

MATERNAL IMMUNIZATION

— TASK FORCE —

Obstetric Care Professionals Recommend RSV Vaccine for Pregnant Individuals

RSV is a potentially serious and even deadly disease for young children and infants. That is why, collectively, 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*; *National Association of Nurse Practitioners in Women's Health*; and the *Society for Maternal-Fetal Medicine* unequivocally support the CDC's new recommendations for RSV vaccination during pregnancy to prevent lower respiratory tract infections (LRTI) in infants.

A single dose of Pfizer's bivalent RSVpreF vaccine is recommended for pregnant individuals between 32 and 36 weeks of gestation for seasonal administration between the months of September and January. RSV vaccination during pregnancy is a safe and effective tool to prevent severe LRTI in infants. Importantly, while there is a second RSV vaccine from GSK approved for use in older adults, currently the only RSV vaccine approved for use in pregnancy is Pfizer's bivalent RSVpreF vaccine, Abrysvo. Nirsevimab, a monoclonal antibody administered during the first week of life to infants, is another safe and effective option for preventing RSV LRTI. However, while nirsevimab is highly efficacious, it may not be widely available this fall or may not be preferred by a parent or health care facility as the primary intervention.

Either RSV vaccination during pregnancy at 32–36 weeks of gestation or nirsevimab immunization for infants aged less than eight months born during or entering their first RSV season is recommended. However, administration of both products is not needed for most infants.

Clinicians should counsel patients about maternal RSV vaccination and the monoclonal antibody nirsevimab as safe and effective ways to prevent severe LRTI caused by RSV in infants. Patient preferences should be considered when determining whether to administer the maternal RSV vaccine or not to administer the maternal RSV vaccine and rely on administration of nirsevimab to the infant after birth.

By recommending RSV vaccination during pregnancy or monoclonal antibody immunization for infants of pregnant people who were not vaccinated, we can reduce hospitalizations and deaths related to RSV LRTI among infants.

Additional Resources

Fleming-Dutra KE, Jones JM, Roper LE, et al. Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023. *MMWR Morb Mortal Wkly Rep*. ePub: 6 October 2023. DOI: <http://dx.doi.org/10.15585/mmwr.mm7241e1>.

ACOG Practice Advisory: [Maternal Respiratory Syncytial Virus Vaccination](#)

This publication was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$500,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

