

MATERNAL IMMUNIZATION

—Task Force—



MATERNAL IMMUNIZATION

— TASK FORCE —

Comments to CDC Advisory Committee on Immunization Practices

Importance of Maternal Immunization

Submitted on June 20, 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, RSV, Tdap. Protecting and preserving evidence-based vaccine recommendations during pregnancy and the postpartum period can help protect pregnant patients, their infants, and their families. The Advisory Committee on Immunization Practices (ACIP) 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 people, the Maternal Immunization Task Force reaffirms the importance of recommending and advocating for COVID-19 vaccination during pregnancy. Infection with COVID-19 during pregnancy is associated with an increased risk of maternal and infant hospitalization.^{1,2,3} It also increases the risk of several pregnancy-related complications, including preeclampsia, eclampsia, blood clots, and premature delivery.^{3,4} Neonatal outcomes linked to COVID-19 infection during pregnancy include low birthweight; stillbirth; respiratory distress; and, in rare cases, vertical transmission.^{4,5,6} COVID-19-related complications tend to be more severe in pregnant patients with particular comorbidities, such as hypertension, obesity, and certain socioeconomic risk factors.^{7,8} These pregnant patients may face considerable barriers to achieving optimal health due to social, economic, or environmental inequities.

Now more than ever, it's critical to continue to recommend the routine administration of COVID-19 vaccines during pregnancy. Vaccine uptake data since the onset of the COVID-19 pandemic have consistently demonstrated that mRNA vaccines are safe and effective when given during pregnancy. Substantial scientific evidence continues to favor vaccination during pregnancy as the best way to prevent severe illness; extend protection to the pregnant patient, the fetus, the growing family, and the community; and strengthen immunization as a critical component of maternal care.

The public health and safety of our patients rely on our ability to provide the most up-to-date and clinically accurate information on disease prevention options. The Maternal Immunization Task Force strongly urges the ACIP to continue to review clinical data and disseminate information supported by medical evidence regarding maternal immunization to inform shared decision making with patients and their families.

It is important to note that routine recommendation does not negate the need for shared decision making. This process is critical for pregnant patients considering health decisions that may affect them and their fetuses. Shared decision making in maternal immunization can improve vaccine confidence, address perceived benefits and risks of vaccines, and build trust in evidence-based medicine. With the support of their physician, the pregnant patient should be empowered to make informed decisions for their health, 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 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](#)

References

1. Wang H, Li N, Sun C, et al. The association between pregnancy and COVID-19: A systematic review and meta-analysis. *The American Journal of Emergency Medicine*. 2022; 56:188. doi: 10.1016/j.ajem.2022.03.060.
2. Allotey J, Fernandez S, Bonet M, et al. Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis. *BMJ*. 2020.
3. Lassi ZS, Ana A, Das JK, et al. A systematic review and meta-analysis of data on pregnant women with confirmed COVID-19: Clinical presentation, and pregnancy and perinatal outcomes based on COVID-19 severity. *J Glob Health*. 2021;11. doi: 10.7189/jogh.11.05018.
4. Abbasi F, Movahedi M, Seresht LM, et al. COVID-19's Effect in Pregnancy and Vertical Transmission: A Systematic Review. *International Journal of Preventive Medicine*. 2024;15. doi: 10.4103/ijpvm.ijpvm_245_23.
5. Palaska E, Golia E, Zacharogianni E, et al. RISK OF TRANSMISSION OF COVID-19 FROM THE MOTHER TO THE FOETUS: A SYSTEMATIC REVIEW.
6. Cannarella R, Kaiyal R, Marino M, La Vignera S, Calogero AE. Impact of COVID-19 on Fetal Outcomes in Pregnant Women: A Systematic Review and Meta-Analysis. *JPM*. 2023;13(9). doi: 10.3390/jpm13091337.
7. Lastinger J, Gerich J, Beham-Rabanser M, et al. Socioeconomic status as a risk factor for SARS-CoV-2 infection in pregnant women. *Journal of Perinatal Medicine*. 2024;52(8):817. doi: 10.1515/jpm-2024-0235.
8. Smith ER, Oakley E, Gargi, et al. Clinical risk factors of adverse outcomes among women with COVID-19 in the pregnancy and postpartum period: a sequential, prospective meta-analysis.