

# Vaccines in Pregnancy and Breastfeeding

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*Information in this leaflet is general in nature and should not take the place of advice from your healthcare provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect or developmental problem. Breastmilk provides optimum nutrition for babies and conveys many additional health benefits to mother and baby.*

## Planning

Vaccines are given to prevent specific serious infectious diseases. It is advised that a woman **planning pregnancy** should make sure she is immune to **rubella (German measles)** and **varicella (chickenpox)** as both these infections can have serious outcomes for a baby if a mother contracts these diseases while pregnant. If a pregnant woman is immune, it means she will not get the infection.

Your doctor can organise a blood test to check that you are immune to rubella. If you have not had the full course of the chicken pox vaccine, your doctor can also check if you have immunity to chickenpox. If you are given a live vaccine such as the chickenpox or rubella vaccine (MMR), you should avoid pregnancy for the next 28 days (see Live Vaccines section).

Vaccination needs for other infections (eg hepatitis B) should be considered if you are at risk due to your occupation or lifestyle or are intending to travel.<sup>1</sup> The seasonal influenza vaccine is recommended if you are likely to be pregnant during the flu season. Vaccination for Covid-19 should also be considered.<sup>1,2,3</sup>

## Pregnancy

Once pregnant, there are specific vaccines that are advised and many that are avoided. Below is a summary of the use of specific vaccinations in pregnancy.

## Influenza vaccine

Influenza A and B (the flu) are highly contagious and serious viral infections. Pregnancy lowers your immunity and as your baby grows, your lung size is reduced. This means you are more at risk of serious complications of

influenza and have a higher chance of needing to be admitted to hospital. Influenza also increases the risk of prematurity and severe illness for the baby.

When given during pregnancy, influenza vaccine protects you and your unborn baby from the complications of influenza. It also provides some protection to your baby for the first few months of life. Influenza vaccine has been safely used in pregnant women worldwide for many years.

For these reasons, when you are pregnant influenza vaccine is recommended at any stage of pregnancy including the 1<sup>st</sup> trimester (the first 12 weeks). It is provided free to pregnant women under the National Immunisation Program (NIP).<sup>1,2</sup>

## Pertussis (whooping cough) vaccine

Whooping cough (pertussis) is an illness that can have serious consequences for young babies. It is most effectively prevented by giving the pertussis vaccine to pregnant women during their pregnancy. The pertussis vaccine is given in combination with diphtheria and tetanus vaccines (dTpa) and is recommended to be given, ideally between 20-32 weeks of pregnancy.

Pertussis vaccine administered during pregnancy is considered safe for pregnant women and their babies. It had been used in many countries and there has been no increased risks reported from its use in pregnancy.

Receiving the pertussis vaccine during your pregnancy results in transfer of antibodies from you to your unborn baby. This protects your baby from pertussis for the first few months of life. This is until your baby is old enough to receive the vaccine as part of the immunisation schedule.

This vaccine is provided free to pregnant women under the National Immunisation Program (NIP), and it is recommended that you receive this vaccine each pregnancy. If you have already been given the vaccine in the months before you became pregnant, you should still have the vaccine but preferably after 28 weeks. This is to

reduce the chance of you having a local reaction to the vaccine, resulting in pain and swelling. If you are pregnant and are considered high risk for early delivery, it is recommended that you receive the vaccine as early as 20 weeks.<sup>4</sup> If you received the vaccine while pregnant but before 20 weeks of pregnancy, you do not need to repeat the vaccine during the same pregnancy.

Pertussis vaccination for other people who will spend time with your baby (such as parents, grandparents and carers) is also recommended if they have not received the vaccine in the last 10 years. This is to further prevent your baby being exposed to whooping cough. They should receive the vaccine at least 2 weeks before contact with your baby.<sup>1,2,3,4</sup>

## Respiratory Syncytial Virus (RSV) vaccine

RSV is a common virus that can cause a range of symptoms like the common cold but can have more serious effects on the airways and lungs, particularly in babies. In young babies it can cause significant breathing issues that sometimes require treatment in hospital.

It is now recommended that you receive the respiratory syncytial virus vaccine (**Abrysvo only**) during pregnancy. It results in transfer of antibodies to your unborn baby which protects your baby from RSV for up to 6 months after birth. You should have this vaccine between 28 and 36 weeks of pregnancy. This vaccine is provided free to pregnant women under the National Immunisation Program (NIP).<sup>2,5</sup>

If you did not have the RSV vaccine during pregnancy (or if you had it in the last 2 weeks before delivery), it is recommended that your baby receive a single dose of nirsevimab (a RSV monoclonal antibody injection) at birth. It is free under the National Immunisation Program.<sup>5</sup>

## COVID-19 vaccine

COVID-19 vaccines are not routinely recommended in previously vaccinated women but can be considered on an individual basis. Unvaccinated women are recommended to receive COVID-19 vaccine. The COVID -19 vaccine can be given at any stage of pregnancy. If a pregnant woman is being vaccinated during pregnancy, the most recent mRNA vaccines (Pfizer and Moderna) are preferred.<sup>2</sup>

## Live vaccines

Rubella and varicella are infections that can potentially cause birth defects and other serious complications in

unborn babies. The varicella (chicken pox) vaccine and MMR vaccine (mumps measles and rubella - German measles vaccine) help protect against this if a woman is not already immune to either infection. However, because they are **live** vaccines, it is **theoretically** possible for them to transmit the disease itself to the baby if given during pregnancy. Therefore, the recommendation is to wait at least 28 days between receiving either of these vaccines and becoming pregnant. This is a theoretical risk only- if you have received the vaccine by mistake while pregnant or become pregnant less than 1 month after receiving the vaccine, there is no evidence that this is harmful to your baby.<sup>1,2</sup>

## Other vaccines

Most other vaccines are not routinely recommended in pregnancy. However, if you are at risk of contracting particular diseases - for example by travelling to an at-risk area, from lifestyle factors or from exposure at work, specific vaccines may be considered. This includes hepatitis A vaccine, hepatitis B vaccine and typhoid vaccine (injectable version).<sup>1,2</sup> For more information on these and any other specific vaccines you should consult your doctor or call MotherSafe: Sydney Metro (02) 9382 6539, NSW non-metro 1800 647 848.

## Breastfeeding

All vaccinations can be given safely to a mother while she is breastfeeding if the baby is well, except for yellow fever vaccine.

If you were found to be non-immune to certain infections in pregnancy eg German measles or chickenpox, it is recommended that you have the vaccinations soon after your baby is born. If you did not have the pertussis vaccine in pregnancy, you should receive the vaccine immediately after birth.<sup>2,3,4</sup>

In general, breastfeeding does not protect the baby from vaccine preventable infections.

## General measures to help prevent disease transmission

As well as appropriate vaccination, the spread of infectious diseases to pregnant and breastfeeding women can be reduced by hand washing, general cough hygiene measures, avoiding close contact with sick people and travel planning (see MotherSafe Travel factsheet).

## References

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2. Australian Government Department of Health and Aged Care. Australian Immunisation Handbook. Vaccination for women who are planning pregnancy, pregnant or breastfeeding. Available at <https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-women-who-are-planning-pregnancy-pregnant-or> Accessed April 2025
3. National Centre for Immunisation Research and Surveillance (NCIRS) fact sheets: Adult vaccination. November 2023 Available at [Adult vaccination Factsheet November 2023.pdf \(ncirs.org.au\)](#) Accessed April 2025
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5. National Centre for Immunisation Research and Surveillance (NCIRS) fact sheet. Respiratory syncytial virus (RSV): Frequently asked questions (FAQs). September 2024. Available at [Respiratory syncytial virus \(RSV\) FAQs | NCIRS](#) Accessed April 2025