Influenza (Flu) Vaccine During Pregnancy

Quick Facts about the Influenza Vaccine During Pregnancy

- Babies of pregnant people who get the flu shot during pregnancy receive antibodies against the flu, which help protect them until they can get vaccinated at age 6 months.
- Pregnant people are at higher risk of complications from the flu than people who are not pregnant. They are more likely to develop serious complications like pneumonia and are more likely to be hospitalized.
- The best protection against the flu is to get a flu shot. Data from millions of women obtained over many years show that the flu shot is safe during pregnancy.
- The flu shot does not cause the flu. The vaccine in the shot is made from either killed flu viruses or weakened flu viruses. Neither are capable of causing flu. The slight sickness that some people feel after getting a flu shot is caused by the immune system’s response to the antibodies in the vaccine.
- While the flu shot is the best protection against the flu, additional precautions include washing hands frequently, covering the mouth and nose when coughing or sneezing, and avoiding close contact with people who are sick.

Each year, thousands of pregnant people are hospitalized due to flu complications, accounting for 24% to 34% of all flu-associated hospitalizations in the United States. Why are these numbers so high?

Pregnancy causes changes in the immune system, lungs, and heart that make pregnant people more likely to develop severe illness from the flu. Getting the flu while pregnant can lead to serious illness, like pneumonia, and cause pregnancy problems such as preterm birth.

The flu shot is the best way to protect against the flu. Taking precautions like washing hands frequently, covering the mouth and nose when coughing or sneezing, and avoiding close contact with people who are sick are helpful, but only the flu shot has been shown to reduce the risk of getting the flu by up to 40%.

Getting the flu vaccine during pregnancy also protects babies after they are born. The vaccine causes the body to make antibodies against the flu virus. These antibodies are passed to the fetus through the placenta. Babies of vaccinated moms are born protected from the flu, keeping them safe from severe illness until they can get vaccinated at age 6 months.

The flu vaccine has a long track record of safety during pregnancy. Millions of pregnant people over the last decades have gotten vaccinated without major complications. Studies of thousands of people who got the flu shot before or during pregnancy show no increased risk of birth defects. The flu vaccine has not been found to cause miscarriage or premature labor.

What is the best time to get vaccinated?

Pregnant people in their third trimester can get the flu vaccine in July or August for the best opportunity to protect their babies after birth during the flu season. September and October are generally good times for all other pregnant people to get vaccinated.

Flu shots need to be given yearly. The flu virus changes rapidly, so the vaccine is updated each year to match the most common flu strains in circulation.

Although a nasal spray vaccine is available, it’s not recommended for pregnant people because it contains a live, weakened flu virus.

What if you come down with the flu and you’re pregnant?

If you’re pregnant or have had a baby within the past 2 weeks, see your healthcare provider right away to get antiviral medication, regardless of whether you have had the flu shot. If you’ve been exposed to someone with the flu, your healthcare provider may advise that you take antiviral medication as well.

Antiviral medication helps reduce the severity of flu symptoms and shortens the course of the illness. It works best if given within 48 hours of the onset of symptoms, but it can be given at any time after symptoms appear.

References on next page
To find a maternal-fetal medicine subspecialist in your area, go to https://www.smfm.org/members/search.

The Society for Maternal-Fetal Medicine’s Patient Education Series reflects the content of current, published SMFM practice guidelines. Each series document has undergone extensive internal review prior to publication. Patient Education documents should not be used as a substitute for the advice and care of a medical professional.