

Pregnancy and Vaccination

Appropriate vaccination can prevent serious complications from infectious disease during pregnancy and for 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, age, lifestyle, international travel) and should be given if susceptible regardless of pregnancy.

Vaccine	BEFORE pregnancy	DURING pregnancy
Varicella (chickenpox)	If indicated (at least 4 weeks prior to conception)	Contraindicated
COVID-19	Yes	Yes
Haemophilus influenzae type b	If indicated	No guidance
Hepatitis A	If indicated	If indicated
Hepatitis B*	If indicated	If indicated
Human papillomavirus	If indicated	Contraindicated
Influenza (flu shot)	Yes (annually)	Yes (annually)
LAIV (flu mist)	Yes (annually, at least 4 weeks prior to conception)	Contraindicated
Measles, mumps, rubella**	If indicated (at least 4 weeks prior to conception)	Contraindicated
Meningococcal	If indicated	If indicated
Mpox	If indicated	If indicated
Pneumococcal	If indicated	No guidance
Polio	If indicated	If indicated
Respiratory syncytial virus***	Not recommended	Yes (32-36 weeks gestation Sept.-Jan. only)
Tetanus, diphtheria, pertussis (whooping cough)	If indicated	Yes (27-36 weeks gestation; 1 dose each pregnancy)
Zoster (shingles)	If indicated (at least 4 weeks prior to conception)	Contraindicated

Vaccine	Postpartum and breastfeeding	Infant first dose
Varicella (chickenpox)	If indicated	1 year of age
COVID-19	Yes	6 months of age
Haemophilus influenzae type b	If indicated	2 months of age
Hepatitis A	If indicated	1 year of age
Hepatitis B*	If indicated	At birth
Human papillomavirus	If indicated	Not recommended
Influenza (flu shot)	Yes (annually)	6 months of age (annually)
LAIV4 (flu mist)	Yes (annually)	Not recommended
Measles, mumps, rubella**	If indicated	1 year of age
Meningococcal	If indicated	Not recommended
Mpox	If indicated	Not recommended
Pneumococcal	If indicated	2 months of age
Polio	If indicated	2 months of age
Respiratory syncytial virus***	If indicated	RSV monoclonal if born or less than 8 months during their first season (Oct.-Mar.)
Rotavirus	Not recommended	2 months of age
Tetanus, diphtheria, pertussis (whooping cough) (Tdap/DTaP)	Tdap if indicated	DTaP at 2 months of age
Zoster (shingles)	If indicated	Not recommended

*Screening blood test for Hep B infection is recommended during every pregnancy regardless of vaccination status.

**Screening blood test for MMR antibodies is recommended during pregnancy.

***Either maternal RSV vaccination during pregnancy **OR** infant immunization with RSV monoclonal antibody after birth is recommended. Not both.

For more detailed information, additional tools and resources scan the QR code or 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).

