

Pregnancy and Vaccination

Appropriate vaccination can prevent serious complications from infectious disease for pregnant women and their babies before and after birth.

- **Recommended** - Vaccine is recommended regardless of pregnancy.
- **Contraindicated** - Due to theoretical risk of transmission of the vaccine virus to the fetus.
- **If indicated** - Based on patient vaccine history, risk factors (e.g., medical, occupational, lifestyle, international travel) and should be given if susceptible regardless of pregnancy.

Vaccine	BEFORE pregnancy	DURING pregnancy
Chickenpox/Varicella (Var)	If indicated (at least 4 weeks prior to conception)	Contraindicated
COVID-19	Yes	Yes
Haemophilus influenzae type b (Hib)	If indicated	If indicated
Hepatitis A (HepA)	If indicated	If indicated
Hepatitis B (HepB)	If indicated	If indicated (see notes)
Human Papillomavirus (HPV)	Yes	Not recommended
Influenza (flu shot)	Yes (annually)	Yes (annually)
LAIV4 (flu mist)	If indicated (at least 4 weeks prior to conception)	Contraindicated
Measles, Mumps, Rubella (MMR)	If indicated (at least 4 weeks prior to conception)	Contraindicated
Meningococcal (B, MenACWY)	If indicated	If indicated
Mpox	If indicated	If indicated
Pneumococcal (PPSV23, PCV15, PCV20)	If indicated	If indicated
Polio (IPV)	If indicated	If indicated
Respiratory Syncytial Virus (RSV)	No (for adults 60 years of age and older)	Yes (32-36 weeks gestation Sept.-Jan. only)
Tetanus, diphtheria, pertussis/whooping cough (Tdap)	If indicated	Yes (27-36 weeks gestation; 1 dose each pregnancy)
Zoster (shingles)	If indicated (at least 4 weeks prior to conception)	Contraindicated

Vaccine	AFTER pregnancy & breastfeeding	Infant first dose
Chickenpox/Varicella (Var)	If indicated (if susceptible)	1 year of age
COVID-19	Yes	6 months of age
Haemophilus influenzae type b (Hib)	If indicated	2 months of age
Hepatitis A (HepA)	If indicated	1 year of age
Hepatitis B (HepB)	If indicated	24 hours after birth
Human Papillomavirus (HPV)	If indicated	Not recommended
Influenza (flu shot)	Yes (annually)	6 months of age (annually)
LAIV4 (flu mist)	Yes (if under 49 years of age)	Not recommended
Measles, Mumps, Rubella (MMR)	If indicated (if susceptible)	1 year of age
Meningococcal (B, MenACWY)	If indicated	Not recommended
Mpox	If indicated	Not recommended
Pneumococcal (PPSV23, PCV15, PCV20)	If indicated	2 months of age
Polio (IPV)	If indicated	2 months of age
Respiratory Syncytial Virus (RSV)	No (for adults 60 years of age and older)	RSV monoclonal if born or less than 8 months during their first season (Oct.-Mar.)
Rotavirus	Not recommended for adults	2 months of age
Tetanus, diphtheria, pertussis/whooping cough (Tdap)	If indicated	2 months of age
Zoster (shingles)	If indicated	Not recommended

Notes:

- Screening blood test for Hep B infection is recommended during every pregnancy regardless of vaccination status.
- During pregnancy **ONLY** Energix-B, RecombivaxHB, or Twinrix are recommended for Hep B.
- Screening blood test for MMR antibodies is recommended during pregnancy.
- Either maternal RSV vaccination (e.g., Abrysvo) **OR** infant RSV monoclonal antibody immunization (e.g., nirsevimab) recommended to be given during RSV season. Not both.

For more information visit [Pregnancy and Vaccination \(www.health.state.mn.us/people/immunize/hcp/pregvax.html\)](http://www.health.state.mn.us/people/immunize/hcp/pregvax.html).