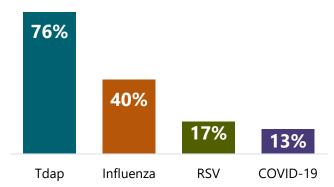
Vaccinations During Pregnancy in Wisconsin, 2023^a

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 2023, three out of four patients received the Tdap vaccine, but only one in 10 received the COVID-19 vaccine, suggesting missed opportunities.^{b-f}



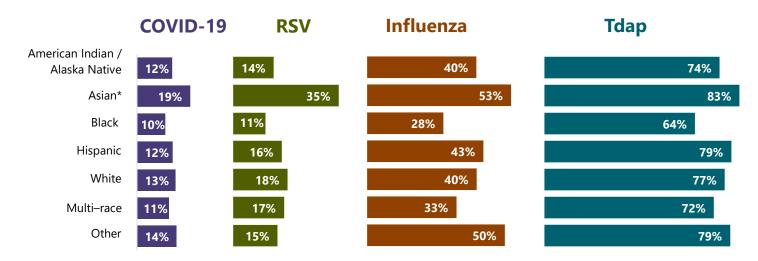
Providers may co-administer COVID-19, Influenza, and RSV (when applicable) vaccines to their patients when giving the Tdap vaccine. Co-administration ensures that individuals who may have difficulty accessing care or may experience several barriers in coming to the clinic are fully protected. **Figure 2:** For Tdap, Influenza, and RSV vaccines, most pregnant people received the vaccines in traditional medical settings while most COVID-19 vaccines were administered in pharmacies.

Location Vaccinated	Tdap	Influenza	RSV	COVID-19
Clinic or Medical Practice	59.2%	49.7%	57.8%	33.9%
Pharmacy	4.3%	11.5%	16.1%	49.7%
Birthing Hospital	11.8%	11.7%	11.2%	6.9%
OB/GYN	21.7%	11.8%	11.8%	0.3%
All Others	3.1%	15.3%	3.2%	9.2%

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

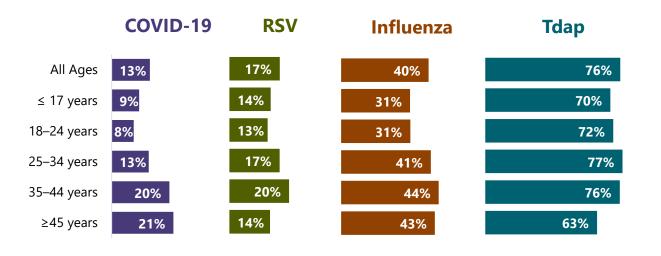
Providing access to vaccines in convenient locations is one strategy that may improve vaccination coverage.

Figure 3: Black pregnant people experienced the lowest vaccination rates for COVID-19, RSV, Influenza, and Tdap vaccines while Asian pregnant people experienced the highest vaccination rates for these vaccines.



The COVID-19 pandemic highlighted racial disparities in disease burden and access to vaccines. Lack of access to health care, prior instances of discrimination from health care providers, historical mistrust of the medical field, and lower income due to systemic inequities contributed to lower vaccination rates among Black, Hispanic, and American Indian and Alaskan Natives in general (3,4,5). These disparities stress the importance for health care providers to foster patient trust, especially among pregnant patients who are at increased risk of severe illness from COVID-19, RSV, Influenza, and Pertussis. Vaccine recommendations or referrals for vaccination from health care providers remain essential for improving vaccination coverage rates among pregnant people and may help decrease vaccine hesitancy (6).

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. Vaccination rates were also lower among pregnant people 45 years and older for RSV and Tdap.



Footnotes

- a. This report contains preliminary birth data for 2023 and is subject to change.
- b. Vaccination coverage was estimated among Wisconsin residents with a live birth January 1, 2023 through December 31, 2023. The vaccination coverage assessment included vaccines administered during the gestation period, unless otherwise noted.
- c. Birth certificate data was linked with WIR records to determine vaccines administered during gestation.
- d. Tdap, Influenza, and COVID-19 coverage was estimated among Wisconsin residents with a live birth January 1, 2023 through December 31, 2023.
- e. RSV vaccination coverage was assessed among those who gave birth between September 1, 2023–March 31, 2024.
- f. COVID-19 coverage was assessed based on those who received at least one dose within one year prior to giving birth.

*Asian, Native Hawaiian / Pacific Islander, Laotian / Hmong.

Sources

- Ding, H., Black, C. L., Ball, S., et al., (2015). Influenza Vaccination Coverage Among Pregnant Women--United States, 2014-15 Influenza Season. MMWR. Morbidity and mortality weekly report, 64(36), 1000–1005. <u>https://doi.org/10.15585/mmwr.mm6436a2</u>
- Geoghegan, S., Shuster, S., Butler, et al. (2022). Understanding Barriers and Facilitators to Maternal Immunization: A Systematic Narrative Synthesis of the Published Literature. Maternal and child health journal, 26(11), 2198–2209. <u>https://doi.org/10.1007/s10995-022-03508-0</u>
- Brewer, L.I., Ommerborn, M.J., Nguyen, A.L. et al. (2021). Structural inequities in seasonal influenza vaccination rates. BMC Public Health 21, 1166. <u>https://doi.org/10.1186/s12889-021-11179-9</u>
- Elam-Evans LD, Jones CP, Vashist K, et al. (2023). The Association of Reported Experiences of Racial and Ethnic Discrimination in Health Care with COVID-19 Vaccination Status and Intent — United States, April 22, 2021–November 26, 2022. MMWR Morb Mortal Wkly Rep 2023;72:437–444. http://dx.doi.org/10.15585/mmwr.mm7216a5.
- Na, L., Banks, S., & Wang, P. P. (2023). Racial and ethnic disparities in COVID-19 vaccine uptake: A mediation framework. Vaccine, 41(14), 2404–2411. https://doi.org/10.1016/j.vaccine.2023.02.079.
- 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.

Additional Resources

About Pregnancy-Related Deaths in The United States: <u>https://www.cdc.gov/hearher/pregnancy-related-deaths/index.html</u> Communication Resources for Health Care Providers:

https://www.cdc.gov/vaccines-pregnancy/hcp/communication-resources/?CDC_AAref_Val=https://www.cdc.gov/vaccines/pregnancy/hcptoolkit/resources.html

Guidelines for Vaccinating Pregnant Persons: https://www.cdc.gov/vaccines-pregnancy/hcp/vaccination-guidelines/index.html

