2025-26 Respiratory Season Guidelines

ACOG
American College of Obstetricians & Gynecologists

THE MATERNAL IMMUNIZATION TASK FORCE

ACOG

AMERICAN ACADEMY OF FAMILY PHYSICIANS

AMERICAN COLLEGE of NURSE-MIDWIVES

AWHONN
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

NPWH The National Association of NURSE PRACTITIONERS in WOMEN'S HEALTH

Society for Maternal-Fetal Medicine
High-risk pregnancy experts

ACOG continues to actively support and recommend **flu**, **COVID-19**, and **RSV** vaccines for pregnant people.

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ACOG CLINICAL GUIDANCE

Practice Advisory: COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care

- COVID-19 **FAQs** for Obstetrician-Gynecologists, Obstetrics

Practice Advisory: Influenza in Pregnancy: Prevention and Treatment

- Influenza **FAQs** for Obstetrician–Gynecologists

Practice Advisory: Maternal Respiratory Syncytial Virus Vaccination

- **FAQs**: Maternal RSV Vaccination

WHY VACCINATE AGAINST INFLUENZA?

Pregnant and postpartum individuals are at significantly higher risk of serious complications related to seasonal and pandemic influenza infections compared with nonpregnant people. Infants aged less than 6 months are not yet eligible for influenza vaccination, and they depend on transplacental transfer of maternal antibodies for protection.

BENEFITS OF VACCINATING

- Safely protects pregnant people and newborns against influenza illness and complications
- Reduces hospitalization among infants born to women who received the vaccine during pregnancy[1,2]

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[1] Black 2004 [2] Benowitz 2010

WHY VACCINATE AGAINST COVID-19?

Pregnant individuals and infants aged less than 6 months are at an increased risk of adverse outcomes from COVID-19 infections. Infants aged less than 6 months are not yet eligible for COVID-19 vaccination, and they depend on transplacental transfer of maternal antibodies for protection.

RISKS OF NOT VACCINATING

- Infants hospitalized at higher rates than all age groups except >75 years[1]
- <5% of infants hospitalized had moms who were vaccinated[1]

BENEFITS OF VACCINATING

- Reduces COVID-19 hospitalization in the infant in the first 6 months of life[2,3]
- Reduces morbidity from COVID-19 complications in pregnant people and infants[4]

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[1] Havers 2024 [2] Halasa 2022 MMWR [3] Cardemil 2024 [4] Ciesla 2024

WHY VACCINATE AGAINST RSV?

Respiratory syncytial virus is one of the most common causes of childhood respiratory illness. An estimated 58,000–80,000 children under age 5 years are hospitalized each year nationwide because of RSV infection.

Monoclonal antibody – Nirsevimab or Clesrovimab – is also available for newborns as an alternative to the maternal vaccine.

RISKS OF NOT VACCINATING

Hospitalization rate is highest among infants 0–6 months of age[1]

Annually, 100–300 children <5 years, particularly if <6 months, die from RSV in the U.S.[2]

Leads to complications such as secondary bacterial infections and long-term respiratory illness

BENEFITS OF VACCINATING

Abrysvo reduced the risk of severe LRTI in infants by 81.8% within 90 days after birth, and 69.4% within 180 days after birth[3]

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[1] CDC 2025 [2] Jones 2023 [3] AAP 2014

VACCINE INTEGRITY PROJECT

Independent, expert review of recently published body of publicly available data concerning vaccine safety and efficacy for COVID-19, influenza, and RSV.

Results of this review also reaffirmed the safety and efficacy of all three vaccines.

ACOG and other medical societies joining together to increase dissemination of each society's respiratory vaccine guidelines and clarify evidence-based guidance versus HHS.

TIMING

Summary of Routinely Recommended Maternal Vaccines

Vaccine	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Tdap	Can be administered at any time											
COVID-19		Administer as soon as available		However, can be administered anytime of the year to eligible individuals								
Influenza		Ideally administer early fall		However, can be administered anytime while the virus is circulating								
RSV		Administer September through January in most of the continental U.S.*										

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ADMINISTRATION

COVID-19 Vaccine

- **Vaccine Product:** Any COVID-19 vaccine product may be administered.
- **Schedule:** Vaccination may occur in any trimester, and emphasis should be on vaccine receipt as soon as possible to maximize maternal and fetal health.

Influenza Vaccine

- **Vaccine Product:** Only administer inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) products.
- **Schedule:** Administer a dose of IIV or RIV to people who are pregnant during any trimester or will be pregnant during influenza season.

RSV Vaccine

- **Vaccine Product:** Only administer Pfizer's RSV vaccine (Abrysvo). Approved for one-time use only. For subsequent pregnancies, infant should receive monoclonal antibody.
- **Schedule:** Administer a dose of RSV (Abrysvo, Pfizer) only between 32 through 36 weeks of gestation during September through January in most of the continental United States if the patient was not previously vaccinated.

CO-ADMINISTRATION

COVID-19, influenza, and RSV **vaccines may be co-administered** (given at the same visit) with each other and with other routine immunizations, like Tdap.

- Co-administration is especially important for patients with risk factors or if there might not be an opportunity to vaccinate the patient in the near future.

Patients may experience more side effects, like fever and fatigue, however, side effects are usually mild/moderate and last 1-2 days.

If the patient prefers to receive these vaccines during different visits, there is no minimum wait period between these vaccines.

RSV VACCINE AND MONOCLONAL ANTIBODY

	Protection During Pregnancy *with the Maternal RSV Vaccine*	**Protection After Birth** *with the Monoclonal Antibody*
When	• One dose if you are 32 to 36 weeks pregnant from September through January	• One dose for babies born during their first RSV season, October through March
How it Works	• Creates antibodies that pass to baby during pregnancy	• Gives lab-made antibodies directly to babies
Benefits	• Provides immediate protection after birth • 7 in 10 babies protected from serious RSV illness • 6 in 10 babies <6 months protected from needing a hospital stay • Can be co-administered with other vaccines • One less shot for baby after birth	• May provide longer lasting protection than vaccine • Baby gets antibodies directly • 8 in 10 babies less likely to visit doctor for RSV-related illness • 8 in 10 babies less likely to need hospital stay during RSV season

DOCUMENTATION

Document receipt of all vaccinations administered to (and declined by) your pregnant patients.

- This is particularly important for maternal RSV vaccination because most infants of mothers who received the maternal RSV vaccine are not recommended to receive Nirsevimab or Clesrovimab.

Document high-risk medical conditions.

- This is particularly important as COVID-19 vaccines are only available to those with qualifying health conditions and/or risk factors.

Document in:
- Immunization Information Systems
- Electronic Health Records
- Written documentation to give to patient

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PREPARE YOUR CLINICS

Ordering and offering immunizations in your clinics is one of the most powerful ways to improve vaccine confidence and increase immunization rates.

- Convenience is a top reason for patient acceptance.
- Offering in clinic reduces missed opportunities for immunization.

It is also important to **educate all clinical providers and staff** on vaccine indications and appropriate documentation.

ACCESS TO COVID-19 VACCINES

If not able to stock and administer onsite:

- **Provide patients with a prescription** to receive the vaccine at their local pharmacy
- **Advise patients to inform the pharmacy they are pregnant** since this is a high-risk condition that qualifies them for vaccination, as pharmacists may not have access to this information.
- **Tell patients to check with their local pharmacy about availability and access**.
- **Confirm insurance coverage** (both patient and clinician) close to the time of vaccine administration to ensure updated policies.
- **If you are facing institutional barriers to vaccine administration or prescriptions**, including concerns about liability, encourage your institution to maintain or increase vaccine availability consistent with ACOG's recommendations and patient choice.

VACCINATION RESOURCES

RESOURCES FROM THE TASK FORCE

AAFP

ACNM

ACOG

AWHONN

NPWH

SMFM

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