

Vaccines in Pregnancy: What's Recommended and When?

Top Takeaways

- *Know the 4 routinely recommended vaccines in pregnancy (Tdap, RSV, influenza, and COVID-19) and update patient profiles with pregnancy status and due date to flag eligible candidates.*
- *Ensure patients fill out a vaccine consent form to help screen for other vaccines which may be appropriate based on risk factors or history.*
- *Alert the pharmacist before processing any vaccine request from a pregnant patient, since some vaccines may need to be deferred or avoided.*

You're in a prime position to **help ensure pregnant patients get the right vaccines at the right times.**

Vaccines are especially important during pregnancy...since certain infections can cause serious complications for both mom and baby.

But not all vaccines are appropriate at every stage...some depend on timing or risk factors, and others are contraindicated altogether.

Use these tips and our table below to help flag potential opportunities for vaccination during pregnancy and keep mom and baby safe.

Be familiar with the 4 vaccines routinely recommended in pregnancy: Tdap for pertussis (whooping cough) protection...respiratory syncytial virus (RSV)...influenza...and COVID-19.

Update patient profiles with pregnancy status...and document the patient's due date if possible...to help identify eligible candidates.

Pregnant patients should get a dose of Tdap (Adacel, Boostrix) between weeks 27 and 36 of EACH pregnancy...even if they're close together and regardless of the time of year. This helps to protect each baby.

But for RSV, 1 dose of Abrysvo should be given between 32 through 36 weeks of the FIRST eligible pregnancy only...usually September through January. Watch for mix-ups with the RSV vaccines Arexvy and mResvia...they're NOT approved in pregnancy.

Be aware that if mom delivers within 2 weeks after getting Abrysvo or if the dose was in a prior pregnancy, the baby should get an RSV monoclonal antibody (nirsevimab or clesrovimab) after birth. An infant monoclonal antibody is also an option instead of maternal RSV vaccination...but most babies do NOT need both approaches for protection.

Continue to offer an INJECTABLE flu vaccine and an updated COVID-19 vaccine ideally in early fall for patients in any trimester. Evidence continues to demonstrate that this is safe...and also helps protect the infant who can't receive these vaccines until 6 months of age.

Expect other vaccines may be given based on risk factors or vaccine history...such as HepA or HepB, MenACWY, and pneumococcal. No safety signals have been identified with these vaccines in pregnant patients.

Have patients who are getting a vaccine fill out a vaccine consent form...to help your pharmacist evaluate which vaccines may be appropriate.

Stay alert for vaccines that should be deferred or avoided in pregnancy. For example, MenB will usually be delayed until after pregnancy due to limited data. And live vaccines (MMR, intranasal flu vaccine, etc) are contraindicated in pregnancy...due to a theoretical risk of transmitting the vaccine virus to the fetus which could

Cite this document as follows: Article, Vaccines in Pregnancy: What's Recommended and When?<br class="t-last-br" />, Pharmacy Technician's Letter, August 2026

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cause infection.

Keep in mind that breastfeeding moms may safely receive all routine vaccines that are needed...with some exceptions for nonroutine vaccines (smallpox, yellow fever, etc).

Refer to our vaccine-specific resources...*Tetanus Prevention and Vaccination*, *RSV Vaccines*, etc...for more guidance and product info.

Vaccine Recommendations During Pregnancy	
Vaccine	General Recommendation
COVID-19	• Administer during any trimester of each pregnancy, ideally as soon as available
Hepatitis A	• May be given based on comorbidities or risk factors
Hepatitis B	• May be given based on comorbidities or risk factors; recommended if unvaccinated
HPV	• Not recommended in pregnancy
Influenza	• Administer inactivated or recombinant vaccine during any trimester of each pregnancy, ideally in the early fall
MenACWY	• May be given based on comorbidities or risk factors
MenB	• Should generally be deferred in pregnancy; may be given if benefits outweigh risks
MMR	• Contraindicated in pregnancy
Pneumococcal	• May be given based on comorbidities or risk factors
RSV	• Administer Abrysvo at 32-36 weeks of FIRST eligible pregnancy, usually Sep through Jan
Tdap	• Administer any Tdap product at 27-36 weeks of EACH pregnancy at any time of year
Varicella	• Contraindicated in pregnancy
Zoster (recombinant)	• No recommendation for use in pregnancy

Key References:

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Pharmacy Technician's Letter. August 2026, No. 420817

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