



Maternal RSV Immunization Implementation Strategy: A Checklist for Providers



Participating health systems of the **Maternal RSV Vaccine Preparedness QulC** identified ► **five areas of focus** that are critical for the potential successful implementation of an RSV maternal program and shared their experiences and insights from their respective organizations.

By examining these critical areas, this strategy aims to provide a framework that healthcare organizations can consider to guide the integration of new vaccines into their immunization efforts. It incorporates best practices, lessons learned, and actionable recommendations.

1 Determining and Assigning Vaccination Champions

A Vaccination Champion can ensure focused leadership and advocacy for RSV vaccination during pregnancy by promoting vaccine acceptance among pregnant mothers and ensuring adherence to vaccination guidelines.

- ☐ **Designate vaccination champions across system divisions**, including women's health, maternal and fetal medicine, pediatrics, medication safety, and pharmacy.
- ☐ **Enable Champions to develop and socialize order sets and protocols**, ensuring consistency across providers despite differing electronic medical record (EMR) systems.
- ☐ **Foster collaboration with a multidisciplinary team** (e.g., OB/GYN, MFM, Family Medicine, Pediatrics, Pharmacy, Communications) to provide accurate recommendations and guidance for patients and clinicians.

Key Health System Insight:

"Vaccination champions were important for driving program implementation within our organization. We had a medical director champion, a maternal health champion, and a pediatric champion who collaborated to raise awareness with staff about the importance of the program and availability of the vaccine."

2 Educating Providers and Reinforcing the Importance of Vaccination

By defining clear roles, standardizing protocols, and enhancing provider confidence through ongoing education, healthcare organizations can improve vaccination rates

- ☐ **Develop protocols and order sets**, educating healthcare providers early to ensure a consistent approach for vaccinating eligible pregnant mothers.
- ☐ **Provide education on the approved RSV vaccine** and its recommended use for pregnant mothers between 32 through 36 weeks' gestation.
- ☐ **Ensure awareness** of maternal RSV vaccine availability among all providers, including those not administering the vaccine, such as pediatrics and NICU inpatient centers.
- ☐ **Increase Access** to the maternal RSV vaccine by making it available to a broad group of providers including OB/GYNs, primary care, family practices with prenatal clinics, and pop-up clinics—particularly for underserved patients.
- ☐ **Share evidence-based communication** (written and verbal) highlighting the benefits of maternal RSV vaccination with all OB/GYN providers, as well as hospital and ambulatory practice staff.
- ☐ **Engage pharmacists** to provide education to clinical staff and providers.
- ☐ **Establish a cross-functional steering committee** for formulary decisions and clinical protocols and to serve as a program implementation team.
- ☐ **Assign vaccination champion** or contact at each site/clinic to address issues or questions.

3 Leveraging the Electronic Medical Record (EMR)

EMR systems can help to streamline workflows, enhance communication, facilitate data-driven decision making, and ultimately help to improve maternal and infant health outcomes. Patient tracking, risk assessment, coordination of care, vaccination management, data analysis and surveillance, and patient education/engagement are activities available when the maternal RSV vaccination is incorporated within an EMR system.

- ☐ **Establish integration as early as possible** to account for potentially long lead times required for incorporating the vaccine into the EMR system.
- ☐ **Identify mothers who received or did not receive the maternal RSV vaccine**, ensuring this information is readily available for pediatric providers.
- ☐ **Enable year-around health maintenance reports** to identify and track patients who will be eligible for maternal RSV vaccination during the RSV season, ensuring early identification, better patient education, and streamlined workflows.
- ☐ **Facilitate stocking, prescriptions, and performance tracking**, ensuring proper coverage and timely administration.
- ☐ **Consider utilizing maternal RSV modules** available on various EMR platforms for more straightforward software updates and adding maternal workflows linked to Immunization Information Systems.
- ☐ **Assess capabilities of the EMR** to link maternal and infant charts, allowing for tracking of vaccination data from pregnancy to infancy.
- ☐ **Build best practice alerts** for perinatal eligible patients.

4 Engaging in Patient Education and Outreach

Patient education and outreach are crucial for increasing maternal immunization uptake, addressing vaccine hesitancy, and empowering pregnant mothers to make informed decisions. These efforts also help foster community support for immunization as an essential part of prenatal care. Trusted organizations like the CDC, ACOG, AAP, and AAFP provide valuable information on the risks of RSV to infants and the benefits of the maternal RSV vaccine.

- ☐ **Link patient outreach to existing flu education plans**, ensuring eligible patients are asked at each visit whether they want to receive the maternal RSV vaccine.
- ☐ **Use fact sheets and resources** to educate patients about the safety and effectiveness of the maternal RSV vaccine and infant monoclonal antibody in preventing severe RSV-related respiratory illnesses in infants, as endorsed by ACOG.¹
- ☐ **Utilize pop-up clinics** that focus exclusively on the maternal RSV vaccination.
- ☐ **Offer vaccine clinic days** with convenient times and availability for patients.
- ☐ **Address teen pregnancies** by considering outreach strategies if OB/GYN offices are not part of the Vaccines for Children program.
- ☐ **Leverage EMRs** for outreach using MyChart^{TM2} campaigns or other modules that promote health equity.
- ☐ **Utilize social media** to broaden outreach and increase patient awareness and education.

5 Monitoring and Measuring Using a Dashboard

Evaluating program effectiveness and identifying areas for improvement are key to setting and tracking vaccination goals.

- ☐ **Evaluate vaccination program** to identify gaps and determine the need for targeted outreach to increase maternal vaccination rates.
- ☐ **Collaborate with population health representatives** to establish a baseline volume goal and start date for the vaccination program and patient outreach, and then monitor progress.
- ☐ **Assess the opportunity to set an organizational RSV goal** and align it with goals for other vaccinations, such as HPV, flu, or Tdap (e.g., Tdap goal of vaccinating 80% of eligible patients).

¹ ACOG. Maternal RSV vaccination. Accessed June 26, 2024. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/09/maternal-respiratory-syncytial-virus-vaccination>

² MyChart is an Epic patient portal

In summary, the shared best practices of health systems that successfully implemented a maternal RSV program during past RSV seasons can serve as important learnings for other organizations that are beginning to implement their program. These insights can help to improve the readiness of health systems as they establish their respective vaccination programs and ultimately improve maternal vaccination rates and care of infants at risk for RSV infection.



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.