

POSITION STATEMENT

Immunization Throughout the Life Course Including in Pregnancy and Postpartum

The American College of Nurse-Midwives (ACNM) affirms that all individuals and families should have access to accurate, evidence-based information regarding the role of immunizations in the prevention of disease to make informed choices about the use of vaccinations for themselves and their families. Although ACNM respects the rights of individuals to make their own choices regarding immunization, the organization actively endorses the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices¹ recommendations and guidelines on evidence-based practice in the administration of vaccinations throughout the life-course for the prevention of communicable diseases, including before and during pregnancy. Midwives should offer immunizations in clinical settings when feasible and provide CDC Vaccine Information Statements.² When it is not feasible to offer immunizations in the clinical setting, certified nurse-midwives (CNMs)/certified midwives (CMs) should provide a list of locations where immunizations are available in the community. Midwives should also maintain current knowledge of evidence-based information regarding the risks and benefits of available vaccines.

ACNM supports the inclusion of pregnant people in vaccine research and acknowledges the historical exclusion which may lead to the perpetuation of misinformation on vaccination safety in pregnancy and during lactation. The exclusion of pregnant and lactating people from vaccine research puts them at risk for disease.^{1,3}

ACNM also acknowledges that structural racism and distrust influence vaccine hesitancy and under-vaccination in communities of color.⁴ ACNM is committed to overcoming historical inequities and engaging Black, Indigenous, and people of color in shared decision-making to support optimal healthcare outcomes.

ACNM affirms that the midwife's role is to support the following recommendations.

Recommendations for immunization:

- Assess the immunization status of all individuals throughout the life-course, ensuring they have adequate information and access to essential vaccinations.
- Make vaccination recommendations by determining the needed vaccines by age, medical conditions and other indications. Midwives should review special situations, contraindications and precautions to vaccination.

- Midwives should review CDC recommended immunization schedule by age and maintain updated protocols and policies around vaccine recommendations.
- ACNM endorses the vaccine recommendations for individuals as described by the [CDC](https://www.cdc.gov/vaccines/schedules/index.html):⁵ <https://www.cdc.gov/vaccines/schedules/index.html>.

Recommendations around pregnant, postpartum, and lactating individuals:

- Midwives should assess the immunization status of all individuals prior to pregnancy, during gestation, and during postpartum, and counsel appropriately according to status and risk.
- **Vaccine recommendations for all individuals that are planning on or currently are pregnant:**⁶
 - Influenza: 1 dose of inactivated influenza vaccine at any gestational age
 - COVID-19: at any gestational age during pregnancy per CDC recommendations⁷
 - Tetanus, diphtheria, and pertussis (Tdap): 1 dose between 27 and 36 weeks of gestation with every pregnancy
 - Respiratory syncytial virus (RSV): between 32 and 36 weeks of gestation if birth will occur during RSV season
- Pregnant people should be assessed for hepatitis B surface antibody (HBsAg) and offered vaccination during pregnancy at any gestational age following CDC schedule if non-immune.⁸
- All pregnant people should be tested for HBsAg during each pregnancy and those testing positive should be tested for hepatitis B virus (HBV) DNA. If a pregnant person is infected, HBV transmission to the infant can be prevented by providing hepatitis B immune globulin (HBIG) and hepatitis B vaccine (in separate limbs) to the infant within 12 hours after birth, followed by the completion of the 3-dose vaccine series.⁹
- Midwives should provide information and counseling about infant immunization guidelines.
- Postpartum people should be offered vaccination in the immediate postpartum period if immunologic testing during pregnancy revealed lack of immunity, i.e. varicella and rubella, to prevent future pregnancy risk of congenital disease.
- Vaccination with inactivated or live-virus vaccines is considered safe during lactation and for the newborn, except for smallpox and yellow fever vaccines.¹⁰

Vaccination during pregnancy can prevent severe illness in the pregnant person, provide passive immunity to the fetus for disease prevention in the newborn, and prevent infections in the parent to decrease transmission to the newborn. Clinical safety studies have been conducted for decades on the safety of vaccines and pregnancy. Immunization during pregnancy protects the parturient, the fetus, and the newborn, but this immunity decreases over time in the newborn. Human milk feeding also gives immunity to the newborn for diseases against which the parent has developed

antibodies. However, all infants should receive immunizations according to the CDC's child immunization schedule.⁹

Addressing vaccine hesitancy

Having conversations about immunization requires acknowledging the breadth of information that is available to individuals after the COVID-19 pandemic and the rise in vaccine hesitancy. The spread of myths and misinformation places communities and individuals at risk for preventable communicable diseases. The midwifery model of care relies on building trust through client centered care. The principles and philosophy of midwifery are a starting point for recognizing the importance of personal preference, informed and shared decision-making, and the capacity of individuals to make healthcare choices. Midwives are in a unique position to enable families to make powerful choices by addressing concerns and framing conversations in positive ways. The CDC and partners in the Maternal Immunization Task Force have developed campaigns and continuing education modules for midwives to learn skills for addressing vaccine hesitancy. ACNM encourages midwives to educate themselves on how to use motivational interviewing and discuss vaccines in ways that are respectful and scientifically correct.¹¹⁻¹⁴

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 midwives provide care.

References

1. Centers for Disease Control. Advisory committee on immunization practices (ACIP) . Published August 7, 2023. Accessed January 15, 2024. <https://www.cdc.gov/vaccines/acip/index.html>
2. Centers for Disease Control and Prevention. Vaccine information statements (VISs). Published December 7, 2023. Accessed April 28, 2024. <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>
3. Society for Maternal Fetal Medicine. SMFM call for research in pregnant participants. https://s3.amazonaws.com/cdn.smfm.org/media/2329/COVID_Industry_Research.pdf. Published online April 22, 2020.
4. Richard-Eaglin A, McFarland ML. Applying cultural intelligence to improve vaccine hesitancy among Black, Indigenous, and People of Color. *Nurs Clin North Am*. 2022;57(3):421-431. doi:10.1016/j.cnur.2022.04.008
5. Centers for Disease Control. Adult immunization schedule-healthcare providers. Published June 9, 2023. Accessed January 15, 2024. <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
6. Centers for Disease Control. Pregnancy guidelines and recommendations by vaccine . Published April 25, 2023. Accessed January 15, 2024. <https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/guidelines.html>

7. Centers for Disease Control. Clinical guidance for COVID-19 vaccination. Published June 14, 2023. Accessed January 15, 2024. <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html>
8. Centers for Disease Control. Overview of HIV, Viral Hepatitis, STD, & TB during pregnancy. Published August 11, 2022. Accessed January 15, 2024. <https://www.cdc.gov/nchhstp/pregnancy/overview.html>
9. Center for Disease Control and Prevention. Child and adolescent immunization schedule by age recommendations for ages 18 years or younger, United States, 2024. Published November 16, 2023. Accessed April 28, 2024. <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>
10. Centers for Disease Control. Vaccination safety for breastfeeding mothers. Published May 2, 2023. Accessed January 15, 2024. <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/vaccinations.html>
11. Centers for Disease Control. Vaccine confidence training and tool kit. Published August 8, 2023. Accessed January 15, 2024. <https://www.acog.org/covid-19/vaccine-confidence-champion-network/training>
12. Centers for Disease Control. Vaccine guide for pregnancy. High risk pregnancy information. Published August 8, 2023. <https://www.highriskpregnancyinfo.org/vaccine-guide-for-pregnancy-2023>
13. Centers for Disease Control. Vaccinate with confidence. Published October 30, 2019. Accessed January 15, 2024. <https://www.cdc.gov/vaccines/partners/vaccinate-with-confidence.html>
14. Tuckerman J, Kaufman J, Danchin M. Effective approaches to combat vaccine hesitancy. *Pediatric Infectious Disease Journal*. 2022;41(5):e243-e245. doi:10.1097/INF.0000000000003499

Note. Midwifery as used throughout this document refers to the practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

Source: Division of Standards and Practice
Approved Board of Directors: September 1993
Revised: February 2002, May 2007, December 2011
Updated: December 2013, December 2017
Revised: March 2024