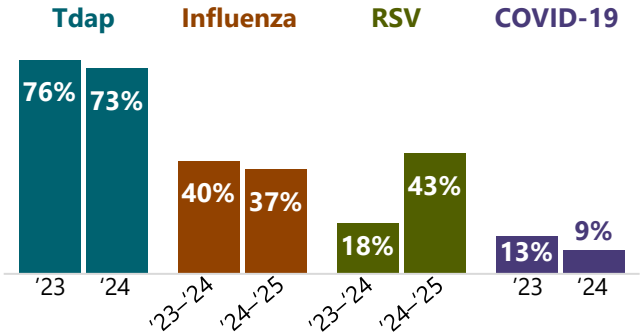
Vaccinations During Pregnancy in Wisconsin, 2024[a-f]

Health care providers play an important role in ensuring the health of their pregnant patients and newborns. A recommendation from a health care professional is the top predictor of patients getting vaccinated[1,2]. To protect newborns and pregnant people against serious complications from diseases, health care providers should recommend the **Tdap**, **influenza (flu)**, **COVID-19**, and **RSV** vaccines to their pregnant patients.

Figure 1: In 2024, 73% of pregnant patients received the Tdap vaccine, compared to 76% in 2023. Influenza and COVID-19 vaccination also decreased from 40% to 37% and 13% to 9%, respectively. However, RSV vaccination increased from 18% in 2023 to 43% in 2024.



Providers may co-administer COVID-19, influenza, and RSV (when applicable) vaccines to their patients when giving the Tdap vaccine. Co-administration ensures that individuals who may have difficulty accessing care or may experience several barriers in coming to the clinic are fully protected.

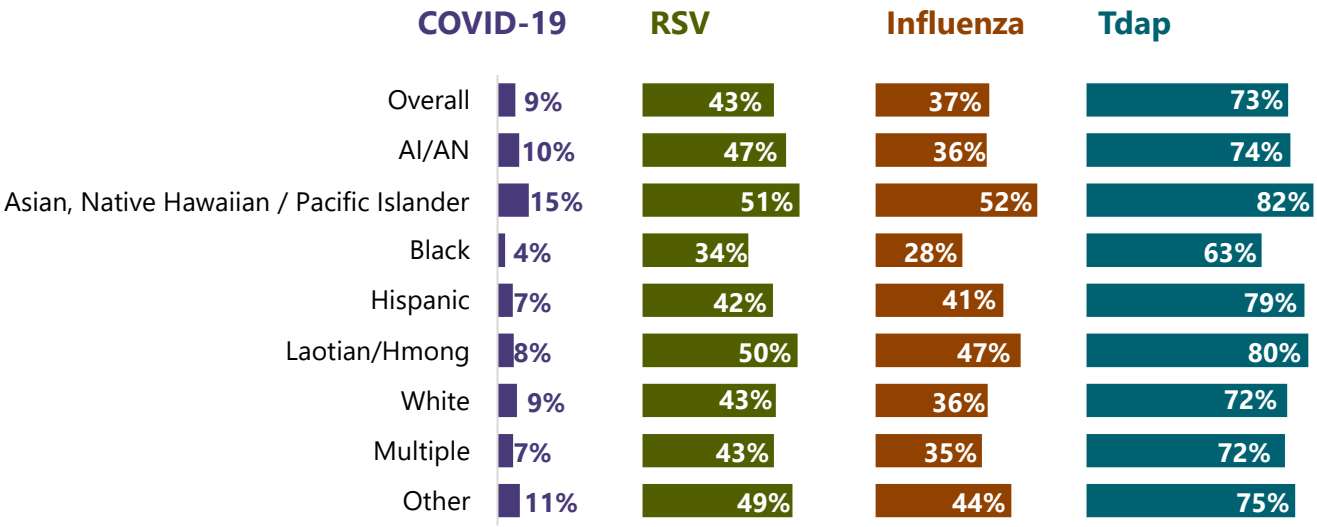
Figure 2: The most common location for pregnant people to get immunized for all vaccines was a clinic or medical practice. Vaccination location also varied depending on vaccine. For example, pharmacies continue to be important locations for administering COVID-19 vaccinations.

Location Vaccinated	Tdap	Influenza	RSV	COVID-19
Clinic or Medical Practice	59.3%	51.1%	59.6%	42.5%
Pharmacy	0.9%	9.4%	3.2%	39.3%
Birthing Hospital	12.1%	11.4%	11.2%	6.3%
OB/GYN	23.1%	12.8%	21.0%	2.5%
All Others	4.5%	15.3%	5.0%	9.3%

Other locations include federally qualified health centers, local and tribal public health department clinics, occupational health centers, workplace settings, and other non-traditional or non-medical settings.

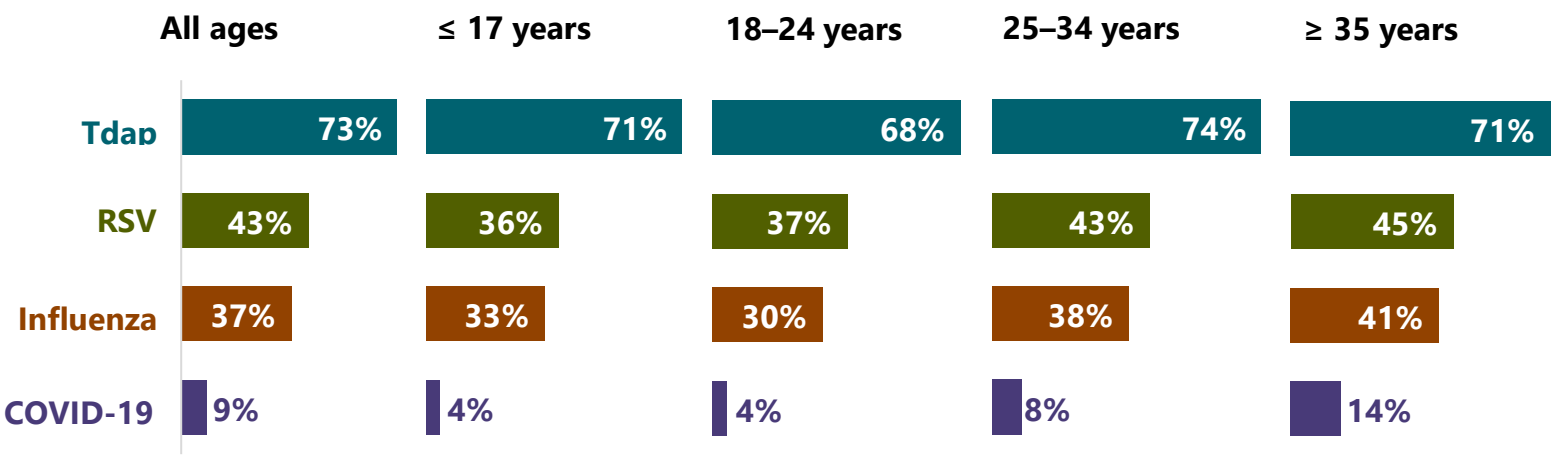
Providing access to vaccines in convenient locations is one strategy that may improve vaccination coverage and reduce disparities among people who have limited access to vaccines.

Figure 3: Black pregnant people experienced the lowest vaccination rates for COVID-19, RSV, influenza, and Tdap vaccines while Asian, Native Hawaiian / Pacific Islander pregnant people experienced the highest vaccination rates for these vaccines. Studies have shown that factors such as knowledge, attitudes and beliefs about vaccines, mistrust due to past medical racism and experimentation, and lack of access to primary care have contributed to lower vaccination coverage amongst Black people[3,4]. Building trust with patients and communicating the safety and efficacy of vaccines remain helpful strategies for health care providers to improve vaccine acceptance among their pregnant patients[5,6].



Vaccinations During Pregnancy in Wisconsin, 2024[a-f]

Figure 4: Across age groups, pregnant people 24 years and younger experienced lower vaccination rates for COVID-19, RSV, influenza, and Tdap compared to older age groups. COVID-19, RSV, and influenza vaccination rates were highest among pregnant people 35 years and older. Tdap vaccination was highest among pregnant people 25–34 years of age.



Summary: Disparities in vaccination rates continue to persist among pregnant people. Immunizations before, during, and after pregnancy is an effective way to reduce complications from vaccine preventable diseases among pregnant people and their infants. Health care providers can combat misinformation by listening to their patient's concerns and provide clear, evidence-based recommendations to promote vaccine uptake and reduce vaccine hesitancy.

Footnotes

a. This report contains preliminary birth data for 2024 and is subject to change.
b. Birth certificate data was linked with WIR records to determine vaccines administered during pregnancy.
c. Tdap, influenza, and COVID-19 coverage was estimated among Wisconsin residents with a live birth January 1, 2024 through December 31, 2024.
d. RSV vaccination coverage was assessed among Wisconsin residents with a live birth September 1, 2024 through March 31, 2025.
e. COVID-19 coverage was assessed based on those who received at least one dose within one year prior to giving birth.
f. Pregnant people who received the RSV vaccine during a previous pregnancy are not recommended to receive another dose of the RSV vaccine during subsequent pregnancies.

Sources

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3. CDC. Association of vaccine hesitancy with maternal influenza and Tdap vaccination coverage – United States, 2019–20 to 2022–23. FluVaxView. https://www.cdc.gov/fluvaxview/coverage-by-season/pregnant-2022-2023.html. Published September 6, 2024.
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Additional Resources

CDC | About Pregnancy-Related Deaths in The United States
CDC | Communication Resources for Health Care Providers
CDC | Guidelines for Vaccinating Pregnant Women
CDC | From Me, To You