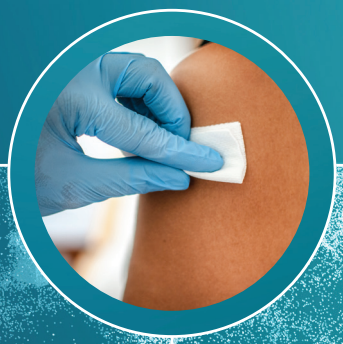
MATERNAL IMMUNIZATION

— TASK FORCE —



ACOG

AMERICAN ACADEMY OF FAMILY PHYSICIANS

AMERICAN COLLEGE of NURSE-MIDWIVES

AWHONN
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

NPWH The National Association of NURSE PRACTITIONERS in WOMEN'S HEALTH

Society for Maternal•Fetal Medicine
High-risk pregnancy experts

MATERNAL
IMMUNIZATION
— TASK FORCE —

Call to Action: Obstetric Care Professionals Strongly Recommend the MMR vaccine As The Best and Most Effective Defense Against Measles Infection

Issued by the American Academy of Family Physicians; American College of Nurse-Midwives; American College of Obstetricians and Gynecologists; Association of Women's Health, Obstetric and Neonatal Nurses; The National Association of Nurse Practitioners in Women's Health; and the Society for Maternal-Fetal Medicine.

Introduction

The United States is currently experiencing a concerning rise in measles (rubeola) cases, including outbreaks in several states and three measles-related deaths reported in unvaccinated individuals. [1, 2] Due to increased travel, imported cases, and growing gaps in vaccine coverage, preventable infectious diseases are spreading. Factors like vaccine hesitancy and threats to evidence-based medicine and public health further contribute to this alarming trend. Measles is a highly contagious viral disease, spreading through respiratory droplets from infected persons. The best protection against it is the measles, mumps, and rubella (MMR) vaccine, which provides long-lasting immunity.

Certain individuals face an increased risk of severe illness and complications from measles infection. They include unvaccinated and pregnant individuals, infants and children under 5 years of age, and severely immunocompromised people.[3] Measles during pregnancy is associated with adverse outcomes for the pregnant patient, increased risks of hospitalization, pneumonia, need for oxygen support or mechanical ventilation, and death.[4] Measles can also be transmitted to a fetus during pregnancy. Fetal and neonatal risks include increased risks of miscarriage, stillbirth, low birth weight, prematurity, and infant mortality.[4] Since the first dose of the MMR vaccine is recommended at 12–15 months of age, unvaccinated individuals can unknowingly expose vulnerable infants and young children who are too young to be vaccinated, putting them at high risk of severe complications.

Vaccines are an essential part of prenatal care, offering critical protection to both pregnant patients and their infants against potentially deadly diseases. As a collective of professional organizations representing health care professionals who care for pregnant patients, the Maternal Immunization Task Force **strongly recommends MMR vaccination as the best and most effective defense against measles infection.** The continued decline in vaccination rates nationwide signals an urgent need for steadfast commitment. We must advocate for the evidence-based benefits of vaccines and work collectively to ensure MMR vaccination rates, especially among high-risk groups like pregnant patients.

Assess Immunity

- Health care professionals should assess the measles immunity status of all their pregnant and nonpregnant patients.
- Evidence of immunity or lack thereof determines the next steps if a patient is exposed or in an outbreak setting.[3]

Discuss Vaccination

- Health care professionals should discuss vaccination with all nonpregnant patients without presumptive evidence of immunity.
- Nonpregnant patients without evidence of immunity should be offered at least one dose of the MMR vaccine. All MMR doses must be separated by at least 28 days.[4]
- MMR vaccination should not be routinely administered during pregnancy, and it is recommended to avoid pregnancy for 28 days after receiving an MMR dose. However, the MMR vaccination in the prepregnancy period or in early pregnancy should not be considered an indication for termination of pregnancy.[4]
- For pregnant individuals without evidence of immunity, the MMR vaccine should be administered in the postpartum period, ideally before discharge from the hospital.
- The MMR vaccine is safe in breastfeeding individuals and has not been shown to have adverse effects in neonates.[5]

Manage Patients With Suspected or Confirmed Measles [6]

- Pregnant individuals who have been exposed to measles and are confirmed nonimmune should receive intravenous immunoglobulin (IVIG) within 6 days of exposure.
- The treatment of measles is supportive and includes antipyretics, fluids, and management of bacterial superinfections (eg, bacterial pneumonia) and other complications (eg, respiratory failure).
- The use of vitamin A in doses used for supportive treatment of measles is contraindicated during pregnancy.
- Lactating patients with suspected or confirmed active measles infection should be counseled on safe practices to prevent virus transmission.

Your Role and Responsibilities

The Maternal Immunization Task Force, composed of the American Academy of Family Physicians, American College of Nurse-Midwives, American College of Obstetricians and Gynecologists,

Association of Women's Health, Obstetric and Neonatal Nurses, National Association of Nurse Practitioners in Women's Health, and Society for Maternal-Fetal Medicine, is deeply committed to improving the health of pregnant and nonpregnant individuals and urges health care professionals to commit to the following:

- **Prioritize Immunization Recommendation:** Provide a strong recommendation for the MMR vaccine.
- **Educate and Inform:** Talk to patients about the importance of the MMR vaccine as the single most effective way to prevent measles.
- **Navigate Vaccine Uncertainty:** Provide patients and their families with credible information and resources about vaccines, determine which vaccines are needed, and discuss immunization schedules. Help patients and their families make the right choice and address questions or concerns about the MMR vaccine, such as unfounded claims linking MMR vaccination to autism.
- **Strengthen Clinical Knowledge:** Become knowledgeable on the safety and efficacy of vaccines and be comfortable communicating this information thoroughly to patients. Two doses of MMR are about 97% effective at preventing measles, and one dose is approximately 93% effective.
- **Adhere to Public Health Surveillance:** Notify your state, tribal, local, and/or territorial health departments of any suspected or confirmed measles cases within 24 hours. Cases can be reported to CDC directly at measlesreport@cdc.gov and through the National Notifiable Diseases Surveillance System (NNDSS).

Your recommendation makes a difference; the **MMR vaccine remains the strongest defense against measles.** As a health care professional, your recommendation is the most important factor in a patient's decision to get vaccinated. Your message to the community should consistently emphasize that vaccination is the most effective way to protect both pregnant individuals and their infants from measles-related illness and serious complications.

American Academy of Family Physicians

Association of Women's Health, Obstetric and Neonatal Nurses

American College of Nurse-Midwives

The National Association of Nurse Practitioners in Women's Health

American College of Obstetricians and Gynecologists

The Society for Maternal-Fetal Medicine

References

1. Centers for Disease Control and Prevention, CDC Health Alert Network (HAN). Expanding measles outbreak in the United States and guidance for the upcoming travel season. CDC; 2025. Accessed July 16, 2025. Available at: https://www.cdc.gov/han/php/notices/han00522.html.
2. Mathis AD, Raines K, Filardo TD, et al. Measles Update — United States, January 1–April 17, 2025. MMWR Morb Mortal Wkly Rep 2025; 74:232–238. DOI: http://dx.doi.org/10.15585/mmwr.mm7414a1
3. Centers for Disease Control and Prevention. Clinical overview of measles. CDC; 2024. Accessed July 16, 2025. Available at: https://www.cdc.gov/measles/hcp/clinical-overview/index.html.
4. Rasmussen SA, Jamieson DJ. What obstetric health care providers need to know about measles and pregnancy. Obstet Gynecol 2015;126:163–70
5. Measles-mumps-rubella-varicella vaccine. In: Drugs and Lactation Database (LactMed®). National Institute of Child Health and Human Development; 2024. Accessed May 9, 2025. Available at: https://www.ncbi.nlm.nih.gov/sites/books/NBK501687/
6. Society for Maternal-Fetal Medicine (SMFM). Measles and Pregnancy: What Maternal-Fetal Medicine Subspecialists Need to Know. Washington, DC: SMFM; 2025. Available at: https://www.smfm.org/measles. Accessed July 18, 2025