

Vaccines During Pregnancy

Protecting You and Your Baby

NHMA
National Hispanic Medical Association



This information is provided for educational purposes only. NHMA does not endorse or recommend specific products. Talk to your health care provider about which vaccines are right for you.

VACCINE SAFETY IN PREGNANCY

Recommended vaccines during pregnancy have been carefully studied and are safe for you and your baby. **Multiple studies have not shown an increased risk of miscarriage, birth defects or fertility problems.**

Vaccination helps prevent serious illness in pregnant people and protects babies from infections early in life.

PROTECTING YOU AND YOUR BABY

One Step at a Time



BEFORE BIRTH

By getting vaccinated, you protect your baby because your defenses (antibodies) pass through the placenta.

AFTER BIRTH

These antibodies protect the baby during their first months of life, when they are still too young to receive certain vaccines.



FOR PARENTS

Getting vaccinated during pregnancy prevents serious complications and is an act of love and protection for you and your baby.



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VACCINES COMMONLY GIVEN DURING PREGNANCY

Vaccine	When It's Typically Given	Why It's Important	Repeat?
Influenza (Flu)	Any trimester, ideally before or during flu season	Helps prevent severe illness during pregnancy and provides antibodies that protect the baby after birth.	Yes — every pregnancy, in season.
COVID-19	Safe in any trimester	Helps prevent severe illness during pregnancy and provides antibodies that protect the baby after birth.	Yes — every pregnancy, especially if updated formulation is available.
Tdap (Tetanus, Diphtheria and Pertussis)	27–36 weeks of pregnancy	Protects newborns from whooping cough until they can be vaccinated.	Yes — every pregnancy.
Hepatitis B (HepB)	Any trimester if not already immune or previously vaccinated	Prevents HepB infection in the pregnant person and reduces risk of transmitting infection to the baby.	Not repeated in future pregnancies. It's a one-time series of 2 to 3 doses, and once immunity is confirmed, it is not routinely given again. Boosters are only recommended for certain high-risk groups.
RSV (Respiratory Syncytial Virus) <small>* mAbs are an option and should be used when outside the seasonal timeframe indicated for maternal RSV vaccine. (Between February and March, infants should receive a mAb.)</small>	32–36 weeks of pregnancy, during RSV season (Sept–Jan)	Helps protect infants from RSV in their first 6 months of life.	In a future pregnancy, the newborn should receive an RSV monoclonal antibody if born before or during RSV season (April–March).

** RSV mAbs are recommended for all infants under 8 mos of age, born before and during the RSV season, if no maternal RSV immunization was administered.*