

CPM Vaccine Counseling for Midwives

Created by MA-NACPM

CPM-Only Vaccine Counseling

For Member Use | Clinical Counseling Reference

Guidance Sources: CDC/ACIP (2025–2026) and American Academy of Pediatrics (AAP, 2026)

PRENATAL VACCINES

RSV (Maternal RSV Vaccine)

Illness & Transmission

- Transmission: Respiratory droplets and contact with contaminated hands/surfaces
- Seasonality: Strongly seasonal (fall–winter in most regions)
- Prevalence: Nearly universal exposure by age 2; ongoing annual surges
- Resurgence: Post-pandemic RSV seasons have been earlier and more intense

Who Is Most Vulnerable

- Newborns and young infants (<6 months)
- Preterm infants
- Infants with chronic lung disease or congenital heart disease

Illness Severity & Sequelae

- Bronchiolitis, pneumonia, apnea
- Leading cause of infant hospitalization
- Severe cases can require oxygen or ICU care
- No long-term immunity after infection; reinfections common

Timing Window: 32–36 weeks

Preferred Timing: 32–34 weeks if possible

Why:

- Takes ~2 weeks to build antibodies
- Requires placental transfer time
- Earlier in window = better newborn protection

Flexibility:

- Little flexibility after 36+6
- Late third trimester may not provide benefit

Vaccine Safety & Side Effects

- Type: Protein-based maternal vaccine (Abrysvo)
- Common side effects: Injection site pain, fatigue, headache
- Safety data: Focused on maternal outcomes and newborn antibody transfer; long-term population data still accumulating

Current CDC Recommendation

- CDC: One dose at 32–36 weeks gestation
- Goal: passive antibody transfer to newborn

Previous CDC Recommendation

- New — maternal RSV vaccination is a recent addition to prenatal care

AAP Recommendation/ Perspective (Pediatric Context)

- AAP supports seasonal maternal RSV vaccination during pregnancy to reduce infant RSV hospitalization risk
- AAP also recognizes infant monoclonal antibody (nirsevimab or clesrovimab) as an alternative strategy when maternal vaccination is declined or not timed to season
- Decision-making should consider gestational age at RSV season, maternal preference, and access to infant prophylaxis

CPM Counseling Context Supports discussion of:

- Newborn vulnerability window
- Household exposure (siblings, daycare)
- Seasonal timing vs gestational age
- Comfort with newer vaccines vs infant monoclonal alternatives
- AAP emphasizes newborn protection during the first RSV season as the clinical goal, rather than a single preferred pathway (maternal vaccine vs infant antibody)

Influenza (Pregnancy)

Illness & Transmission

- Transmission: Respiratory droplets and aerosols
- Prevalence: Annual seasonal outbreaks
- Resurgence: Predictable yearly surges; severity varies by season

Who Is Most Vulnerable

- Pregnant individuals
- Infants under 6 months (cannot be vaccinated)
- Elderly and immunocompromised household members

Illness Severity & Sequelae

- Fever, respiratory illness, pneumonia
- Increased hospitalization risk in pregnancy
- Can contribute to preterm birth in severe illness

Vaccine Safety & Side Effects

- Type: Inactivated or recombinant
- Common side effects: Soreness, low-grade fever, fatigue
- Long safety history in pregnancy

Current CDC Recommendation

- Recommended during any trimester, during flu season

AAP Recommendation

- AAP recommends annual influenza vaccination during pregnancy, during any trimester, when vaccine is seasonally available

- Emphasis includes protection of infants <6 months, who are not vaccine-eligible

Previous CDC Recommendation

- Unchanged (longstanding)
- Recent updates focus on formulation (single-dose, thimerosal-free)

CPM Counseling Context

Supports discussion of:

- Seasonal risk
- Household exposure
- Timing during pregnancy
- Prior flu illness or vaccine experiences

AAP Context Note for Counseling

- AAP explicitly frames influenza vaccination as a family- and household-level protection strategy, particularly in homes with newborns or medically vulnerable members

COVID-19 (Pregnancy)

Illness & Transmission

- Transmission: Primarily airborne/aerosol
- Prevalence: Endemic circulation with periodic surges
- Resurgence: Ongoing variant-driven waves

Who Is Most Vulnerable

- Individuals with co-morbidities
- Pregnant people with additional risk factors
- Immunocompromised household members

Illness Severity & Sequelae

- Wide spectrum: mild → severe pneumonia
- Potential for long COVID
- Pregnancy increases risk of hospitalization in some populations

Vaccine Safety & Side Effects

- Type: mRNA and protein-based formulations
- Common side effects: Fever, fatigue, muscle aches
- Safety data: Extensive short- and medium-term data; ongoing surveillance

Current CDC Recommendation

- CDC: Framed under individual/shared clinical decision-making

AAP Recommendation Perspective (Pediatric Context)

- AAP supports COVID-19 vaccination in pregnancy, with current guidance emphasizing:
 - Individual risk assessment
 - Prior infection or vaccination history
 - Household vulnerability

- For children and adolescents, AAP continues to recommend offering COVID-19 vaccination to those who desire protection, even outside high-risk categories

Previous CDC Recommendation

- Earlier guidance broadly recommended vaccination for all
- Current framing emphasizes individual risk assessment

CPM Counseling Context

Supports discussion of:

- Personal risk factors
- Prior infection/vaccination history
- Community transmission
- Comfort with evolving guidance

AAP Counseling Context Note

- AAP explicitly endorses shared clinical decision-making rather than blanket mandates in lower-risk populations

Tdap (Pregnancy)

Illness & Transmission

- Pertussis: Respiratory droplets
- Tetanus: Environmental spores via wounds
- Diphtheria: Respiratory droplets (rare but severe)

Who Is Most Vulnerable

- Newborns (pertussis)
- Infants prior to vaccine series

Illness Severity & Sequelae

- Pertussis: apnea, pneumonia, seizures, death in newborns
- Tetanus/diphtheria: rare but life-threatening

Timing Window: 27–36 weeks

Preferred timing: 27–32 weeks

Why:

- Maximizes antibody transfer before birth
- Protects newborn before their DTaP series

Flexibility:

- Can be given anytime in window
- Still beneficial later if missed early

Vaccine Safety & Side Effects

- Type: Inactivated toxoid
- Common side effects: Injection site pain, mild fever
- Extensive safety history

Current CDC Recommendation

- One dose every pregnancy, 27–36 weeks

AAP Recommendation Perspective

- AAP recommends Tdap during every pregnancy, ideally at 27–36 weeks, to maximize passive antibody transfer for newborn pertussis protection

Previous CDC Recommendation

- Unchanged (timing emphasis reinforced)

CPM Counseling Context

Supports discussion of:

- Passive newborn protection
- Infant vulnerability before DTaP
- Household exposure

AAP Counseling Context Note

- AAP highlights pertussis as one of the highest-risk vaccine-preventable illnesses in early infancy, prior to DTaP series initiation

INFANT VACCINES

Hepatitis B

Illness & Transmission

- Transmission: Blood and body fluids
- Prevalence: Lower in general population; higher chronicity when infected in infancy

Who Is Most Vulnerable

- Newborns exposed at birth
- Infants (high risk of chronic infection)

Illness Severity & Sequelae

- Chronic hepatitis
- Cirrhosis, liver failure, liver cancer
- Infants have ~90% risk of chronic infection if exposed

Vaccine Safety & Side Effects

- Type: Recombinant
- Common side effects: Injection site soreness
- Long safety history

Current CDC Recommendation

- CDC: Individual-based decision-making for infants of Hep B–negative mothers
- Immediate vaccination still recommended if maternal status positive or unknown

Previous CDC Recommendation

- Universal newborn birth dose
- Significant recent shift

Hepatitis B — AAP Clarification and Recommendation

- AAP continues to recommend routine infant Hepatitis B vaccination, including a birth dose regardless of maternal risk status and routine infant immunization according to the standard childhood schedule.
- Pediatric providers may follow AAP schedules more strictly than recent CDC individual-decision framing.

CPM Counseling Context

Supports discussion of:

- Maternal screening results
- Household exposure risk
- Timing preferences
- Anticipated pediatric perspectives

AAP Counseling Context Note

- AAP frames the birth dose as:
 - A safeguard against undetected maternal infection
 - Protection against household or caregiver exposure
 - A population-level prevention strategy rather than judgment about individual risk

DTaP

Illness & Transmission

- Pertussis: Respiratory droplets
- Tetanus: Environmental exposure
- Diphtheria: Respiratory droplets

Who Is Most Vulnerable

- Infants, especially before series completion

Illness Severity & Sequelae

- Pertussis: severe respiratory illness, death
- Tetanus/diphtheria: rare but life-threatening

Vaccine Safety & Side Effects

- Type: Inactivated
- Common side effects: Local swelling, low-grade fever

Current Recommendation

- Routine infant series beginning at 2 months

Previous Recommendation

- Unchanged

CPM Counseling Context

Supports discussion of:

- Series-based protection
- Timing and spacing
- Pertussis risk framing, highest risk in infancy

Hib

Illness & Transmission

- Transmission: Respiratory droplets

Who Is Most Vulnerable

- Infants and young children

Illness Severity & Sequelae

- Meningitis, sepsis
- Brain damage, hearing loss, death

Vaccine Safety & Side Effects

- Type: Inactivated conjugate
- Common side effects: Mild fever, injection site reactions

Current Recommendation

- Routine infant series beginning at 2 months

Previous Recommendation

- Unchanged

CPM Counseling Context

Supports discussion of:

- Severity despite rarity, most severe in infancy
- Prevention-driven low prevalence

Pneumococcal (PCV)

Illness & Transmission

- Transmission: Respiratory droplets

Who Is Most Vulnerable

- Infants, elderly, immunocompromised

Illness Severity & Sequelae

- Pneumonia, meningitis, bloodstream infection
- Can be fatal in infants

Vaccine Safety & Side Effects

- Type: Conjugate
- Common side effects: Injection site pain, fever

Current Recommendation

- Routine infant series beginning at 2 months, with booster at 12-15 months

Previous Recommendation

- Unchanged (product updates over time)

CPM Counseling Context

Supports discussion of:

- Early protection window, highest risk of invasive disease is in infancy
- Household risk factors

Polio (IPV)

Illness & Transmission

- Transmission: Fecal–oral
- Prevalence: Rare locally; ongoing global circulation

Who Is Most Vulnerable

- Unvaccinated children

Illness Severity & Sequelae

- Permanent paralysis
- Death

Vaccine Safety & Side Effects

- Type: Inactivated
- Common side effects: Mild injection site reactions

Current Recommendation

- Routine childhood series beginning at 2 months

Previous Recommendation

- Unchanged

CPM Counseling Context

Supports discussion of:

- Global travel
- Community immunity

Rotavirus

Illness & Transmission

- Transmission: Fecal–oral
- Prevalence: Very common in infancy without vaccination

Who Is Most Vulnerable

- Infants under 1 year

Illness Severity & Sequelae

- Severe diarrhea, dehydration
- Hospitalization risk

Vaccine Safety & Side Effects

- Type: Oral live attenuated
- Common side effects: Mild GI symptoms

Current Recommendation

- Early infancy only; First dose at 2 months
- Strict age limits, must start by 15 weeks, complete series by 8 months

Previous Recommendation

- Unchanged, but timing emphasized

CPM Counseling Context

Supports discussion of:

- Time-limited decision window
- Infant GI illness risk

Final Note for Members

This framework allows families to weigh:

- **individual risk**
- **household and community exposure**
- **timing and spacing**
- **values and lived experience**

These documents are designed to support calm, competent, non-polarized counseling consistent with CPM scope and ethics.

These materials reflect CDC/ACIP and AAP guidance translated for CPM counseling. CPMs support informed, non-coercive decision-making while recognizing that pediatric providers may follow AAP schedules more strictly.

Vaccine Type -

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This key explains common vaccine types referenced in CPM counseling materials. Vaccine “type” describes how the vaccine is made, not its effectiveness or whether it is recommended.

1. Inactivated (Killed) Vaccines

What this means

- The virus or bacteria is killed and cannot replicate.

Immune response

- Stimulates antibody production
- Often requires multiple doses and boosters

Safety profile

- Cannot cause infection
- Long history of use
- Generally safe for:
 - pregnancy
 - immunocompromised individuals

Common side effects

- Injection site soreness
- Low-grade fever
- Fatigue

Examples

- Influenza (inactivated)
- IPV (polio)
- Hepatitis A
- Tdap components

2. Live Attenuated Vaccines

What this means

- Contains a weakened (attenuated) form of the virus
- Can replicate slightly but does not cause illness in healthy individuals

Immune response

- Strong, long-lasting immunity
- Often fewer doses needed

Safety profile

- Not given during pregnancy
- Used cautiously in immunocompromised individuals

Common side effects

- Mild, short-lived symptoms similar to illness
- Low fever or rash (vaccine-specific)

Examples

- Rotavirus (oral)
- MMR
- Varicella (chickenpox)

3. Subunit / Recombinant / Protein-Based Vaccines

What this means

- Contains only specific pieces of the virus or bacteria (e.g., proteins)
- No whole virus present

Immune response

- Focused antibody response
- May require boosters

Safety profile

- Cannot cause infection
- Generally well tolerated
- Often preferred in pregnancy or infancy when available

Common side effects

- Injection site soreness
- Headache
- Fatigue

Examples

- Hepatitis B
- RSV maternal vaccine (Abrysvo)
- Some influenza vaccines

4. Conjugate Vaccines

What this means

- A bacterial polysaccharide is linked (conjugated) to a protein to improve immune response in infants

Immune response

- Stronger and more effective immunity in young children
- Works well in infancy

Safety profile

- Cannot cause infection
- Extensive safety data in infants

Common side effects

- Local swelling
- Fever
- Fussiness

Examples

- Hib
- Pneumococcal (PCV)

5. Toxoid Vaccines

What this means

- Protects against toxins produced by bacteria, not the bacteria itself

Immune response

- Antibodies neutralize toxins

Safety profile

- Cannot cause infection
- Longstanding safety record

Common side effects

- Injection site pain
- Mild fever

Examples

- Tetanus
- Diphtheria (components of Tdap/DTaP)

6. mRNA Vaccines

What this means

- Uses messenger RNA to instruct cells to make a harmless protein that triggers immunity
- Does not enter the nucleus or alter DNA

Immune response

- Strong antibody response
- Does not use live virus

Safety profile

- Cannot cause infection
- Extensive short- and medium-term safety data
- Ongoing surveillance

Common side effects

- Fatigue
- Fever
- Muscle aches
- Injection site pain

Examples

- COVID-19 (mRNA formulations)

7. Monoclonal Antibody Products (Not Vaccines)

What this means

- Provides ready-made antibodies
- Does not stimulate the immune system to make its own antibodies

Immune response

- Immediate protection
- Temporary (waned over time)

Safety profile

- Not a vaccine
- Used for targeted protection in high-risk periods

Common side effects

- Injection site reactions
- Mild systemic symptoms

Examples

- Infant RSV monoclonal antibody products

References

Core references reflect current CDC, WHO, and Massachusetts Department of Public Health guidance and are provided to support CPM clinical counseling and informed consent discussions. Complete reference list available upon request.