

Vaccines in Pregnancy: What's Recommended and When?

Top Takeaways

- Routinely recommend 4 vaccines during pregnancy: Tdap, respiratory syncytial virus (RSV), influenza, and COVID-19.
- Screen for other vaccines which may be appropriate based on individual risk factors or history and that are safe to give during pregnancy (hepatitis B, etc).
- Avoid live vaccines (MMR, etc) in pregnancy due to theoretical risk to the fetus, and defer certain vaccines (HPV, etc) until after delivery.

You're in a prime position to **help ensure pregnant patients get the right vaccines at the right times.**

Use evidence-based recommendations such as the 2026 maternal immunization schedule from the American College of Obstetricians & Gynecologists (ACOG) and our table below to guide your discussions. And continue to follow your state law, standing order, etc.

Routinely recommend 4 vaccines during pregnancy: Tdap for pertussis protection...respiratory syncytial virus (RSV)...influenza...and COVID-19.

For Tdap, recommend 1 dose of Adacel or Boostrix between weeks 27 and 36 of EACH pregnancy...regardless of the time of year.

But for RSV, advise 1 dose of Abrysvo between 32 through 36 weeks of the FIRST eligible pregnancy only...usually September through January. Data on subsequent doses are still being evaluated. Avoid Arexvy and mResvia...they're NOT approved in pregnancy.

Explain that if mom delivers within 2 weeks after getting Abrysvo or if the dose was in a prior pregnancy, the baby should get an RSV monoclonal antibody (nirsevimab or clesrovimab) after birth. Clarify that an infant monoclonal antibody is also an option instead of maternal RSV vaccination...but most babies do NOT need both approaches for protection.

Continue to recommend an injectable flu vaccine and an updated COVID-19 vaccine, ideally in early fall for patients in ANY trimester. Evidence continues to demonstrate that this is safe...and also helps protect the infant who can't receive these vaccines until 6 months of age.

Screen for additional vaccines based on risks, vaccine history, etc.

For example, advise hepatitis B vaccine for pregnant patients not previously vaccinated. HepA, MenACWY, and pneumococcal may also be given if needed. No safety signals have been identified with these in pregnancy.

Generally defer vaccines with more limited data in pregnant patients. For instance, usually defer MenB until after pregnancy...unless benefits outweigh the risks. And delay recombinant zoster vaccine (Shingrix)...there's no recommendation for its use in pregnant patients.

HPV vaccines are also not recommended in pregnancy...even though evidence so far doesn't suggest harm. If a patient becomes pregnant after starting the series, delay the remaining doses until after pregnancy.

Avoid live vaccines (MMR, varicella, intranasal flu vaccine, etc). They're contraindicated in pregnancy...due to a theoretical risk of transmitting the vaccine virus to the fetus which could cause infection.

Also recommend that patients planning pregnancy wait at least 4 weeks after MMR or varicella vaccination before

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trying to get pregnant.

Explain that breastfeeding moms may safely receive all routine vaccines that are indicated...but the smallpox vaccine ACAM2000 and yellow fever vaccine YF-Vax should generally be avoided.

Refer to our vaccine-specific resources...*Tetanus Prevention and Vaccination*, *RSV Vaccines*, etc...for more guidance.

Vaccine Recommendations During Pregnancy	
Vaccine	General Recommendation
COVID-19	-Administer during any trimester of each pregnancy, ideally as soon as available
Hepatitis A	-May be given based on comorbidities or risk factors
Hepatitis B	-May be given based on comorbidities or risk factors; recommended if unvaccinated
HPV	-Not recommended in pregnancy
Influenza	-Administer inactivated or recombinant vaccine during any trimester of each pregnancy, ideally in the early fall
MenACWY	-May be given based on comorbidities or risk factors
MenB	-Should generally be deferred in pregnancy; may be given if benefits outweigh risks
MMR	-Contraindicated in pregnancy
Pneumococcal	-May be given based on comorbidities or risk factors
RSV	-Administer Abrysvo at 32-36 weeks of FIRST eligible pregnancy, usually Sep through Jan
Tdap	-Administer any Tdap product at 27-36 weeks of EACH pregnancy at any time of year
Varicella	-Contraindicated in pregnancy
Zoster (recombinant)	-No recommendation for use in pregnancy

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