



Vaccines during pregnancy

About maternal vaccines

Certain vaccines are recommended during pregnancy to help keep pregnant women and their babies healthy. These vaccines have been found to be safe and effective and help reduce infections and their related problems.

The specific vaccines needed during pregnancy are determined by age, lifestyle, medical conditions, travel, and previous vaccinations.

Some vaccines, such as the measles, mumps, rubella (MMR) vaccine, should be given a month or more **before** you get pregnant. When you plan to get pregnant, talk to a healthcare provider about getting up to date on all needed vaccinations.

CDC recommends pregnant women get 2 vaccines during **every** pregnancy: the inactivated flu vaccine (not the live nasal flu vaccine) and the Tdap vaccine.

Pregnant women should get a COVID-19 vaccine if you are not up to date. You should also get an RSV vaccine if you are pregnant during RSV season and have not received a dose in the past.

Vaccine recommendations for pregnant women are developed with the highest safety concerns for both mothers and babies.

Important details

Flu vaccine

- CDC recommends you get a flu shot every year during flu season
- Vaccination by the end of October is ideal
- Can be given anytime during pregnancy
- Helps protect mother and infant from flu and related problems

Tdap vaccine

- CDC recommends Tdap vaccine in every pregnancy
- Should be given between 27–36 weeks gestation
- Helps protect mother and infant from pertussis (whooping cough)

COVID-19 vaccine

- CDC recommends that pregnant women stay up to date with COVID-19 vaccines

RSV vaccine

- Should be given between 32–36 weeks gestation, during RSV season (September through January for most of the U.S.)
- Helps protect infant from severe RSV disease



What to expect after vaccination

It's normal to experience immune response after vaccination—this is how you know the vaccine is working. Side effects are usually mild and resolve on their own within a few days. Some normal immune responses to maternal vaccines include:

- pain, redness, or swelling at the injection site
- headache
- tiredness
- nausea
- fever
- chills
- muscle pain
- loss of appetite

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy, have vision changes, or ringing in your ears. As with any medicine, there is a very small chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

The need for other vaccines, such as hepatitis A, hepatitis B, pneumococcal, meningococcal, and others may be recommended if you did not get the vaccines when you were younger, have certain health conditions, work in a lab, or travel to countries with increased risk of exposure to the vaccine-preventable disease.

Some vaccines are **not** recommended during pregnancy, including:

- human papillomavirus (HPV) vaccine
- measles, mumps, and rubella (MMR) vaccine
- live influenza vaccine (nasal flu vaccine)
- varicella (chickenpox) vaccine
- certain travel vaccines—yellow fever, typhoid fever, and Japanese encephalitis
 - should not be given in pregnancy unless the healthcare provider determines that the benefits outweigh the risks

Maternal vaccination statistics

About 38%

of pregnant women in the U.S. got an influenza vaccine during the 2024–2025 flu season.

Only 14.4%

of pregnant women in the U.S. got an updated 2024-2025 COVID-19 vaccine as of April 2025.

Overall, 38.5%

of pregnant women in the U.S. had gotten maternal RSV vaccine as of January 2025.

78% fewer

pertussis cases reported in infants after maternal Tdap vaccination in the third trimester.

For more vaccine information, go to immunize.utah.gov or scan the QR code!

