

MATERNAL IMMUNIZATION

— TASK FORCE —

Comments to CDC Advisory Committee on The Importance of Guidance for Maternal and Infant Immunization

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Submitted on November 24, 2025, 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.

Maternal immunization continues to be the most effective way to reduce maternal, fetal, and infant complications from vaccine-preventable diseases, including COVID-19, flu, pertussis, RSV, and Hepatitis B. Protecting and expanding evidence-based vaccine recommendations during pregnancy and the postpartum period helps protect pregnant patients, their infants, their families, and their communities. The Advisory Committee on Immunization Practices (ACIP) has a history of and has been instrumental in providing evidence-based recommendations and guidance on vaccination during pregnancy, which the Maternal Immunization Task Force and other health care organizations use to inform clinical guidance for their members and patients.

As a body of professional organizations representing clinicians who care for pregnant patients, the Maternal Immunization Task Force strongly reaffirms the importance of recommending and advocating for *all* routinely recommended maternal vaccines and the hepatitis B vaccine at birth for all newborns. The proven safety and efficacy of these vaccines have led to their recommendation during pregnancy and after birth. Yet, the continued decline in vaccination rates among this population highlights a critical need: **a renewed commitment to educating the public and patients on the benefits of vaccination and removing barriers to access.**

COVID-19

- Pregnant patients have historically been at an increased risk of severe disease, adverse pregnancy outcomes, and maternal death from COVID-19 infections. All currently available COVID-19 vaccines are effective against new strains, providing seasonal protection for adults 18 and older by significantly **reducing severe illness, hospitalizations, and critical illness.**¹ COVID-19 vaccines are effective at reducing morbidity from COVID-19 complications in pregnant patients and their infants (measured by emergency department/urgent care encounters).² COVID-19 vaccine safety during pregnancy has been
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well established. There is no evidence of increased risk of negative maternal, pregnancy, or infant outcomes associated with vaccination.³

- Infants continue to be hospitalized for COVID-19 at higher rates than any age group except adults 75 and older.⁴ A recent study from the 2023–24 respiratory season showed a remarkable finding: almost 95 % of hospitalized infants were born to mothers who were unvaccinated during pregnancy.⁴ Vaccination during pregnancy is a proven way to help protect infants from this risk. Maternal vaccination provides passive immunity, protecting the baby from COVID-19 in their first few months of life before they are old enough to be vaccinated themselves. It also results in significantly greater and more persistent antibody levels in infants when compared to babies whose mothers had a COVID-19 infection without vaccination.

Influenza

- Influenza poses a significant risk to pregnant patients, leading to a higher risk of severe, life-threatening illness for the parent and serious complications for the fetus, including fetal demise, preterm labor, and preterm birth.^{5, 6} Influenza vaccination is a critical part of prenatal and postpartum care. National medical organizations recommend it as the safest and most effective way to prevent influenza infection, reduce severe maternal illness and death, and avoid obstetric complications.^{7,8,9}
- Influenza vaccination plays an important role in protecting both pregnant patients and their infants against serious, sometimes life-threatening, illness. Getting vaccinated during each pregnancy allows for the transfer of antibodies to the fetus. This helps protect infants from influenza during their first few months of life, before they can receive their own vaccine at six months of age.^{10, 11, 12, 13} Studies also have demonstrated a reduction in hospitalization related to influenza among infants born to women who received the vaccine during pregnancy.^{14, 15}

RSV

- Respiratory syncytial virus (RSV) is one of the most common causes of childhood respiratory illness. While it typically causes upper respiratory symptoms, it can progress to a serious lower respiratory tract infection (LRTI), leading to annual outbreaks of RSV in all age groups. Each year, an estimated 58,000 to 80,000 children under the age of five are hospitalized nationwide due to RSV infection.¹⁶ The highest hospitalization rate is seen in infants between 0 and 6 months of age, with some requiring oxygen, intravenous fluids, or mechanical ventilation. RSV also causes an estimated 100 to 300 deaths each year in the United States among children younger than five, with infants under six months of age being particularly vulnerable.¹⁷
- A single dose of Pfizer’s bivalent RSVpreF vaccine (Abrysvo) for pregnant patients from 32 0/7 through 36 6/7 weeks of gestation, using seasonal administration, is recommended to prevent RSV LRTI in infants.¹⁸ Getting vaccinated during pregnancy passes protective antibodies to the infant. These antibodies can last for up to six months, protecting the infant during the period when they are at the highest risk of severe RSV infection.

Tetanus, Diphtheria, and Pertussis (Tdap)

- The overwhelming majority of morbidity and mortality attributable to pertussis infection occurs in infants who are 3 months and younger. Infants do not begin their own vaccine series against pertussis until approximately 2 months of age. This leaves a window of significant vulnerability for infants, many of whom contract serious pertussis infections from family members and caregivers, especially their mothers, or older siblings, or both.¹⁹⁻²³ A growing body of extensive data confirms the safety of vaccinating pregnant patients with non-live vaccines, showing no evidence of adverse fetal effects.
- In 2013, the Advisory Committee on Immunization Practices published its updated recommendation that a dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine should be administered during each pregnancy, irrespective of the prior history of receiving Tdap vaccine. The recommended timing for maternal Tdap vaccination is between 27 weeks and 36 weeks of gestation. To maximize the maternal antibody response and passive antibody transfer and levels in the newborn, vaccination as early as possible in the 27–36-weeks-of-gestation window is recommended. However, the Tdap vaccine may be safely given at any time during pregnancy if needed for wound management, pertussis outbreaks, or other extenuating circumstances.²⁴

Hepatitis B Birth Dose

- The most common cause of perinatal hepatitis B infection is transmission from a pregnant patient to their infant during birth. This can be prevented if the infant receives post-exposure immunoprophylaxis – the hepatitis B birth dose and hepatitis B immune globulin (HBIG)—within 12 hours of birth.²⁵ In 2021, an estimated 17,827 infants were born to people with hepatitis B in the United States, representing nearly 0.5% of all births.²⁶ If left untreated, the risk of chronic infection is high: approximately 90% of infants and 30% of children between ages 1–5 who are infected will develop a chronic infection. The hepatitis B vaccine has been extensively tested for safety and efficacy. When administered within 24 hours of birth, it is highly effective at preventing newborn infection.
- Leading health organizations recommend that all healthcare professionals protect newborns from hepatitis B virus (HBV) infection by administering the first dose of the hepatitis B vaccine to every infant at birth, before hospital discharge.²⁷ This birth dose provides a critical safety net, protecting infants from acquiring a potentially serious infection at the time of birth.

Concerns have been raised that some healthcare professionals face barriers to accessing COVID-19 booster vaccinations, particularly if they fall outside of current Food and Drug Administration (FDA) eligibility criteria. While rigorous infection control measures and personal protective equipment are essential in clinical settings, healthcare professionals remain at risk of SARS-CoV-2 infection from both occupational and community exposures.²⁸ Vaccination continues to play a critical role in minimizing this risk. Healthcare professionals are a priority for vaccination due to ongoing occupational exposure risks, the need to maintain healthcare system capacity, the potential for transmission from infected workers to vulnerable patient populations, and the opportunity to serve as a powerful example for their communities, promoting trust in science and public health initiatives. **The Maternal Immunization Task Force strongly affirms that all healthcare professionals should have access to COVID-19 vaccines.** When vaccinated, they also directly protect the pregnant patients and infants in their care who are highly susceptible to severe COVID-19.

The health and safety of our patients rely on our ability to provide the most up-to-date and clinically accurate information on disease prevention strategies. The Maternal Immunization Task Force **strongly urges the ACIP to continue to review clinical data and disseminate information regarding maternal immunization and immunization for infants, which is grounded in scientific rigor and supported by medical evidence. This allows for shared decision making guided by evidence-based information between the clinician and the patients and their families.** The United States has made significant progress in reducing chronic hepatitis B. This success is largely attributed to the hepatitis B birth dose and the completion of the infant vaccination series. Eliminating the birth dose would reverse this progress, leading to an increase in cases of perinatally acquired hepatitis B and other hepatitis B infections in childhood.

It is important to note that routine vaccine recommendations do not negate the need for shared decision making. This process is critical for pregnant patients considering health decisions that may affect them and their infants. Shared decision making in maternal immunization can improve vaccine confidence, address vaccine risk and benefit perceptions, and build trust in evidence-based medicine. With physician support, pregnant patients should feel empowered to make informed decisions about their health and the health of their babies, including immunization.

Vaccines are the most efficacious public health tool available in preventing infectious diseases and their related adverse maternal, fetal, and infant health outcomes. Maternal Immunization Task Force members ACOG; the American Academy of Family Physicians; the American College of Nurse-Midwives; the 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, along with other partner medical societies, will continue to protect and uphold our recommendations for routine maternal and infant immunization.

American Academy of Family Physicians

Association of Women's Health, Obstetric and Neonatal Nurses

American College of Nurse-Midwives

The National Association of Nurse Practitioners in Women's Health

American College of Obstetricians and Gynecologists

The Society for Maternal-Fetal Medicine

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](#)

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