



POSITION STATEMENT

Immunization During Pregnancy and the Postpartum Period

The American College of Nurse-Midwives (ACNM) affirms that all women and families should have access to accurate, evidence-based information regarding the role of immunization in the prevention of disease so they can make informed choices about the use of vaccinations. ACNM actively endorses programs that support access to safe and affordable immunizations and affirms that it is the role of the certified nurse-midwife (CNM) and certified midwife (CM) to

- Assess the immunization status of all women during pregnancy and the postpartum period.
- Recommend that all pregnant women be immunized with the inactivated influenza vaccine and the tetanus, diphtheria, and pertussis (Tdap) vaccine with each pregnancy.¹⁻⁵
- Assess the risk of pregnant women for acquiring hepatitis B and vaccinate those at risk, including those who have had more than 1 sex partner or have been evaluated or treated for a sexually transmitted infection during the previous 6 months, those with recent or current injection drug use, and those who have or had a sex partner who tested positive for the hepatitis B antigen (HBsAg).¹
- Counsel women regarding vaccines that are safe during breastfeeding, including Tdap; hepatitis B; influenza; measles, mumps, and rubella (MMR); varicella; meningococcal, and inactivated polio.⁶
- During the postpartum period, recommend the MMR vaccine if the woman is rubella non-immune, the Tdap vaccine if the woman was not immunized during the pregnancy, and the influenza vaccine according to seasonal indications.
- Advise that any adults who will be around newborns frequently, such as partners, grandparents, older siblings, and babysitters, be vaccinated against pertussis.³
- Provide current information regarding the control of communicable diseases by vaccination, the risks and benefits of immunization, and current infant and adult immunization guidelines from the Centers for Disease Control and Prevention (CDC).^{7,8}
- Offer immunizations in the clinical setting when feasible⁹ and provide CDC vaccine information statements.¹⁰ When it is not feasible to offer immunizations, provide a list of locations at which immunizations are available in the community.
- Maintain current knowledge of evidence-based information regarding the risks and benefits of available vaccines.

ACNM endorses use of the evidence-based recommendations and guidelines from the CDC Advisory Committee on Immunization Practices regarding the administration of vaccinations in pregnancy and the prevention of communicable diseases.

Background

If a woman is vaccinated during pregnancy, she passes antibodies to the fetus. After birth, the neonate has passive immunity for the first few months of life, but this immunity decreases over time. Clinical safety studies have been conducted for decades on the safety of immunization during pregnancy, which protects the mother, fetus, and newborn. Breastfeeding passes some immunity to the newborn for diseases for which the mother has developed antibodies.^{1,3,4}

Seasonal influenza can cause severe illness in pregnant women because of the changes in immune, respiratory, and metabolic responses caused by pregnancy.¹¹ Exposure to influenza may cause intrauterine fetal demise¹², and fetuses may be born preterm or small for gestational age.¹³ For fetuses exposed to influenza-like illnesses, links have been established to the development of childhood leukemia, Parkinson's disease, schizophrenia, and bipolar disorder.¹⁴ The inactivated influenza vaccine can be given safely in any trimester, and women are encouraged to get it as early as possible during the pregnancy.^{5,15-19}

Pertussis (whooping cough) is a highly contagious bacterial infection that has seen a recent resurgence in the United States. Only 1,010 cases were reported in 1976.²⁰ During 2012, 48,277 cases of pertussis were reported to the CDC, the most since 1955, including 20 pertussis-related deaths. Most of these deaths occurred in infants younger than 3 months.²¹ The current recommendation is to immunize children at 2 months of age.²² When the vaccine is administered in the third trimester of pregnancy, immunity crosses the placenta, and the newborn is protected from infection for a few months after birth. Immunity wanes quickly; therefore, it is recommended that a woman be vaccinated as early as possible in the third trimester of every pregnancy and not before pregnancy.^{1,23-28}

Hepatitis B is a virus acquired through blood and sexual contact. It infects the liver and can lead to liver cancer. If a woman acquires the virus during pregnancy, her fetus has a high likelihood of being chronically infected and for developing severe liver disease.²⁸ Routine immunization of newborns in the United States against hepatitis B began decades ago, but only half of all newborns received their birth dose of the vaccine in 2004.²⁵ Hepatitis B vaccination is not routine in many other countries where the disease is endemic. Immunizing pregnant women against hepatitis B has been shown to be safe,²⁸ but has not been recommended for at-risk women until recently.¹

ACNM recognizes the crucial role of midwives in improving the health of our nation and the world by actively promoting immunizations for the families to whom they provide care.

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Note. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB).

Source: Division of Standards and Practice
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