism and health inequities have in influencing pregnant people's trust towards information about maternal immunization and other recommendations
- Provide each pregnant person and their family with information and resources about maternal vaccines at their first prenatal visit, determine vaccines needed, and discuss the timing for each vaccine.
- Present vaccinations as a standard of care and strongly recommend all indicated vaccines during pregnancy as outlined above. Research indicates that some pregnant people did not feel their clinicians strongly recommended vaccines, which can affect adoption of the vaccine.²¹
- Ensure that office staff, including nurses, front office staff, and managers, deliver consistent messages about the importance of maternal vaccinations (including nurses, front office staff, managers, etc.)
- If a pregnant person declines vaccination, inquire about their reasons and provide resources addressing those reasons; reintroduce the discussion and offer the immunization at each office visit
- Stock, and ideally administer, recommended vaccines in their offices. When recommending vaccines not available in your office, ensure pregnant patients understand their importance, where to get them, and address any concerns about safety or availability. For more information on helping your patients locate vaccines, see [vaccine referral options](#).

- Provide a written patient-specific prescription. This will help your patients obtain the vaccine at another location where a prescription may be required.

You play a critical role in increasing vaccine uptake. A clinician's recommendation is the most important factor in a person's decision to receive a vaccine. Your message to the community should consistently emphasize the benefits of getting vaccinated, that getting vaccinated is the best step to preventing illness, and that the recommended vaccines are safe to receive during pregnancy.¹

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Maternal Immunization Resources

- ACNM – [Immunization Resources for Providers](#)
- AAFP – [Immunizations & Vaccines](#)
- AWHONN – [Vaccinations Save Lives](#)
- ACOG – [Physician Tools & Patient Resources](#)
- NPWH – [Maternal Immunization Toolkit](#)
- SMFM – [Vaccination Guide for Pregnancy](#)

This publication was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$375,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

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