



## Maternal Respiratory Syncytial Virus (RSV)

# Vaccine Health System Readiness Package

### INTRODUCTION

Obstetrician–gynecologists and other obstetric care providers are crucial in ensuring pregnant women receive recommended vaccines, with studies showing that when they directly recommend and offer a vaccine, the acceptance rate increases five-fold to 50-fold.<sup>1</sup> Immunization rates are notably higher when providers offer a vaccine during the same visit, rather than referring patients elsewhere, underscoring the importance of immediate availability in vaccine acceptance.<sup>2</sup>

The **Maternal RSV Vaccine Health System Readiness Package** is designed to enhance maternal RSV vaccination programs, providing health systems and providers with essential tools, pathways, educational materials and best practices. This package includes the following tools:

Maternal Vaccination Care Journey Roadmap [3 >](#)

Maternal RSV Vaccine Readiness Checklist for Health Systems [8 >](#)

Maternal RSV Vaccine Readiness Checklist for Clinics [10 >](#)

Health Equity in Maternal Vaccinations [12 >](#)

Links to Additional Maternal Vaccination Resources [14 >](#)



## INDICATION

ABRYSVO is a vaccine indicated for active immunization of pregnant individuals at 32 through 36 weeks gestational age for the prevention of lower respiratory tract disease (LRTD) and severe LRTD caused by respiratory syncytial virus (RSV) in infants from birth through 6 months of age.

## IMPORTANT SAFETY INFORMATION

- Do not administer ABRYSVO to individuals with a history of a severe allergic reaction (e.g., anaphylaxis) to any component of ABRYSVO
- The results of a postmarketing observational study suggest an increased risk of Guillain-Barré syndrome during the 42 days following vaccination with ABRYSVO
- A numerical imbalance in preterm births was observed compared to placebo in 2 clinical studies. Data are insufficient to establish or exclude a causal relationship between preterm birth and ABRYSVO. To avoid potential risk of preterm birth with use of ABRYSVO before 32 weeks of gestation, administer to pregnant individuals at 32 through 36 weeks gestational age
- Appropriate medical treatment must be available in case of an anaphylactic reaction
- Syncope (fainting) may occur in association with administration of injectable vaccines, including ABRYSVO. Procedures should be in place to avoid injury from fainting
- Immunocompromised individuals, including those receiving immunosuppressive therapy, may have a diminished immune response to ABRYSVO
- Vaccination with ABRYSVO may not protect all vaccine recipients
- In clinical trials with pregnant individuals, the most commonly reported ( $\geq 10\%$ ) adverse reactions were pain at the injection site (40.6%), headache (31.0%), muscle pain (26.5%), and nausea (20.0%)
- In clinical trials with infants born to pregnant individuals, low birth weight (5.1% ABRYSVO versus 4.4% placebo) and neonatal jaundice (7.2% ABRYSVO versus 6.7% placebo) were observed

Individuals who received ABRYSVO during pregnancy are encouraged to contact 1-800-616-3791 to enroll in a Pregnancy Exposure Registry.

Please see full [Prescribing Information](#) for ABRYSVO.

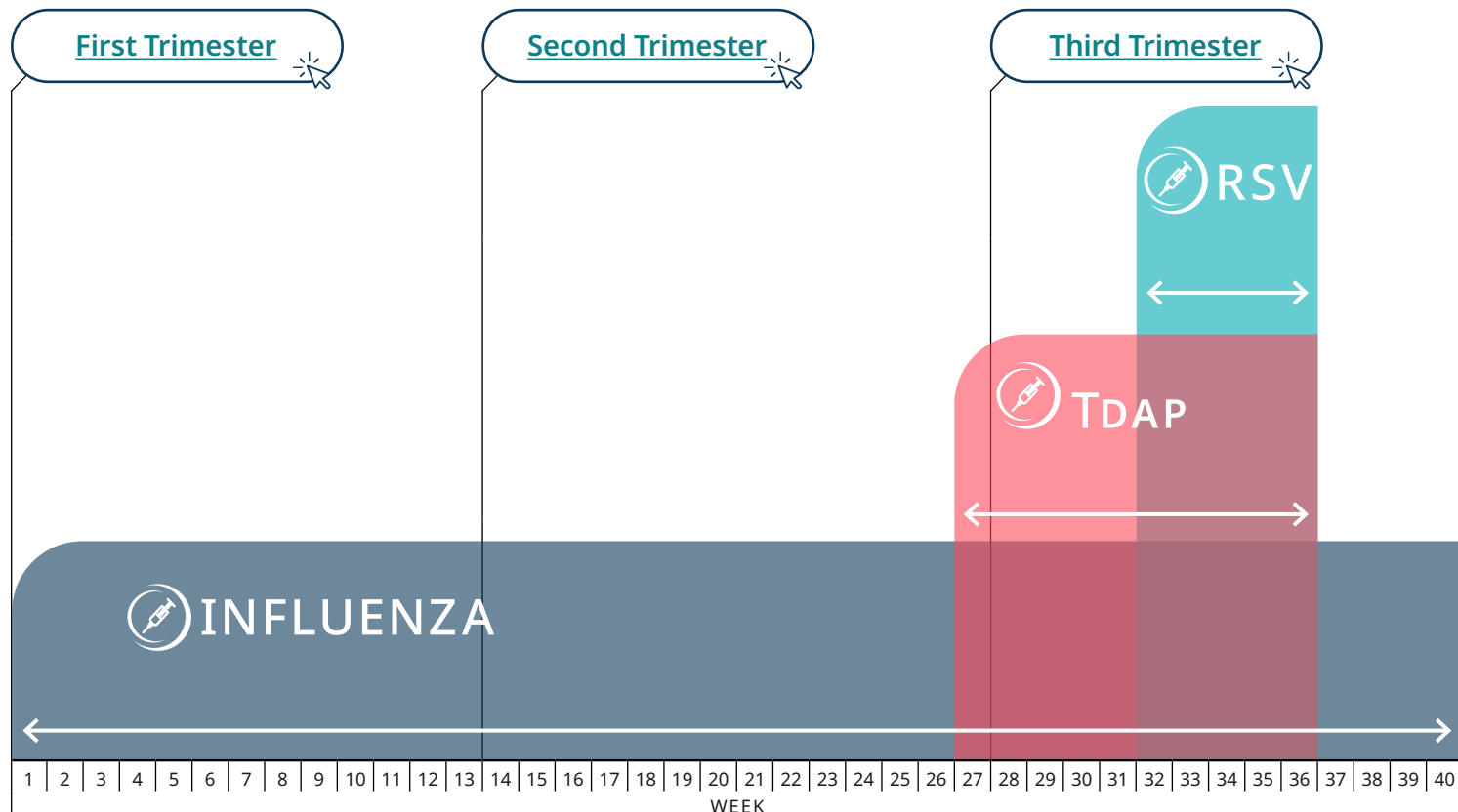
### < Cover References

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# Maternal Vaccination Care Journey Roadmap

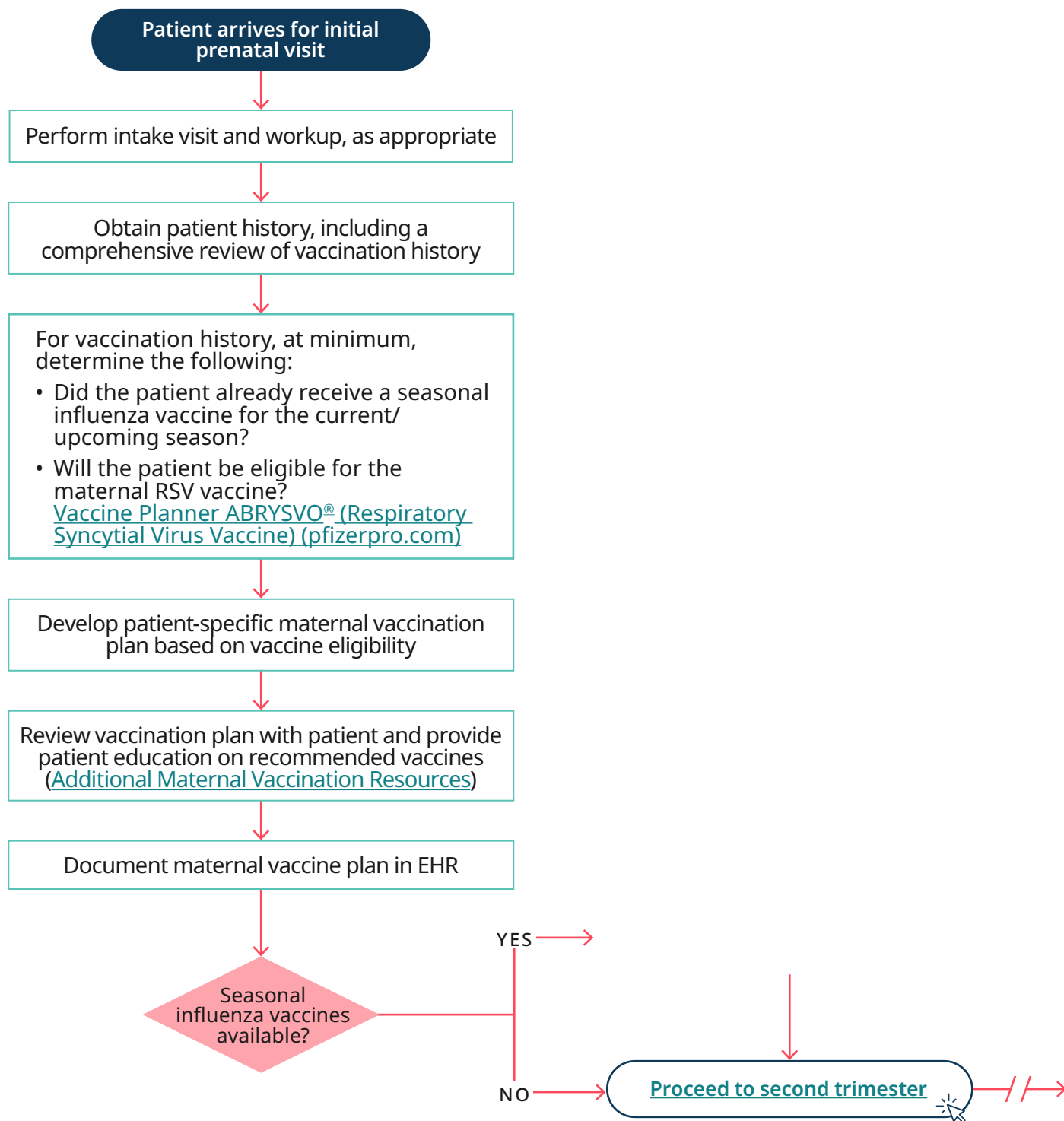
## INTRODUCTION

The *Maternal Vaccination Care Journey Roadmap* offers a structured approach to maternal vaccinations during pregnancy. It outlines the critical steps and considerations for immunizations across the three trimesters, helping to ensure both mother and/or baby are protected from vaccine-preventable diseases. The Roadmap includes key decision points and action points for three recommended maternal vaccines; it does not cover special situations like travel vaccines or vaccines for pregnant mothers who require catch-up vaccines.



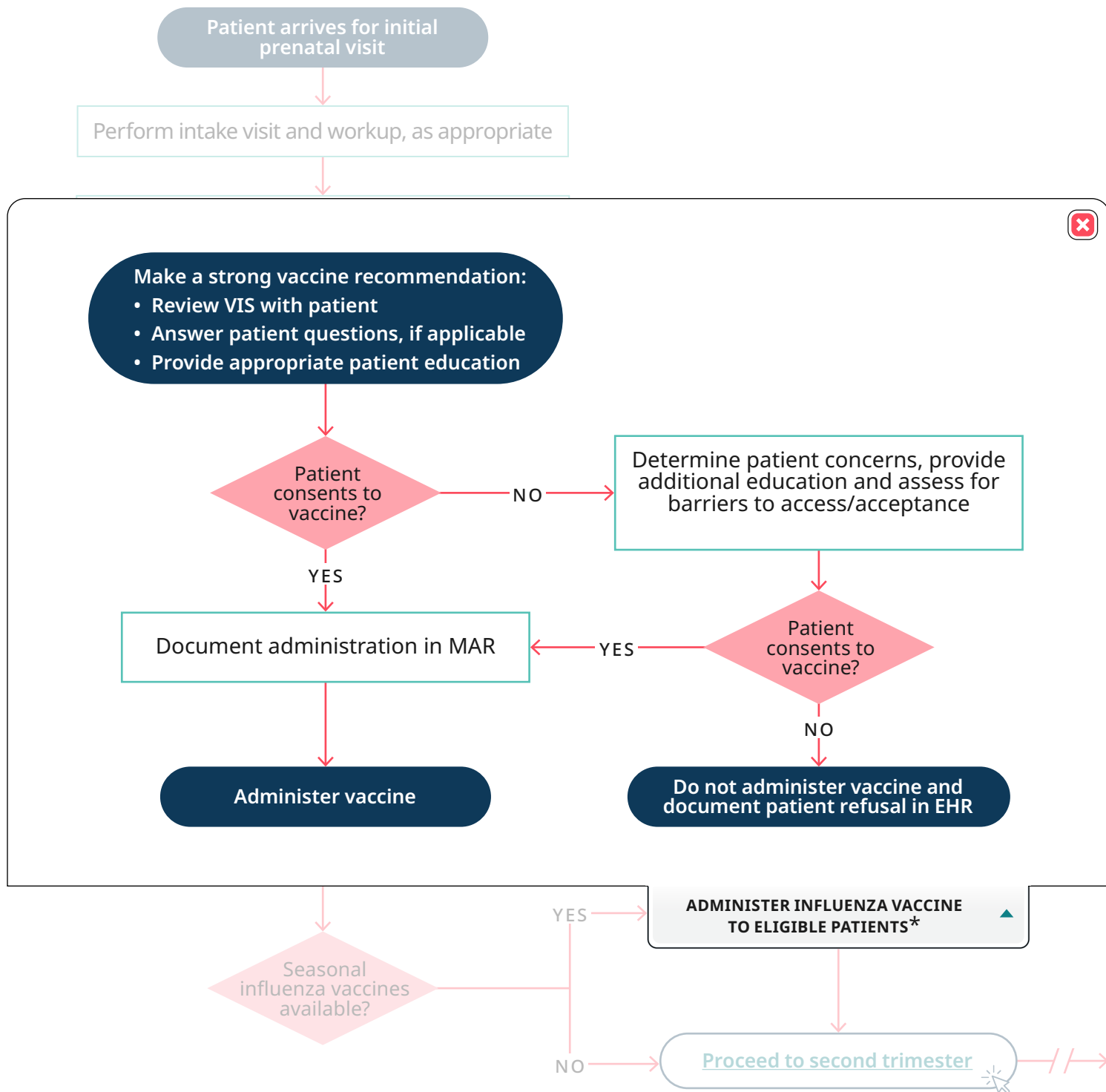
**Note:** Vaccination timelines may be affected by seasonal administration.

# First Trimester: Weeks 1-13



\* Refer to CDC or Health System policies/guidance on optimal timing of influenza vaccines for pregnant patients

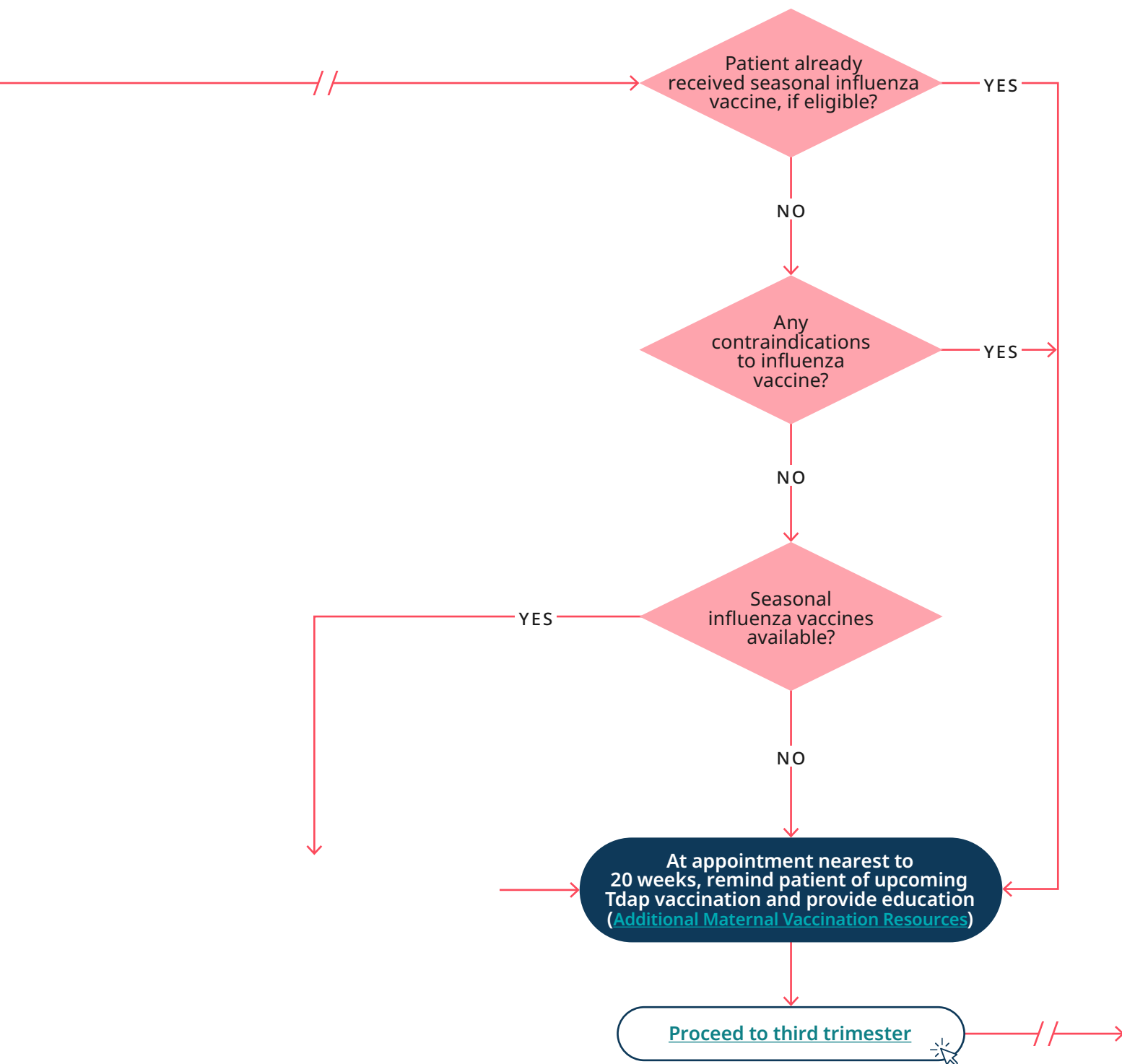
# First Trimester: Weeks 1-13



VIS = vaccine information statement  
MAR = medication administration record

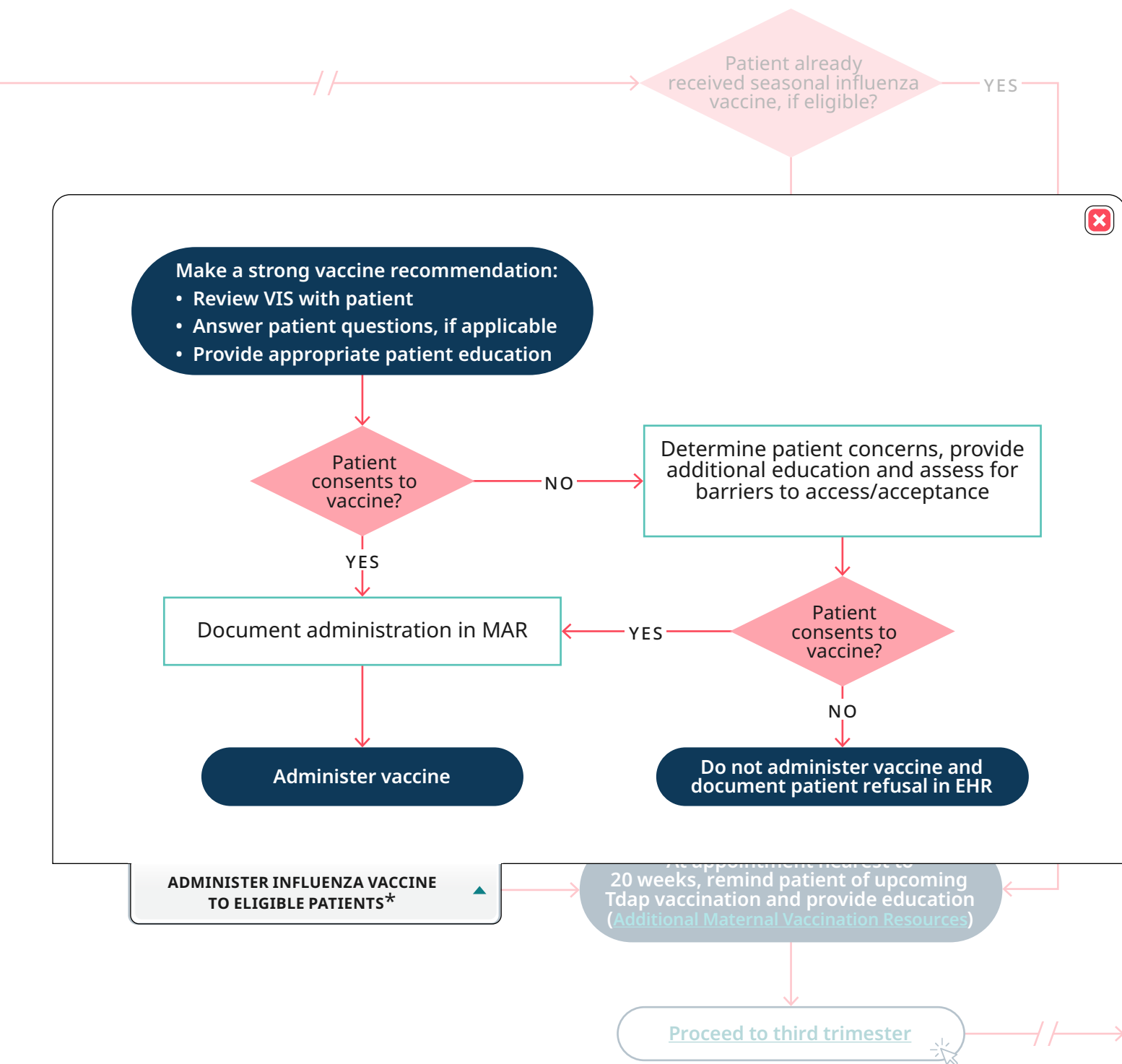
\* Refer to CDC or Health System policies/guidance on optimal timing of influenza vaccines for pregnant patients

## Second Trimester: Weeks 14-27



\* Refer to CDC or Health System policies/guidance on optimal timing of influenza vaccines for pregnant patients

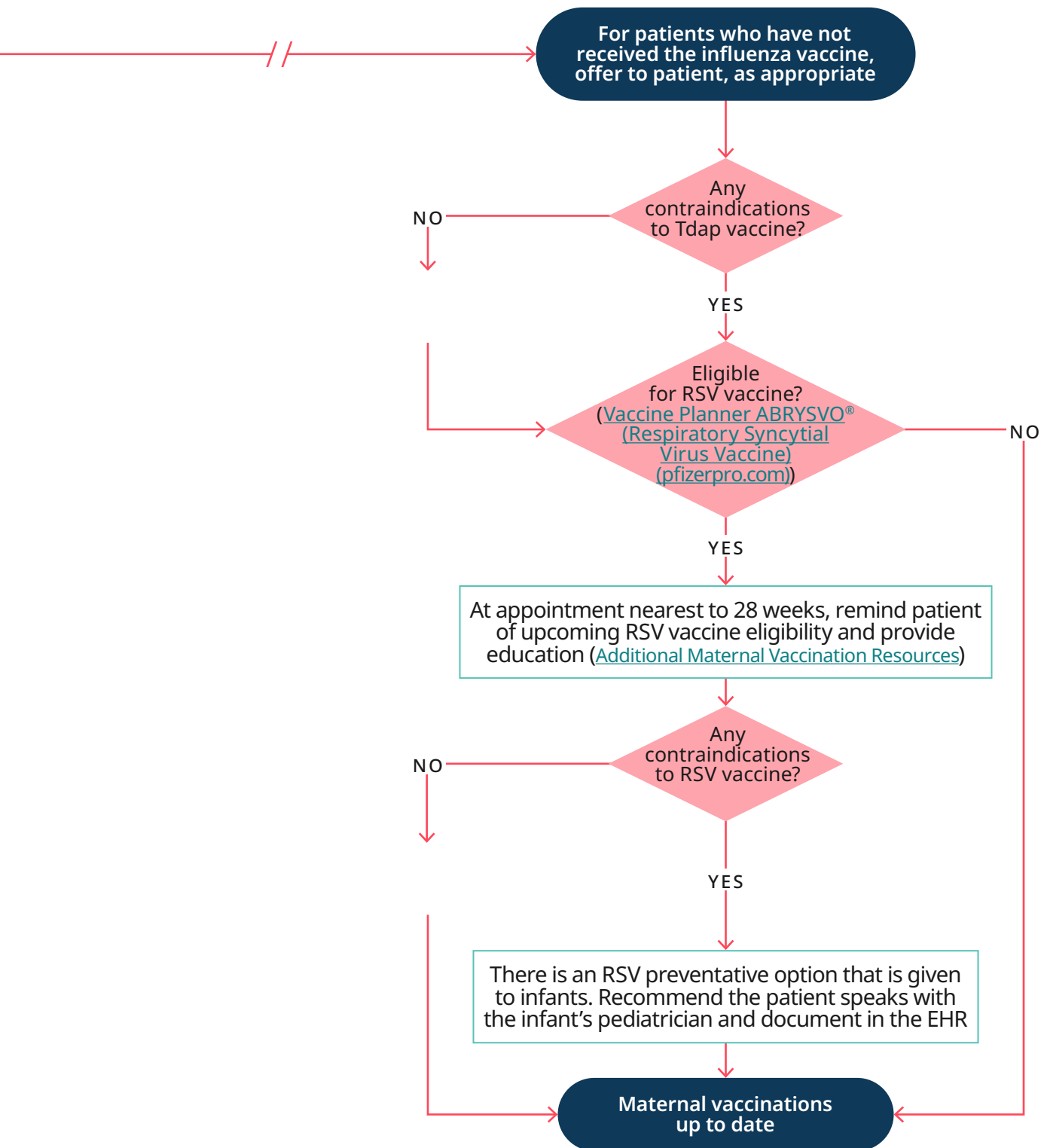
# Second Trimester: Weeks 14-27



VIS = vaccine information statement  
MAR = medication administration record

\* Refer to CDC or Health System policies/guidance on optimal timing of influenza vaccines for pregnant patients

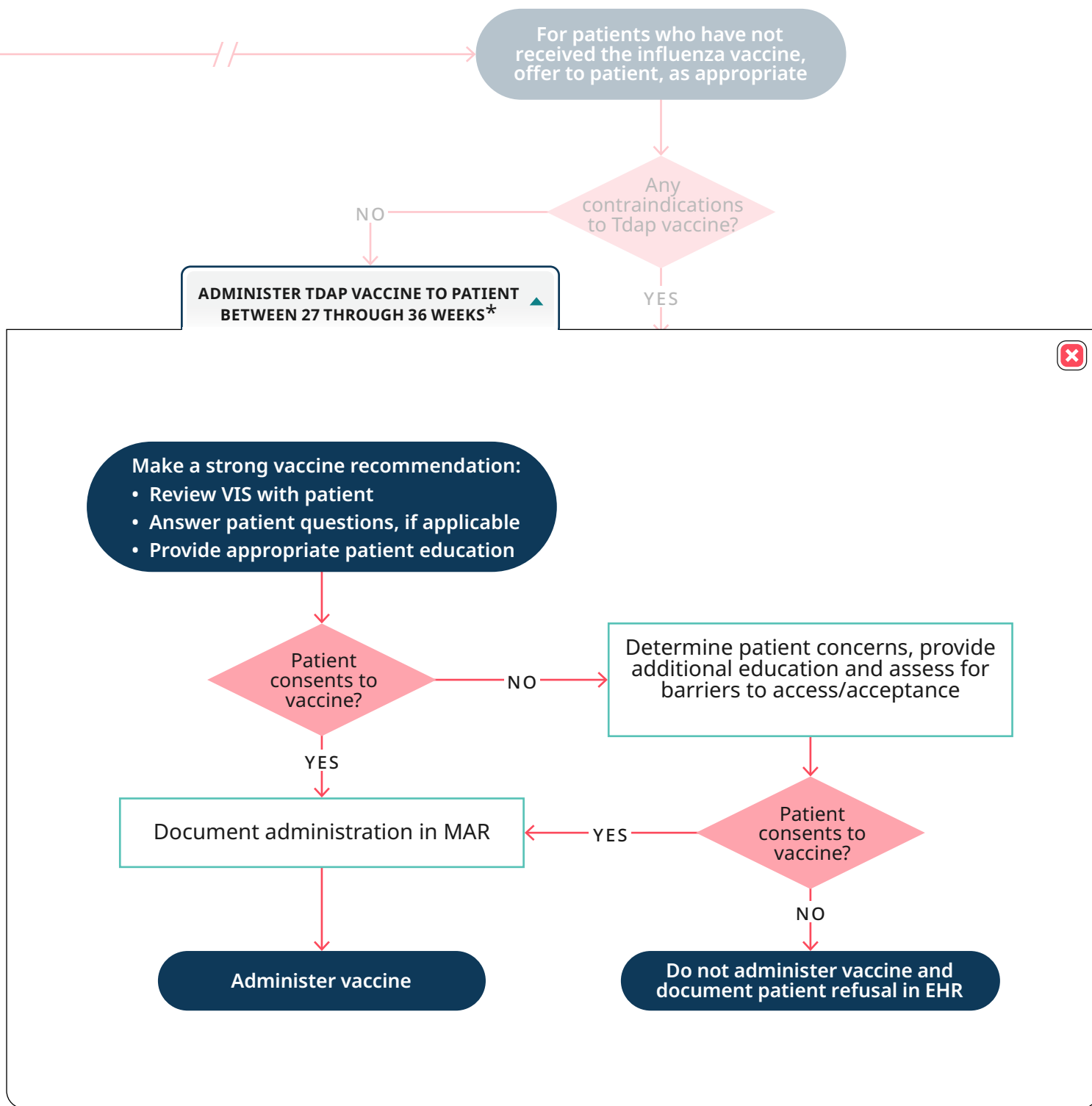
# Third Trimester: Weeks 28-40



\* Pregnant people should get a dose of Tdap during every pregnancy, preferably during the early part of the third trimester



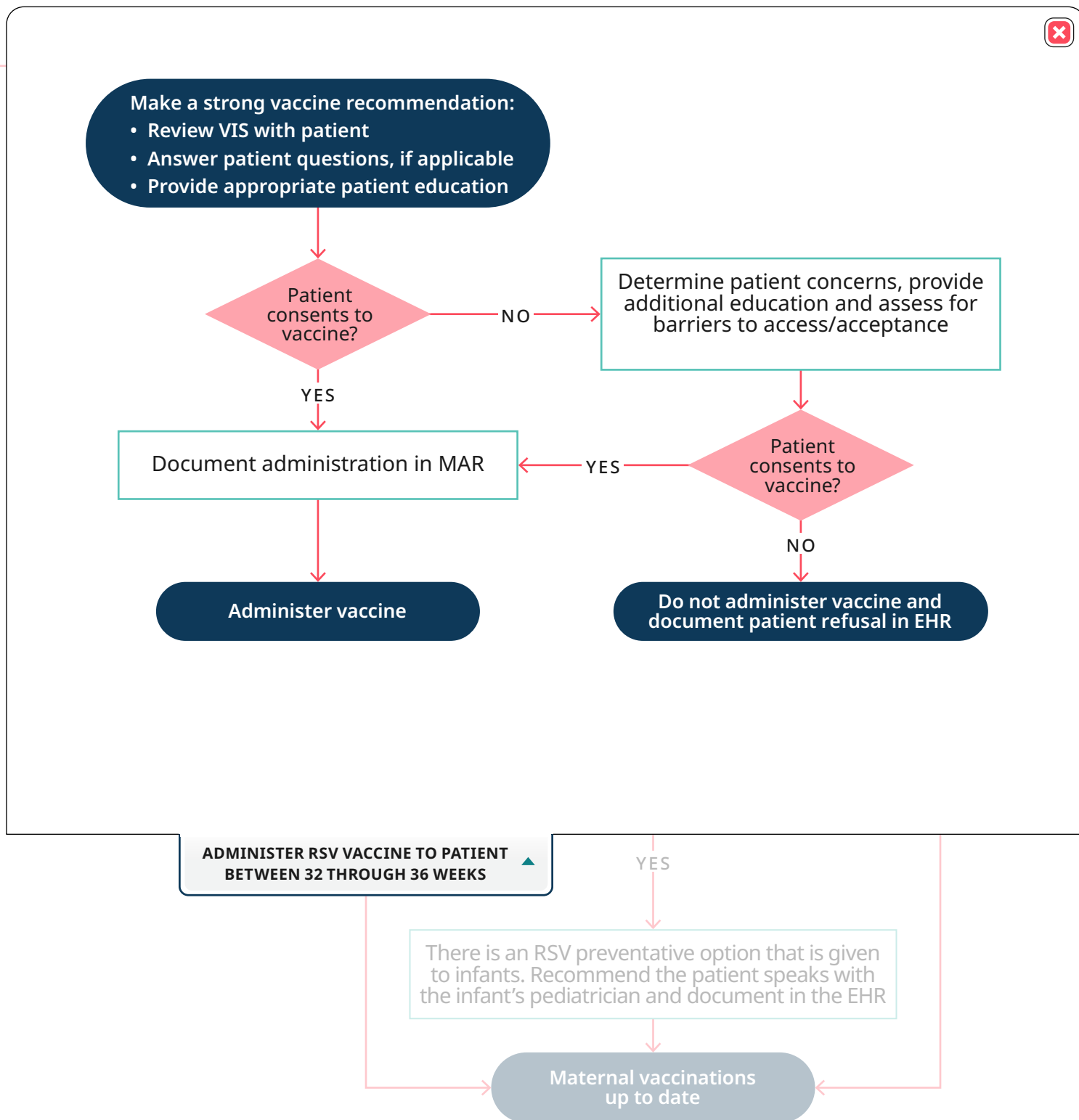
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8. Centers for Disease Control and Prevention. Immunizations to Protect Infants. 2024. Accessed February 19, 2025. <https://www.cdc.gov/rsv/vaccines/protect-infants.html>

# Vaccine Readiness Checklist for Health Systems

*In subsequent seasons, revisit this checklist to confirm the following are in place.*

## Leadership (Recommended timing: Q1)

<input type="checkbox"/>	If not already identified, appoint a system-wide maternal vaccine champion <sup>1-3</sup>
<input type="checkbox"/>	Ensure standing orders are in place, if applicable ( <a href="#">Standing Orders for Administering Pfizer's ABRYSVO® (Respiratory Syncytial Virus (RSV) Vaccine) During Pregnancy (immunize.org)</a> ) <sup>4,5</sup>
<input type="checkbox"/>	Implement a system-level initiative to offer all recommended vaccines to every pregnant patient <sup>1,6</sup>
<input type="checkbox"/>	Design and establish a clear communication structure to effectively distribute RSV vaccine information and updates from the leadership level directly to the clinics <sup>7</sup>
<input type="checkbox"/>	Confirm payer coverage and requirements <sup>1,8</sup>
<input type="checkbox"/>	Develop system wide inventory management plan <sup>4</sup>

## Best practices<sup>1</sup>

- Implement a maternal vaccine pathway and process to increase vaccine uptake
- Schedule quarterly system readiness meetings to prepare for this season/ next season
- Consider implementing patient reminders, QR code to link to educational resources, providing diverse educational resources/ materials and using a 5th grade reading level for all patient facing materials
- Work with IT to link baby to mother's chart in EHR or provide maternal vaccination cards
- Provide equitable access and opportunity – target clinics outside large health systems and state health departments

## Monitoring and Continuous Improvement

### (Recommended timing: Q1)

<input type="checkbox"/>	Determine QA metrics to monitor and track <sup>1,7</sup>
<input type="checkbox"/>	Develop benchmarks or vaccination goals for maternal RSV vaccinations <sup>1,7</sup>
<input type="checkbox"/>	Determine cadence of reporting metrics to providers and vaccinating clinics <sup>1,3</sup>
<input type="checkbox"/>	If applicable, perform end of season review and debrief to disseminate clinic performance, successes, barriers, lessons learned and strategies for improvement <sup>1,3</sup>

## Technology (Recommended timing: Q1-Q2)

<input type="checkbox"/>	Create pre-populated order sets including the maternal RSV vaccine <sup>1</sup>
<input type="checkbox"/>	Create best practice alerts (BPAs) or clinical decisions support (CDS) alerts <sup>1,9</sup>
<input type="checkbox"/>	Develop and activate patient care gap alerts and educational materials in the patient portal <sup>1,9,10</sup>

**Outreach (Recommended timing: Q2)**

<input type="checkbox"/>	Develop community outreach plan including community education and engagement strategies (patient portal and message notifications, if applicable) <sup>10,11</sup>
<input type="checkbox"/>	Develop a maternal RSV vaccine marketing plan including social media strategy <sup>10,11</sup>

**Staff and Patient Education (Recommended timing: Q2-Q3)**

<input type="checkbox"/>	Develop comprehensive training for all staff on the burden of RSV, importance of RSV vaccination and communication strategies for vaccine discussions with pregnant patients and their family <sup>3,6,12</sup>
<input type="checkbox"/>	Identify appropriate settings/venues for RSV vaccine information dissemination (grand rounds, physician meetings, etc.) <sup>1,12</sup>
<input type="checkbox"/>	Ensure vaccinating clinics receive and implement the <a href="#">Maternal RSV Vaccine Readiness Checklist for Clinics</a>
<input type="checkbox"/>	Provide training on early vaccine conversations and evidence-based communication strategies for trust building and overcoming vaccine hesitancy <sup>1,6</sup>
<input type="checkbox"/>	Ensure vaccinating clinics receive and implement patient education resources ( <a href="#">Additional Maternal Vaccination Resources</a> ) <sup>3,11</sup>

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2. American Medical Group Association. Assemble your Rise to Immunize Team. 2021. Accessed February 19, 2025. [https://www.amga.org/getmedia/40f7643e-42a4-4c47-a457-620ca2643201/core-team-members-chart\\_ready-for-web-1.pdf](https://www.amga.org/getmedia/40f7643e-42a4-4c47-a457-620ca2643201/core-team-members-chart_ready-for-web-1.pdf)
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7. American Medical Group Association. Getting Started Checklist. 2022. Accessed February 19, 2025. <https://www.amga.org/rise-to-immunize/campaign-toolkit/getting-started/>
8. National Adult and Influenza Immunization Summit. Insurance Coverage of Adult Immunizations. 2023. Accessed February 19, 2025. [https://www.izsummitpartners.org/content/uploads/NAIIS\\_vaccine-insurance-coverage\\_2023.pdf](https://www.izsummitpartners.org/content/uploads/NAIIS_vaccine-insurance-coverage_2023.pdf)
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10. American Medical Group Association. Patient Education: Level 2. 2022. Accessed February 19, 2025. <https://www.amga.org/rise-to-immunize/campaign-planks/patient-education-level-2>
11. American Medical Group Association. Patient Education: Level 1. 2022. Accessed February 19, 2025. <https://www.amga.org/rise-to-immunize/campaign-planks/patient-education-level-1>
12. American Medical Group Association. Provider & Staff Education: Level 1. 2022. Accessed February 19, 2025. <https://www.amga.org/rise-to-immunize/campaign-planks/provider-staff-education-level-1>

# Vaccine Readiness Checklist for Clinics

## Roles and Responsibilities (Recommended timing: Jan-Feb\* | Jun-Jul†)

<input type="checkbox"/>	Assign a clinic-level vaccine manager/educator* <sup>1</sup>
<input type="checkbox"/>	Assign a clinic-level maternal vaccine champion* <sup>2-4</sup>
<input type="checkbox"/>	Identify staff involved in vaccinations <sup>3,5</sup>

## Workflow and Planning (Recommended timing: Jan-Feb\* | Jun-Jul†)

<input type="checkbox"/>	Establish a formal clinic workflow ( <a href="#">Maternal Vaccination Care Journey Roadmap</a> )* <sup>1</sup>
<input type="checkbox"/>	Ensure standing orders are in place, if applicable ( <a href="#">Standing Orders for Administering Pfizer's ABRYSVO® (Respiratory Syncytial Virus (RSV) Vaccine) During Pregnancy (immunize.org)</a> )* <sup>1,6</sup>
<input type="checkbox"/>	Ensure vaccine storage requirements are met: Refrigerated at 2°C to 8°C (36°F to 46°F) <sup>7</sup>
<input type="checkbox"/>	Implement digital tools to assist in identification of eligible patients <a href="#">Vaccine Planner ABRYSVO® (Respiratory Syncytial Virus Vaccine) (pfizerpro.com)</a> <sup>2,8</sup>
<input type="checkbox"/>	Run reports of last year's maternal RSV vaccination volumes (if applicable) to forecast demand <sup>2,9</sup>
<input type="checkbox"/>	Run report of established patient due dates to identify estimated number of eligible patients to forecast demand <sup>2</sup>

## Staff Training and Education (Recommended timing: Jun-Aug\* | Mid Jul-Aug†)

Annual training delivered to staff including training on:

<input type="checkbox"/>	Clinic vaccination protocol/workflow <sup>1,4,9-10</sup>
<input type="checkbox"/>	Clinic staff roles and responsibilities <sup>9</sup>
<input type="checkbox"/>	Abrysvo (the only approved maternal RSV vaccine) product details, indications and eligibility requirements <sup>7</sup>
<input type="checkbox"/>	Side effects, adverse events and contraindications <sup>7,11</sup>
<input type="checkbox"/>	Product information on an RSV preventative monoclonal antibody for infants <sup>12</sup>
<input type="checkbox"/>	Health equity and vaccine access ( <a href="#">Link to Health Equity Resource</a> ) <sup>2,13</sup>
<input type="checkbox"/>	How to make strong vaccine recommendations and address vaccine hesitancy/concerns <sup>4,14</sup>
<input type="checkbox"/>	Vaccine reconstitution instructions <sup>7</sup>

## Clinic Preparation (Recommended timing: Early Aug\* | Early Aug†)

<input type="checkbox"/>	Ensure vaccine information statements are available in every room (physical or electronic) <sup>1,4</sup>
<input type="checkbox"/>	Verify approved or standardized patient education resources are available in the clinic <sup>15</sup> ( <a href="#">Additional Maternal Vaccination Resources</a> )
<input type="checkbox"/>	Verify maternal RSV vaccine promotional or educational materials placed throughout clinic (banners on sign in screens, pamphlets, posters or flyers on walls, badge buddies, etc.) <sup>15</sup>

## Technology (Recommended timing: Late Aug\* | Late Aug†)

<input type="checkbox"/>	Verify functionality of BPAs or other clinical decision support tools, if applicable <sup>16</sup>
<input type="checkbox"/>	Ensure functionality of patient alerts and care gap notifications in patient portals, if applicable <sup>16-17</sup>
<input type="checkbox"/>	Ensure patient educational materials are uploaded and up to date on patient portals and clinic website, if applicable <sup>17</sup>

## References:

1. Immunization Action Coalition. Vaccinating Adults: A Step-by-Step Guide. 2017. Accessed February 19, 2025. <https://www.immunize.org/wp-content/uploads/guide/pdfs/vacc-adults-entire.pdf>
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# Health Equity in Maternal Vaccinations

## IMPROVING VACCINE ACCESS AND UPTAKE FOR PREGNANT INDIVIDUALS

*Health equity issues may affect vaccination during pregnancy*

Patients may encounter barriers and challenges accessing vaccinations which may affect receiving them in a timely manner. Issues may include distrusting vaccines or medical care, health literacy, costs, transportation and English proficiency.

Patients may have had previous negative experiences related to vaccines or related to medical care which may make them distrustful.<sup>1-3</sup> These experiences may include adverse events after immunization, medical dismissal due to vaccine hesitancy or other adverse healthcare experiences.

- Learn about and use [cultural intelligence](#) to develop a conscious awareness of personal feelings, assess knowledge gaps and gauge readiness to effectively interact with patients from marginalized populations.<sup>2</sup>
- Use tools such as “Ask, Acknowledge, Ascend.” Ask the patient questions in a respectful tone to try to understand the cause of distrust. *Acknowledge* the patient’s concerns and experience. *Ascend* the distrust, establish rapport and begin to address the problem.<sup>3</sup>

Patients may have concerns about vaccine safety or may not understand the need for vaccines.

- Use “[Patient-Oriented Evidence that Matters](#)” (POEMs) tools<sup>4,5</sup> to focus on outcomes patients care about and can relate to, such as health during and after pregnancy and the health of their babies.
- Use [motivational interviewing](#) to align with patient values and needs<sup>6</sup> which is an evidence-based, culturally sensitive way to talk to patients and help them adopt healthy behavior change.
- Use [plain language](#) and [teach-back](#) to ensure patients understand vaccine information. *Plain language* uses everyday words to explain concepts.<sup>7</sup> (Vaccine Information Statements from [immunize.org](#) are written in plain language.) The *teach-back* method asks patients to explain information presented to them in their own words to make sure they understand it, and the provider can address anything that isn’t clear.<sup>8</sup>
- Ensure all staff have resources and education to answer questions about vaccines that can be customized to the patient population. (See **Resources**)

Patients may think they can’t afford vaccines.

- Most health insurance plans cover recommended vaccines for little or no cost to patients.<sup>9</sup>
- Beginning October 1, 2023, [state Medicaid and CHIP programs must cover FDA-approved, ACIP-recommended vaccines for adults](#).<sup>10</sup>

Patients may have difficulty getting to and from pre-natal appointments.

- Expand clinic hours and location options with drop-in vaccination sites<sup>11</sup> and walk-in and scheduled express vaccination appointments.<sup>12</sup>
- Refer patients to local pharmacies, health centers or state health department resources that may have more convenient locations and hours.<sup>9</sup>

Patients may not be proficient in English and may have trouble understanding information.

- Pre-natal vaccination education is available in multiple languages from the [Society for Maternal-Fetal Medicine](#).
- Vaccine information statements are available in multiple languages from [immunize.org](#)

## RESOURCES

Centers for Disease Control and Prevention – Vaccine Safety [https://www.cdc.gov/vaccine-safety/about/pregnancy.html?CDC\\_AAref\\_Val=https://www.cdc.gov/vaccinesafety/concerns/vaccines-during-pregnancy.html](https://www.cdc.gov/vaccine-safety/about/pregnancy.html?CDC_AAref_Val=https://www.cdc.gov/vaccinesafety/concerns/vaccines-during-pregnancy.html)

American College of Obstetricians and Gynecologists – Vaccine Safety During Pregnancy <https://www.acog.org/womens-health/faqs/vaccine-safety-during-pregnancy>

Pediatric Infectious Disease Society Comprehensive Vaccine Education Program—From Training to Practice <https://pids.org/education-training/vaccine-education-program/>

Children’s Hospital of Philadelphia Vaccine Education Center <https://www.chop.edu/centers-programs/vaccine-education-center>



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## ADDITIONAL MATERNAL VACCINATION RESOURCES

This list of resources provides additional information to help providers and patients understand the importance of maternal vaccines and to help make informed decisions for better health outcomes.

### CDC

- Pregnancy and Vaccination | <https://www.cdc.gov/vaccines-pregnancy/index.html>
- Why Maternal Vaccines Are Important | <https://www.cdc.gov/vaccines-pregnancy/hcp/maternal-vaccines/index.html>
- Guidelines for Vaccinating Pregnant Persons | <https://www.cdc.gov/vaccines-pregnancy/hcp/vaccination-guidelines/index.html>
- Immunization and Pregnancy Research | <https://www.cdc.gov/vaccines-pregnancy/hcp/research/index.html>
- From Me, To You | <https://www.cdc.gov/vaccines/php/resources/from-me-to-you.html>

### ACOG

- Increasing Maternal Immunization Rates | <https://www.acog.org/programs/immunization-for-women/activities-initiatives/increasing-maternal-immunization-rates>
- Maternal Immunization Practice Advisory | <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2022/10/maternal-immunization>

### PATIENT EDUCATION:

#### ACOG

- Vaccines During Pregnancy | <https://www.acog.org/-/media/project/acog/acogorg/womens-health/files/infographics/vaccines-during-pregnancy.pdf>

#### CDC

- About vaccines and pregnancy | <https://www.cdc.gov/vaccines-pregnancy/about/index.html>
- Vaccine Recommendations Before, During, and After Pregnancy | <https://www.cdc.gov/vaccines-pregnancy/recommended-vaccines/index.html>
- Vaccine Safety for Moms-to-Be | <https://www.cdc.gov/vaccines-pregnancy/vaccine-safety/index.html>
- Vaccine Resources for Pregnant Women | <https://www.cdc.gov/vaccines-pregnancy/resources/index.html>
- From Me, To You | <https://www.cdc.gov/vaccines/php/resources/from-me-to-you.html>