
POSITION STATEMENT

Immunization 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 so they can 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)'s Advisory Committee on Immunization Practices (ACIP) recommendations and guidelines on evidence-based practice in the administration of vaccinations in pregnancy and prevention of communicable diseases. Further, ACNM affirms that it is the role of the certified nurse-midwife (CNM)/certified midwife (CM) to do the following:

- Assess the immunization status of all pregnant and postpartum individuals.
- Recommend that all pregnant people be immunized with the inactivated influenza vaccine and the tetanus, diphtheria, and pertussis (Tdap) vaccine with each pregnancy.¹⁻⁵
- Assess risk for acquiring hepatitis B and vaccinate pregnant individuals who are at risk, including those who have had more than one sex partner during the previous 6 months, have been evaluated or treated for a sexually transmitted infection, had recent or current injection drug use, or have or had a sex partner who is positive for the hepatitis B antigen.¹
- Recommend that, after pregnancy, people who are not immune to rubella receive a postpartum measles, mumps, and rubella (MMR) vaccination, as well as the influenza vaccine, according to seasonal indications.
- Counsel individuals regarding vaccines that are safe while breast/chestfeeding, including Tdap, hepatitis B virus, influenza virus, MMR, varicella virus, meningococcal, and inactivated poliovirus.⁶
- Provide current information regarding the control of communicable diseases by vaccination, the risks and benefits of immunizations, and current infant and adult immunization guidelines from the CDC ACIP.^{7,8}
- Offer immunizations in the clinical setting when feasible and provide CDC Vaccine Information Statements (VISs).⁹ When it is not feasible to offer immunizations in the clinical setting, provide a list of locations where immunizations are available in the community.
- Maintain current knowledge of evidence-based information regarding the risks and benefits of available vaccines.

BACKGROUND

If a person is vaccinated during pregnancy, they will pass on antibodies to the fetus, who then has passive immunity for the first few months of life. 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. Breast-/chestfeeding also passes some immunity to the newborn for diseases against which the parent has developed antibodies.^{1,3,4}

Seasonal influenza can cause severe illness in pregnant people because of the changes in immune, respiratory, and metabolic responses of pregnancy. Fetuses exposed to influenza are at risk of being born small for gestational age, being born preterm, and experiencing intrauterine fetal demise. For fetuses exposed to influenza-like illnesses, there are some links to the development of childhood leukemia, Parkinson disease, schizophrenia, and bipolar disorder. The inactivated influenza vaccine can safely be given in any trimester and is encouraged as early as possible during pregnancy.^{5,9-16}

Pertussis (whooping cough) is a highly contagious bacterial infection that has seen a recent resurgence in the United States. In 2012, a total of 48,277 cases were reported, which was a marked increase from the low of 1000 cases in the 1970s. The death toll from pertussis in 2012 was 20, with 15 of those occurring in children less than 3 months of age. The current recommendation for immunization of children begins at 2 months of age, but most deaths occur before this. When the vaccine is administered in the third trimester of pregnancy, the immunity crosses the placenta and protects the newborn from being infected by family members and close contacts for a few months after birth. Immunity wanes quickly; therefore, it is recommended that pregnant individuals be vaccinated as early as possible in the third trimester in every pregnancy and not before pregnancy.^{1,17,18}

Hepatitis B is a virus acquired through blood and sexual contact. It infects the liver and can lead to liver cancer. If a pregnant person acquires the virus during pregnancy, their fetus has a high likelihood of being chronically infected and of developing severe liver disease.¹⁹ 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 2004.²⁰ Hepatitis B vaccination is not routine in many other countries where the disease is endemic. Immunizing pregnant individuals against hepatitis B has been shown to be safe²¹ but has not been recommended for people with risk factors for acquiring hepatitis B 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 midwives 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 Midwifery Certification Board (AMCB).

*Source: Division of Standards and Practice
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