



Thank you for joining

The presentation will
begin shortly



Rise to Immunize® Webinar

Optimizing Tdap Vaccination for Pregnancy

Meg Kim, MSN, RN and Jennifer Doerr, MSN, RN (Advocate Health Midwest)

March 19th, 2026

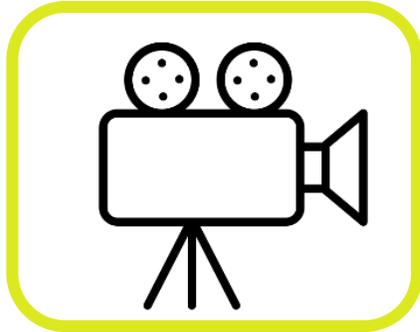


Today's Webinar

- **Campaign Updates**
 - RIZE Data Dashboard Upgrade
 - Resource of the Month: GSK for Health Systems
 - 2026 Annual RIZE Meet and Greet Breakfast
- **Optimizing Tdap Vaccination for Pregnancy**
 - Meg Kim, MSN, RN (Advocate Health Midwest)
 - Jennifer Doerr, MSN, RN (Advocate Health Midwest)
- **Q&A Session**



Webinar Reminders



Today's webinar recording will be available the **week of 3/23**

- Will be sent via email
- Will be available on website

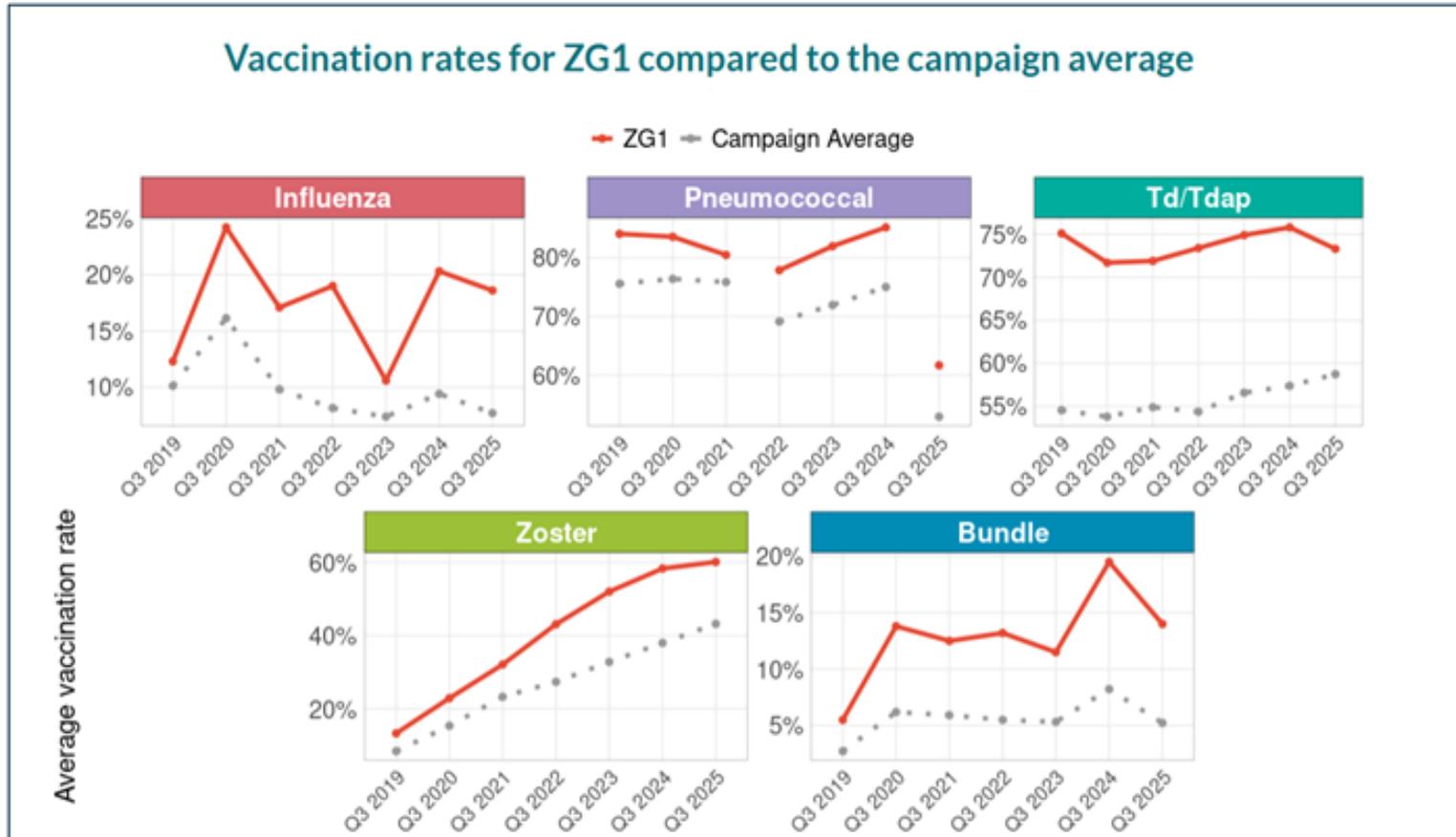
(RiseToImmunize.org → "Resources" → "Webinars")



Ask questions during the webinar using the **Q&A feature**

- Questions will be answered at the end of the presentation

RIZE Data Dashboard Upgrade



**New
Comparison
Feature!**

<https://rize.shinyapps.io/dashboard/>

Campaign Spotlight: GSK for Health Systems



For US Healthcare Professionals

GSK for Health Systems

Our commitment to population health

[Overview](#) [Vaccine quality measures](#) [Adult vaccination rates](#) [At-risk populations](#) [EHR resources](#) [Vaccine scheduler](#) [Clinical resources](#)

Stronger systems. Healthier communities. One patient at a time.



<https://gskforhealthsystems.com/>

RIZE Meet & Greet Breakfast

Saturday, April 18
7-8:30 am PT



Free RIZE
tech pouches
available!



Today's Speakers



Meg Kim, MSN, RN, Vaccine Program
Director (Advocate Health Midwest)



Jennifer Doerr, MSN, RN, Director of Quality,
Women's Health Service Line IL & WI, Advocate
Health Midwest





Optimizing Tdap in Pregnancy

Bi-monthly Rise to Immunize Webinar

Jennifer Doerr & Meg Kim

03/19/2026

Disclosure

We have no relevant financial relationships to disclose.

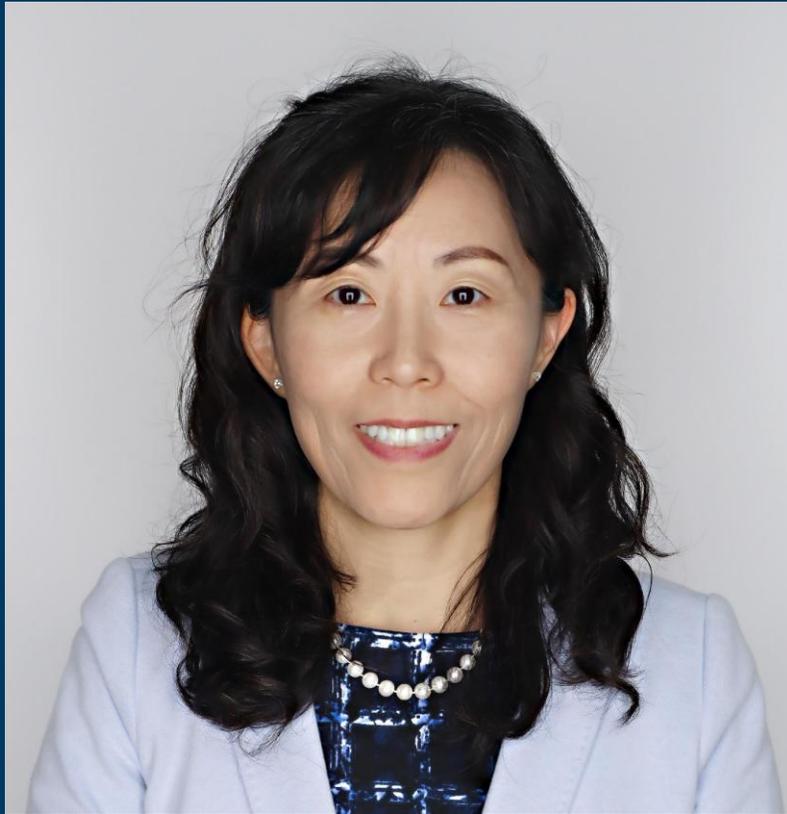
This presentation is intended for educational purposes only. The content does not constitute medical, legal, or organizational policy advice, and practice decisions should be made in accordance with applicable laws, regulations, and institutional policies.

Jennifer Doerr, Director Quality



- Jennifer has been in her current role with Women's Health for 3 years driving quality and outcomes for the patients we serve.
- 27+ years of nursing experience, 21+ years in operational leadership and 18 years in obstetrics
- MSN from Benedictine University-Lisle, IL and currently pursuing DNP from Illinois State University- Normal, IL
- Jennifer is deeply committed to advancing evidence-based care and improving maternal outcomes, one measure at a time.

Meg Kim, Vaccine Program Director

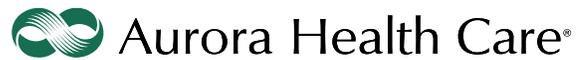


- Meg has been in the current role for 6 years promoting vaccine quality and safety across the enterprise for patients, teammates and community
- 10+ years of project management and performance improvement in acute and ambulatory settings
- Clinical faculty, Chamberlain University
- MSN & BSN from Loyola University Chicago and BS from University of Illinois at Urbana-Champaign
- Resides in Chicago, IL

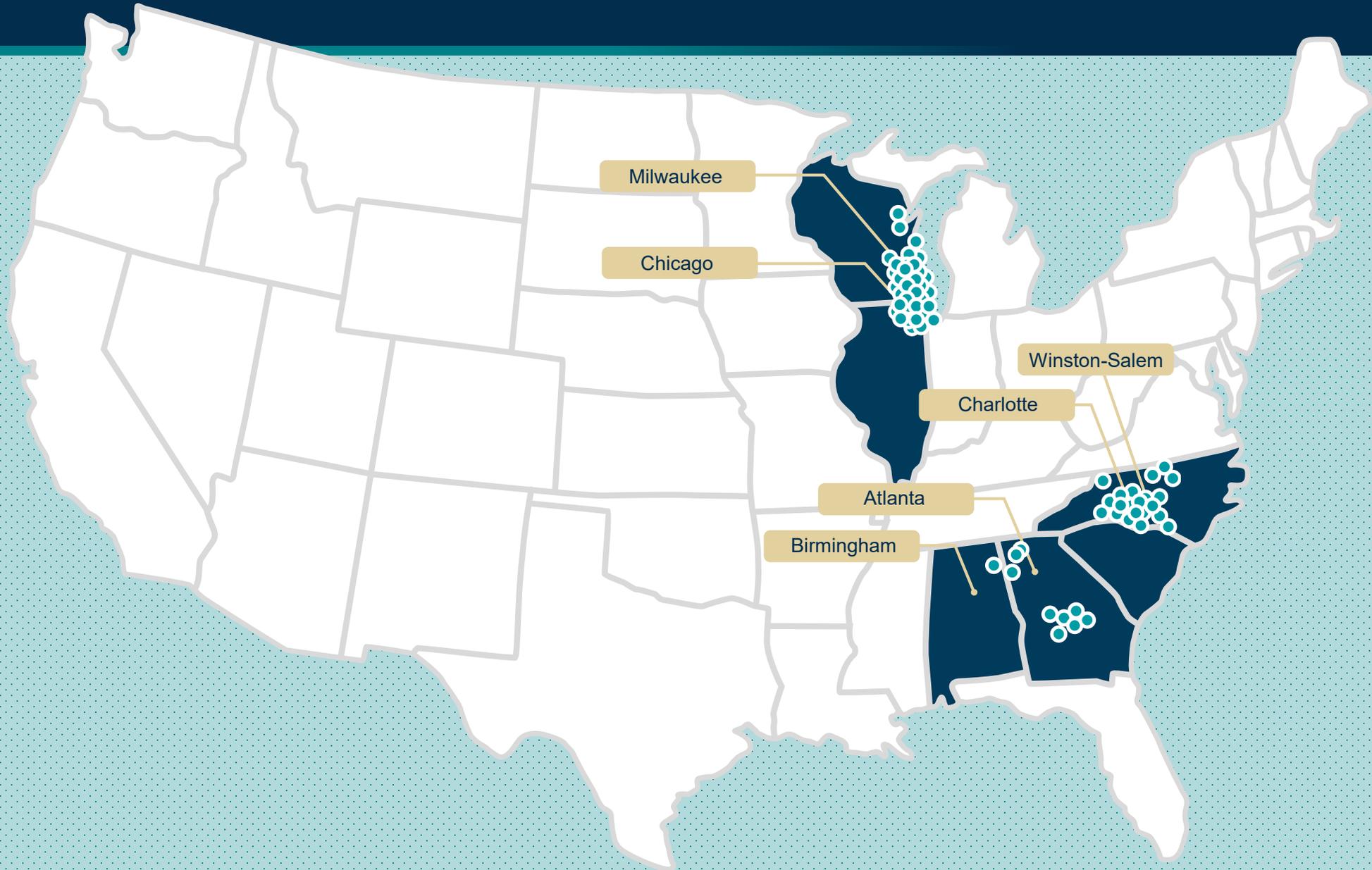
ADVOCATE HEALTH

**A Combination of Four Institutions
Who Joined Forces to Redefine Health Care**

Established December 2, 2022



Serving Patients Across Six States



Key Facts & Statistics



1st
in Community
Benefit (\$6.05B)



2nd
Largest Health System
with Integrated
Medical School



3rd
Largest
Nonprofit System



167K
Teammates



5.6M
Unique Patients



1K+
Sites of Care



69
Hospital Locations



11.7K
Employed
Physicians



42K
Nurses



6.9K
Advanced Practice
Professionals



\$35B
Revenue



AA
Bond Rating
from all Agencies

Now part of  **ADVOCATEHEALTH**



27 Hospitals



530+ Sites of Care



4.3K Employed Physicians



20.9K Nurses



19 Birthing Sites

- Level 1s: 3
- Level 2s: 9
- Level 3s: 7



28,500 Births Annually



Aurora Health Care®

WI



Advocate Health Care®

IL

Objectives

Pertussis

Tdap in Pregnancy and ACOG

Implementation

Barriers & Challenges

Data & Reporting

Patient Resources

Pertussis

Whooping cough (pertussis) is a contagious illness.

It causes intense fits of coughing that affects babies and young children.

Last for weeks or months (100-day cough)

In infants, it may cause periods of not breathing (apnea).

Pertussis is worse for children younger than age 1.

*Can be fatal

[Bing Videos](#)

Why Pertussis Is a Serious Risk for Newborns?

- Highest morbidity and mortality from pertussis occurs in infants <3 months old
- Infants cannot start DTaP until ~2 months of age, leaving the infant at risk
- Most infant infections come from close contacts, especially mothers and siblings

ACOG and Tdap Vaccination



Update on Immunization and Pregnancy:
Tetanus, Diphtheria, and Pertussis Vaccination

Committee Opinion ⓘ | Number 718 | September 2017

Reaffirmed 2022

ACOG Recommendations:

- Tdap should be administered during every pregnancy, ideally early in the 27-36-week gestation window.
- Patients should be counseled that Tdap is safe in pregnancy and critical for protecting newborns from pertussis at birth.
- Obstetric providers are encouraged to stock and administer Tdap in their offices to improve access and uptake.
- Partners, family members, and infant caregivers who are not up to date should receive Tdap, ideally at least 2 weeks before newborn contact.
- If Tdap was not given during pregnancy, it should be administered immediately postpartum if the patient has never received a prior dose.
- Tdap may be given outside the 27-36-week window when clinically indicated (e.g., wound management, pertussis outbreaks, extenuating circumstances).
- If Tdap is given earlier in pregnancy, repeat vaccination during 27-36 weeks is not needed.

How Tdap During Pregnancy Protects Infants

- Maternal Tdap leads to placental transfer of protective antibodies
- Newborns receive immediate immunity at birth before they can be vaccinated
- Vaccination earlier in the 27-36 week window maximizes antibody levels in the infant

Proven Effectiveness

- Tdap during pregnancy is highly effective at preventing neonatal pertussis
- Infants whose mothers were vaccinated have:
 - Lower risk of hospitalization
 - Lower risk of ICU admission
 - More effective than “cocooning” alone (vaccinating family members only)

Safety and Need for Every Pregnancy

- Tdap is an inactivated vaccine with no evidence of fetal harm
- Safe even with short-interval or successive pregnancies
- Immunity wanes over time, so Tdap is needed during every pregnancy

Timing and Key Recommendation

- Recommended timing: 27-36 weeks gestation (as early as possible in this window)
- May be given earlier if needed (e.g., outbreaks, wound management)
- Key takeaway:
Tdap during pregnancy is safe, effective, and the best way to protect newborns from pertussis at birth

Tdap Vaccination for Pregnant Women

- Pertussis is a serious disease that can be deadly for young babies
- In 2012, CDC first began recommending the use to Tdap during pregnancy
- Pregnant women can give their babies protection against pertussis before their little ones are even born
 - Protective antibodies are passed to the baby before birth
 - Lowers risk of pertussis in babies by 78% (prevents more than 3 in 4 cases of whooping cough)
 - Babies do not start to get vaccinated until 2m of age

Vaccination

- Vaccination in every pregnancy offers the best protection
- Antibodies peak about 2 weeks after getting vaccinated
 - They can decrease over time
- This is why it is recommended in 3rd trimester of pregnancy
 - Even if pregnancies are only a year or two apart
- If administered in the postpartum period, the baby is without protection
 - Once the mother develops antibodies, spreading whooping cough is less likely however at risk for exposure from others
- By getting Tdap during pregnancy, women will have these antibodies in their breast milk as soon as their milk comes in.
 - However, their baby will not get protective antibodies at once if they wait until their baby is born to get vaccinated.

Vaccination

[Vaccine Integrity Project kicks off evidence review of Tdap vaccine in pregnancy | CIDRAP](#)

Kevin Ault, MD, of the American College of Obstetricians and Gynecology's (ACOG's) Expert Work Group on Immunization, Infectious Disease, and Public Health Preparedness

“ I think if you get all these studies in one place, you're going to see 80% or 90% effectiveness in the first few months of life.”

–Kevin Ault, MD

ACOG and Maternal Immunizations



Maternal Immunizations

Committee Statement ⓘ | Number 26 | February 2026

February 2026

 **ADVOCATE**HEALTH

Summary of Recommendations and Conclusions

- Obstetrician/Gynecologists and other obstetric care professionals should routinely assess their pregnant patients' vaccination status.
- Obstetrician/Gynecologists and other obstetric care professionals should recommend and, when possible, administer needed vaccines to their pregnant patients.
- Individuals who are or will be pregnant during the fall/winter respiratory illness season should receive annual influenza and coronavirus disease 2019 (COVID-19) vaccines.
- All pregnant individuals should receive a **Tdap vaccine** during each pregnancy, as early in the 27-36 gestational- week window as possible.
- All eligible pregnant individuals who meet criteria should receive the respiratory syncytial virus (RSV) vaccine.
- Other vaccines may be recommended during pregnancy depending on the patient's age, prior immunizations, comorbidities, or disease risk factors

Summary of Routinely Recommended Maternal Vaccines

Vaccine	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
Tdap	Can be administered at any time												
COVID-19		Administer as soon as available	However, can be administered anytime of the year to eligible individuals										
Influenza		Ideally administer early fall	However, can be administered anytime while the virus is circulating										
RSV		Administer September through January in most of the continental U.S.*											



Tdap Vaccine

Vaccine Product: Any Tdap vaccine product may be administered.

Schedule: Administer a dose of Tdap, preferably during the early part of gestational weeks 27 through 36, during each pregnancy irrespective of the patient's prior Tdap vaccination history.

For more information, see [Committee Opinion: Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination](#).



COVID-19 Vaccine

Vaccine Product: Any COVID-19 vaccine product may be administered.

Schedule: Vaccination may occur in any trimester, and emphasis should be on vaccine receipt as soon as possible to maximize maternal and fetal health.

For more information, see [Practice Advisory: COVID-19 Vaccination: Considerations for Obstetric-Gynecologic Care](#).

These vaccines can be safely co-administered.



Influenza Vaccine

Vaccine Product: Only administer inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) products.

Schedule: Administer a dose of IIV or RIV to people who are pregnant during any trimester or will be pregnant during influenza season.

Influenza vaccination should be given before the start of the influenza season, by the end of October, but vaccination at any time during the influenza season is encouraged to ensure protection during the period that virus is circulating in the community.

For more information, see [Practice Advisory: Influenza in Pregnancy: Prevention and Treatment](#).



RSV Vaccine

Vaccine Product: Only administer Pfizer's RSV vaccine (Abrysvo), approved as a one-time dose. Infant monoclonal antibody may be administered to the infant as an alternative to vaccinating during pregnancy and in subsequent pregnancies after a patient has received Abrysvo in a previous pregnancy.

Schedule: Administer a dose of Pfizer's RSV vaccine (Abrysvo) only between 32 through 36 weeks of gestation during September through January in most of the continental United States if the patient was not previously vaccinated.

*In jurisdictions with seasonality that differs from most of the continental United States, (eg, Alaska, jurisdictions with tropical climates) health care professionals should follow state, local, or territorial guidance on the timing of administration.

For more information, see [Practice Advisory: Maternal Respiratory Syncytial Virus Vaccination](#).

Implementation

Health Maintenance Topics:

- Tetanus
 - Adult topic: Displays for all patients who have not had a dose in the last 10 years
 - **Pregnancy topic:** Displays at 27-36 weeks gestational age

Topic	Status	Track	History
Current Care Gaps			
COVID-19 Vaccine (4 - 2025-26 season)	● Overdue since 9/1/2025	Standard SCDM	11/3/2021
Upcoming			
Depression Screening	Next due on 12/30/2026	Yearly	12/30/2025
Cervical Cancer Screening (Pap Smear - Requ...	Next due on 5/13/2028	Every 3 Years	5/13/2025
DTaP/Tdap/Td Vaccine (9 - Td or Tdap)	Next due on 12/30/2035	Standard	12/30/2025
Completed or No Longer Recommended			
Hepatitis A Vaccine	Completed	Increased Risk	11/21/2018
Meningococcal Vaccine	Completed	Standard	10/22/2014
TDaP Pregnancy Vaccine	Completed	Once	12/30/2025
Influenza Vaccine	Completed	Seasonal	9/23/2025
Meningococcal Serogroup B Vaccine	Completed	Standard	1/31/2017
Pneumococcal Vaccine 0-49	Aged Out	Standard	
Chlamydia and Gonorrhea Screening	Discontinued	Yearly	8/25/2025

Implementation

Ambulatory:

- Adult Immunization Standing Order Protocol
- Includes pregnant patients

IMMUNIZATION TOPICS IN SCOPE			
Immunization Care Gap	Epic Procedural Order	Track	Notes
Hepatitis A Vaccine	HEP A (HAVRIX) 19+	Standard	
Influenza Vaccine	INFLUENZA (FLULAVAL) INFLUENZA (FLUZONE) HIGH DOSE INFLUENZA (FLUMIST) LIVE, INTRANASAL INFLUENZA (FLUBLOK)	Seasonal	
Pneumococcal Vaccine 50+	PNEUMOCOCCAL (PREVNAR20)	Standard	
Hepatitis B Vaccine	HEP B (HEPLISAV B)	Standard	For patients 19-59 years of age
RSV Vaccine	RSV (ABRYSVO)	Standard 75+, Seasonal	Medicare patients to receive at pharmacy
		Standard	Pregnant patients to receive at OB visit
Shingles Vaccine	ZOSTER (SHINGRIX)	Standard	Medicare patients to receive at pharmacy
Tdap/Td Vaccine	TDAP (BOOSTRIX)	Standard	Medicare patients to receive at pharmacy
Tdap Pregnancy Vaccine	TDAP (BOOSTRIX)	Standard	
Varicella Vaccine	VARICELLA (VARIVAX) LIVE	Standard	

Implementation

Navigators

- Triage-Admit
- Overview
- ASSESSMENTS
 - Communication
 - Labor Assessment
 - Cervical Exam/Bi...
 - Interventions
 - Triage Screenings
 - Travel Screening
 - Tuberculosis Scr...
- HISTORY
 - PTA Medications
 - History Source
 - History
 - Results Console
 - Care Everywhere
- PATIENT MANAGEMENT
 - Provider Notify
 - Critical Test Res...
 - Specimen Collec...
 - Release Orders
 - Patient Belongings
 - Progress Note
 - Whiteboard Notes
 - Charge Capture
- ADMISSION
 - Immunizations**
 - Hemorrhage Risk
 - Implants

Immunizations - All Types

All Admin Types | Incomplete Admins | Historical Admins | Immunization Report | Query Imm Registry | Refresh | Storage Unit

Immunizations from outside sources need attention. Go Reconcile

Incomplete Administrations

Vaccine	Status
MMR	MAR administrable only
Varicella	MAR administrable only
Tdap	MAR administrable only

Administration History

Immunization Family	Admin Dates
Influenza	10/9/2025, 11/17/2022, 11/17/2021
Tdap	1/8/2026, 4/17/2019

WIR

Immunizations as of 3/4/2026 at 11:15 AM

Vaccine	Admin Dates
Influenza Quadrivalent P-Free (Influenza, split virus, quadrivalent, PF)	11/17/2022, 11/17/2021
Influenza Trivalent, Preservative-Free (Influenza, split virus, trivalent, PF)	10/9/2025
Moderna COVID-19 Vaccine (COVID Moderna 0.5 mL 12Y+)	11/17/2022
Tdap	1/8/2026, 4/17/2019

Forecasted immunizations as of 3/4/2026 at 11:15 AM

The following recommendations are calculated by the immunization registry and might not match your organization's recommended schedule.

Vaccine	Recommended Due Date	Next Dose #
MMR	12/2/1993	1
Varicella	12/2/2005	1
HepB (Hep B, Unspecified Formulation)	12/2/2011	1

Hospital:

- Nursing Admission Navigator
- Standardized OB Orderset

Implementation

Hospital:

- Standardized OB Orderset

▼ Immunizations

- **For postpartum patients without rubella immunity, consider administering the measles-mumps-rubella (MMR) vaccine upon discharge.**

✓ measles-mumps-rubella (M-M-R II) vaccine 0.5 mL (\$)

0.5 mL ONCE PRN, Subcutaneous, Other, If indicated, Starting today at 1112, For 1 dose

Give if indicated and patient is non-immune. ** Refrigerate ** RN to give Vaccine Information Sheet to patient. LIVE vaccine.

✓ varicella virus (VARIVAX) live vaccine 0.5 mL (\$\$)

0.5 mL ONCE PRN, Subcutaneous, Other, If indicated, Starting today at 1112, For 1 dose

Give if indicated. Administer vaccine within 30 minutes of reconstitution, preferably in outer aspect of arm. Keep FROZEN. Do NOT inject intravenously. RN to give Vaccine Information Sheet to patient. LIVE vaccine.

✓ diphtheria-pertussis (acellular)-tetanus (BOOSTRIX) vaccine 0.5 mL

0.5 mL ONCE PRN, Intramuscular, Other, If indicated, Starting today at 1112, For 1 dose

Give if indicated. RN to give Vaccine Information Sheet to patient.

Barriers and Challenges

Patient-Level:

Vaccine Safety (fear of miscarriage, birth defects)

Lack of Knowledge or awareness

Low perceived risk of pertussis ("I was vaccinated when I was younger")

Exposure to misinformation (Social Media and Community Narratives)

Sociodemographic and Access (younger age, lower income, health literacy)

Declining trust in public health

Competing prenatal priorities



Clinician-Level Barriers

Lack of strong clinician recommendation

Inconsistent counseling or missed opportunities

Clinician knowledge gaps or discomfort

Vaccine availability

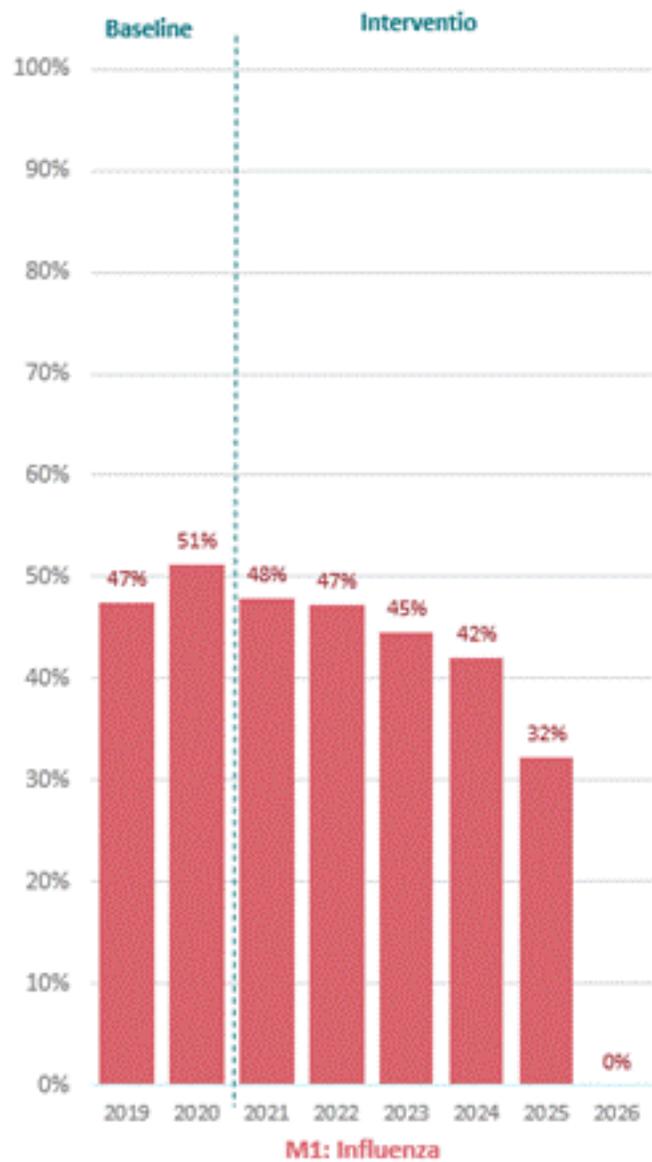
Insurance coverage and reimbursement

Fragmentation of care

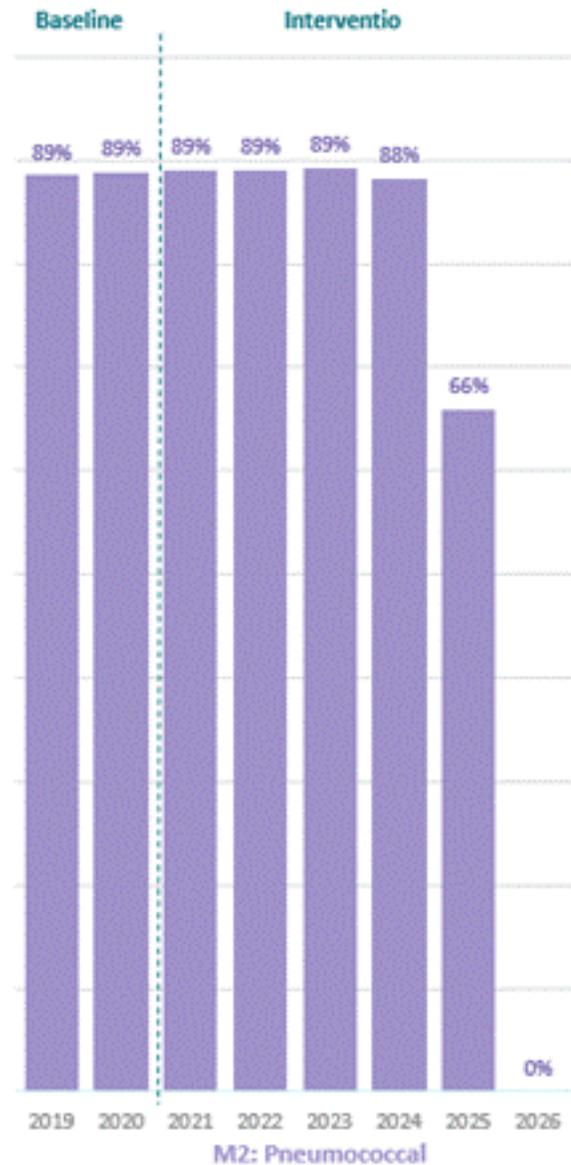
Timing and scheduling challenges

Data and Reporting

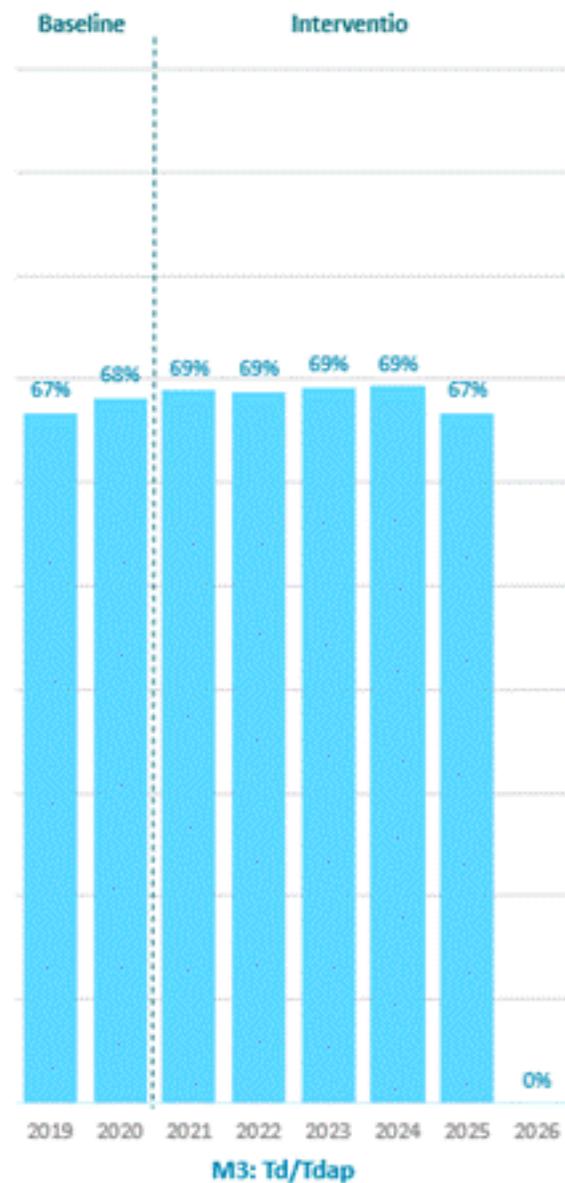
Q4



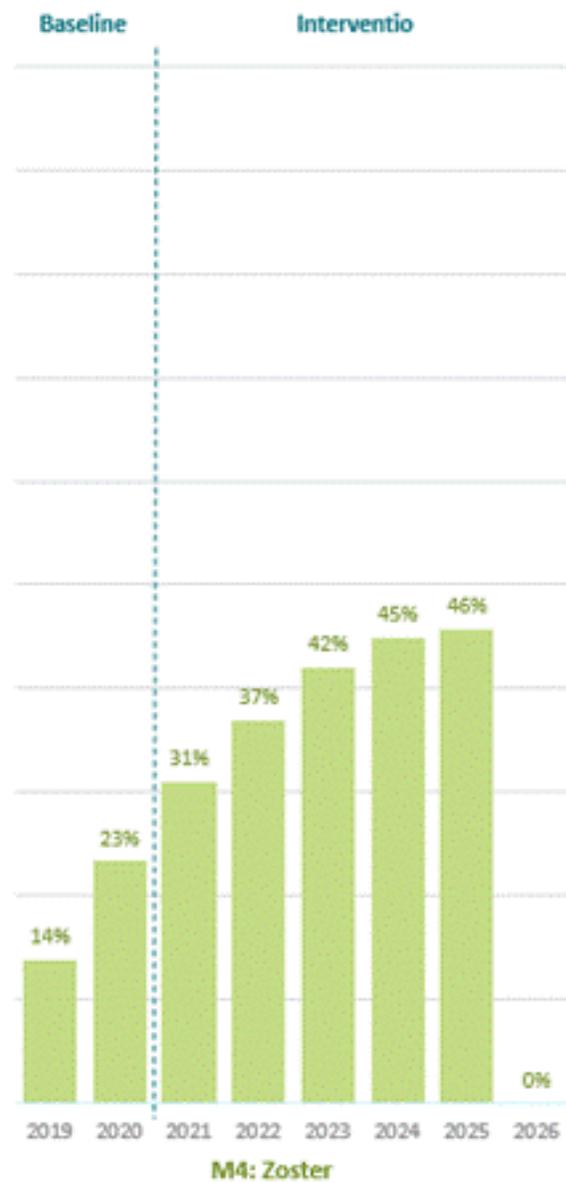
Q4

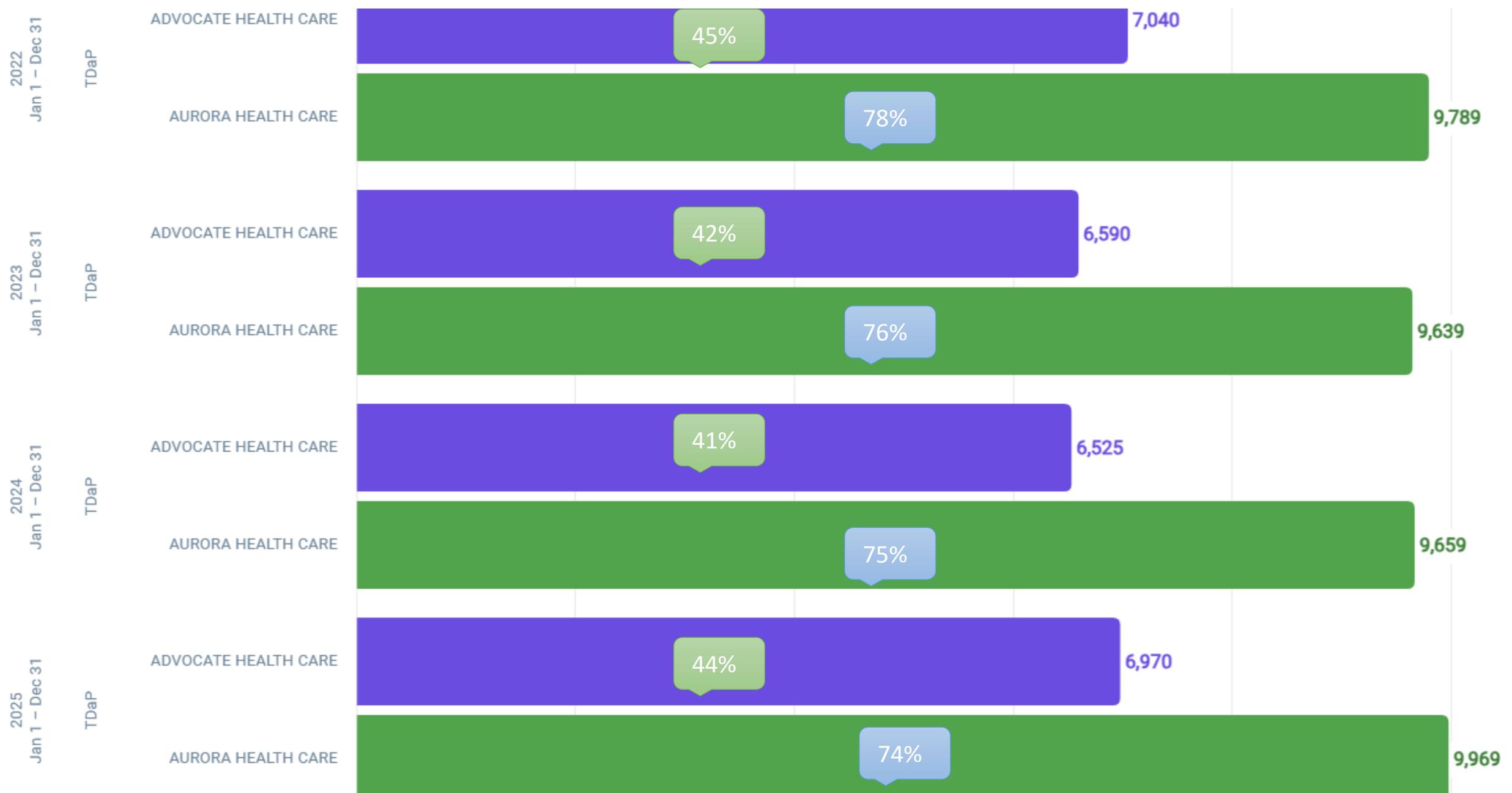


Q4



Q4

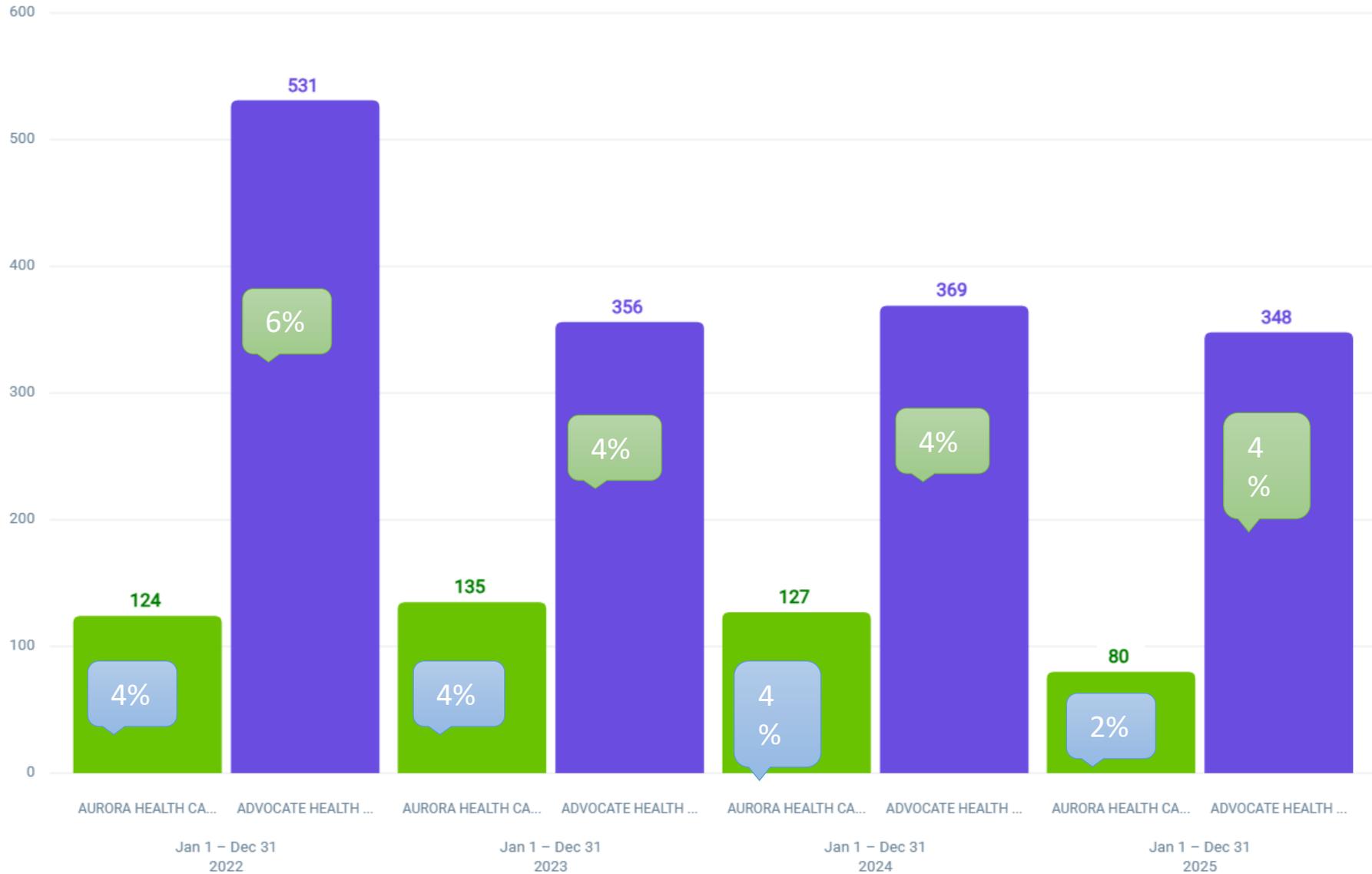




Tdap Admin. During Pregnancy

Tdap Administered during Delivery Encounter

Between 1/1/2022 and 12/31/2025 by year



Patient Resources

Whooping cough can be life-threatening for babies.

ACOG recommends the Tdap vaccine for pregnant patients between 27 and 36 weeks of each pregnancy.

Talk with your health care professional today.



Safe and recommended vaccines for pregnant patients:

- COVID-19
- Flu
- RSV
- Tdap

Talk with your health care professional about getting vaccinated today to protect you and your baby from serious illness.

ACOG



The Tdap vaccine protects against severe illness.

Urge your patients to get the Tdap vaccine between 27 and 36 weeks of pregnancy to help protect their newborns from pertussis.



Internal Resources

Vaccines in Pregnancy

Protect yourself and your baby.

	Vaccine	When to get the shot	Gestational age	Frequency	Protection against disease
Respiratory Virus vaccines	Flu	September to March	Any trimester	Every year	Pregnant people sick with flu may become much sicker than nonpregnant people. Antibodies are passed to baby for protection until baby can get the shot at 6 months.
	COVID	Anytime throughout the year	Any trimester	Every year	Pregnant people sick with COVID may become much sicker than nonpregnant people. Antibodies are passed to baby for protection until baby can get the COVID shot at 6 months.
	RSV Abrysvo by Pfizer	September to January	32-36 weeks	Once in a lifetime	Antibodies are passed to baby for RSV protection for the first 6 months of birth. Baby will not need RSV shot if pregnant person receives RSV vaccine.
Other recommended vaccines	Tdap	Anytime throughout the year	27-36 weeks	Once per pregnancy	Antibodies are passed to baby for whooping cough (pertussis) until baby completes the vaccine series at 6 months. Babies younger than 3 months have highest risk of severe disease and death from whooping cough.
	Hepatitis B Heplisav-B by Dynavax*	Anytime throughout the year	Any trimester	One series in a lifetime if antibody negative or non-vaccinated	Antibodies are passed to baby for protection until baby gets the shot shortly after birth. Infants with Hep B infection have a 90% chance of developing a chronic liver infection caused by hepatitis B virus.

*Pregnant patients <18 years should receive **Recombivax** 0.5mL/5mg by Merck

Care Companion - 3rd Trimester

[Comments \(0\)](#) [Hide Descriptions](#)

Care Plan for Pregnancy

Title Points for Care Plan for Pregnancy

[Understanding third trimester changes](#) 

Not started

Patient Materials



[Understanding third trimester changes](#) 

[What to expect during your third trimester](#) 

Prenatal care

During the third trimester, your health care provider might ask you to come in for more frequent checkups — perhaps every two weeks beginning at week 28 and every week beginning at week 36.

Like previous visits, your health care provider will check your weight and blood pressure and ask about any signs or symptoms you're experiencing. [Regardless of your vaccination status, one dose of Tdap vaccine is recommended during each pregnancy — ideally during the third trimester, between weeks 27 and 36 of pregnancy.](#) This can help protect your baby from whooping cough before he or she can be vaccinated. You will also need screening tests for various conditions, including:

- **Gestational diabetes.** This is a type of diabetes that sometimes develops during pregnancy. Prompt treatment and healthy lifestyle choices can help you manage your blood sugar level and deliver a healthy baby.
- **Iron deficiency anemia.** Iron deficiency anemia occurs when you don't have enough healthy red blood cells to carry adequate oxygen to your body's tissues. Anemia might cause you to feel very tired. To treat anemia, you might need to take iron supplements.
- **Group B strep.** Group B strep is a type of bacteria that can live in your vagina or rectum. It can cause a serious infection for your baby if there is exposure during birth. If you test positive for group B strep, your health care provider will recommend antibiotics while you're in labor.

Your health care provider will also check your baby's size and heart rate. Near the end of your pregnancy, your health care provider will also check your baby's position and ask about your baby's movements. He or she might also ask about your preferences regarding labor and pain management as you get ready for delivery.

If you have specific preferences for labor and birth — such as laboring in water or avoiding medication — define your wishes in a birth plan. Review the plan with your health care provider.

As your due date approaches, keep asking questions. Knowing what to expect can help you have the most positive birth experience.

People of all ages need **WHOOPIING COUGH VACCINES**



DTaP

for young children

- ✓ 2, 4, and 6 months
- ✓ 15 through 18 months
- ✓ 4 through 6 years

Tdap

for preteens

- ✓ 11 through 12 years

Tdap

for pregnant women

- ✓ During the 27-36th week of each pregnancy

Tdap

for adults

- ✓ Anytime for those who have never received it

www.cdc.gov/whoopingcough



References

- American College of Obstetricians and Gynecologists. (2017). Update on immunization and pregnancy: Tetanus, diphtheria, and pertussis vaccination (Committee Opinion No. 718). **Obstetrics & Gynecology**, **130**(3), e153–e157. <https://doi.org/10.1097/AOG.0000000000002301> (Reaffirmed 2022)
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- [Pregnancy and Vaccination | Pregnancy & Vaccines | CDC](#)

Questions?



Submit your questions using the **Q&A feature** at the bottom of the screen