



Rhode Island Issue Brief

Influenza (Flu) Vaccination among Pregnant Women in Rhode Island: The Role of the Prenatal Care Provider

Pregnant women who were either recommended or offered influenza vaccine by their healthcare providers were 2.3 times more likely to be vaccinated than women who were not recommended or offered the vaccine.

Background

Pregnant and postpartum women are at increased risk for severe influenza-related complications and hospitalization.¹⁻³ Vaccination is the most effective way to protect pregnant women from influenza and its complications.²⁻³ Vaccination during pregnancy also helps protect their babies from influenza illness for the first several months after their birth when they are too young to get vaccinated.²⁻³

One of the National Healthy People 2020 goals is to increase the percentage of pregnant women who are vaccinated against seasonal influenza to 80%.⁴ However, during the 2018-19 influenza season, only about half (53.7%) of women in the United States received influenza vaccination before or during pregnancy.⁵

Influenza Vaccination Recommendations for Pregnant Women

The Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP), the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Family Physicians (AAFP) recommend that all women who are, or plan to be, pregnant during influenza season receive the influenza vaccine as soon as it is available.^{1,3} Any licensed, recommended, and age- appropriate inactivated influenza vaccines (IIV) are considered safe and effective during any stage of pregnancy and are proven to benefit both the mother and baby.¹⁻³ Live, attenuated influenza vaccine (LAIV) should not be used during pregnancy.^{1,3}

The Rhode Island Experience

To assess influenza vaccination coverage among pregnant women in Rhode Island, we analyzed the Rhode Island Pregnancy Risk Assessment Monitoring System (RI-PRAMS) data. RI-PRAMS has collected state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy since 2002.⁶ The prevalence of influenza vaccination among pregnant women was assessed using a survey question *During the 12 months before the delivery of your new baby, did you get a flu shot?*

This Issue Brief presents the data on influenza vaccination coverage among pregnant women in Rhode Island, focusing on the importance of prenatal care provider’s role.

Recommended Actions for Prenatal Care Providers⁷

- Provide a strong recommendation for influenza vaccination.
- Educate staff and pregnant women about the importance of influenza vaccination during pregnancy and evidence related to its safety.
- Issue standing vaccine orders to prevent missed opportunities for vaccination.
- Offer vaccination to pregnant women at the earliest opportunity and throughout influenza season.
- Vaccinate postpartum women who were not vaccinated during pregnancy, preferably before hospital discharge or at six-week postpartum visit.
- Educate staff and postpartum women that breastfeeding is not a contraindication to vaccination.
- Vaccinate all healthcare personnel in your practice to prevent spreading influenza to patients.
- Establish an influenza vaccination reminder system in your practice.
- Post influenza prevention announcements and provide brochures to prompt vaccination requests.
- Advise family members and other close contacts of pregnant and postpartum women and infants that they should also be vaccinated against influenza.

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If influenza vaccine is not available in your practice, refer patients to their primary care provider for vaccination. For more information, contact the Health Information Line **401-222-5960** / RI Relay 711 or health.ri.gov/flu

Figure 1 exhibits the trend of influenza vaccination coverage among pregnant women in Rhode Island. During 2012-2018, influenza vaccination rate increased significantly from 61.0% in 2012 to 75.9% in 2014, but since then, it remained unchanged. In 2018, one quarter of pregnant women (25.5%) were still unprotected from influenza. Rhode Island has not met the Healthy People 2020 goal of 80% coverage.

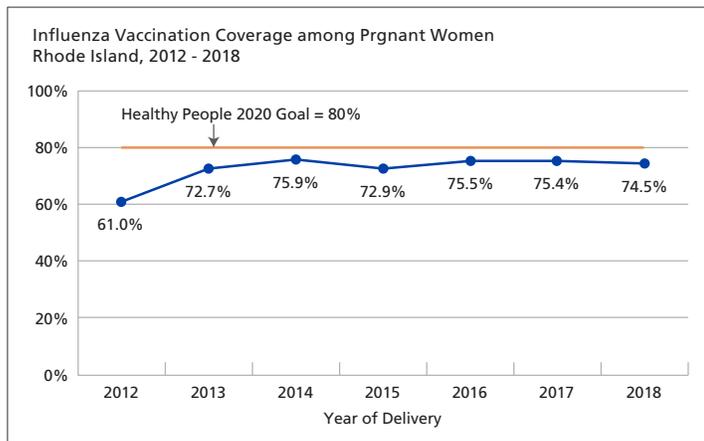


Figure 2 shows that influenza vaccination coverage among pregnant women varied by selected characteristics. Coverage rate was higher among women who were non-Hispanic Black, married, had private insurance, and had no disabilities. Maternal age, education level, and WIC participation status were not significantly related to vaccination coverage among pregnant women.

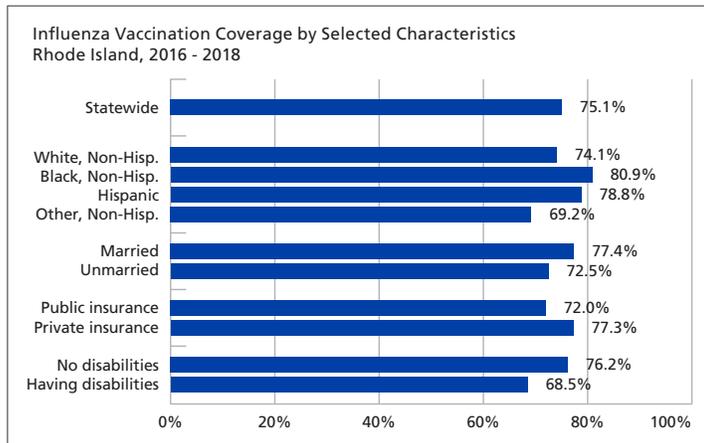


Figure 3 shows that healthcare providers play an important role in the acceptance of influenza vaccine during pregnancy. Pregnant women who were either recommended or offered influenza vaccine by their healthcare providers were nearly 2.3 times more likely to be vaccinated than women who were not recommended or offered the vaccine (78.6% versus 34.9%).

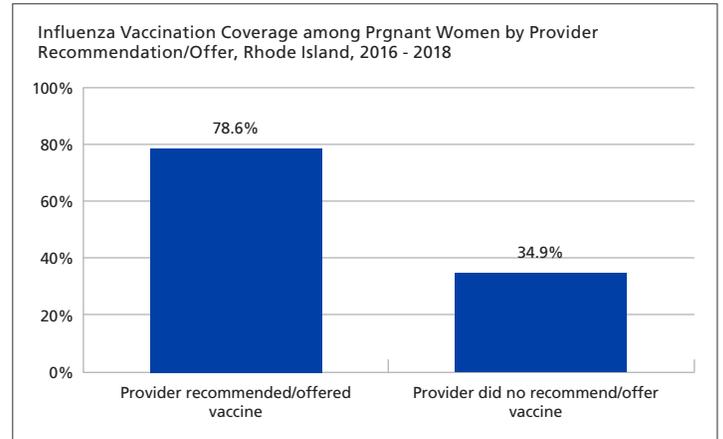
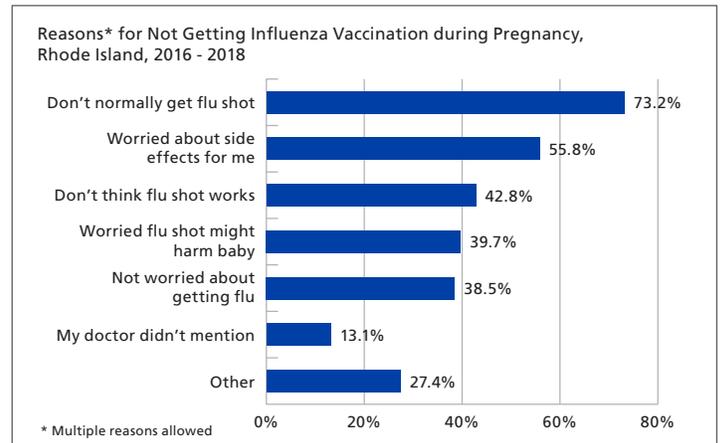


Figure 4 shows several reasons why women did not receive an influenza vaccination during pregnancy. Vaccine safety concerns and lack of awareness of the importance of the vaccination during pregnancy were the most common reasons for not getting vaccinated. Prenatal care providers should educate women about the safety of influenza vaccine, the risk of influenza complications during pregnancy, and the protective effect of influenza vaccination on women and their infants.



References

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