

# Why Vaccinations Matter in Addressing Maternal and Child Health Disparities

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# Objectives

- Discuss current immunization schedules and recent updates in maternal and child health vaccinations.
- Analyze maternal health disparities and explore targeted vaccination strategies to reduce inequities.

# Why Maternal and Child Vaccinations Matter

- Foundation for lifelong health
- Reduces morbidity and mortality
- Protects vulnerable populations (e.g., infants, pregnant individuals)



Image source: <https://kffhealthnews.org/news/article/facing-criticism-feds-award-first-maternal-health-grant-to-a-predominantly-black-rural-area/>



# Current Immunization Guidance

- Vaccines and Pregnancy
  - Influenza
  - Tdap
  - RSV
  - COVID-19\*



## Vaccinations and Pregnancy

Vaccinations help protect you from harmful infections. But not all vaccinations are safe to get before or during pregnancy. If you're pregnant or thinking about getting pregnant, take this chart with you to your preconception and prenatal care checkups and ask your provider which vaccinations you need. Make sure your vaccinations are current **before** you get pregnant.

Routine (common) vaccinations	Can get before pregnancy	Can get during pregnancy
COVID-19	Yes	Yes
Flu shot	Yes	Yes, if you didn't get it before pregnancy
Hepatitis A	Maybe	Maybe
Hepatitis B	Maybe	Maybe
Hib (Haemophilus influenzae type b)	Maybe	Maybe
HPV (human papillomavirus)	Maybe, through age 45*	No
MMR (measles, mumps, rubella)	Maybe	No
Meningococcal	Maybe	Maybe
Pneumococcal	Maybe	Maybe
RSVpreF (Abrysvo) (Respiratory Syncytial Virus)	No	Yes, during 32–36 weeks of pregnancy
Td (tetanus and diphtheria)	Maybe	Maybe (better to get Tdap)
Tdap (tetanus, diphtheria, and pertussis)	Maybe (better to get during pregnancy)	Yes, during every pregnancy (if you don't get it during pregnancy, get it right after giving birth)
Varicella (chickenpox)	Maybe	No
Zoster (shingles)	No	No

\*People ages 27 through 45 years may decide to get the HPV vaccine after talking with their health care provider.

LEARN MORE [MARCHOFDIMES.ORG/VACCINATIONS](https://MARCHOFDIMES.ORG/VACCINATIONS)

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
<a href="#">Respiratory syncytial virus</a> ⓘ (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See <a href="#">Notes</a>					1 dose (8 through 19 months), See <a href="#">Notes</a>		
<a href="#">Hepatitis B</a> ⓘ (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →			← 3 <sup>rd</sup> dose →			
<a href="#">Rotavirus (RV)</a> ⓘ RV1 (2-dose series); RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See <a href="#">Notes</a>			
<a href="#">Diphtheria, tetanus, &amp; acellular pertussis</a> ⓘ (DTaP: <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			← 4 <sup>th</sup> dose →
<a href="#">Haemophilus influenzae type b</a> ⓘ (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See <a href="#">Notes</a>		← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See <a href="#">Notes</a> →	
<a href="#">Pneumococcal conjugate</a> ⓘ (PCV15, PCV20)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		← 4 <sup>th</sup> dose →	
<a href="#">Inactivated poliovirus</a> ⓘ (IPV) ⓘ			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	← 3 <sup>rd</sup> dose →			
<a href="#">COVID-19</a> ⓘ (1vCOV-mRNA, 1vCOV-aPS)						See <a href="#">Notes</a>		
<a href="#">Influenza</a> (IIV3, cclIV3) ⓘ						1 or 2 doses annually		
<a href="#">Influenza</a> (LAIV3) ⓘ								
<a href="#">Measles, mumps, rubella</a> ⓘ (MMR)						See <a href="#">Notes</a>	← 1 <sup>st</sup> dose →	
<a href="#">Varicella</a> ⓘ (VAR)								← 1 <sup>st</sup> dose →
<a href="#">Hepatitis A</a> ⓘ (HepA)						(See <a href="#">Notes</a> )	← 2-dose series, See <a href="#">Notes</a> →	

# Infant Immunization Guidance

**Legend**

Range of recommended ages for all children

Range of recommended ages for catch-up vaccination

Range of recommended ages for certain high-risk groups or populations

Recommended vaccination can begin in this age group

Vaccination is based on shared clinical decision making

No Guidance/Not Applicable

https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html#table-1



# Current Immunization Guidance for family members & caregivers

- Whooping cough vaccine (DTaP for children and Tdap for preteens, teens, and adults)
- Flu vaccine during flu season





# Recent Updates in Vaccination Guidelines

- COVID-19 vaccine recommendations for pregnant individuals
- RSV maternal vaccine developments

 CBS News

## Moderna's new COVID-19 vaccine mNexspike approved by FDA, but there's a limit on who can use it

The new COVID-19 vaccine from Moderna, mNexspike, is made in a way that allows for a lower dose.

1 week ago



 STAT

## FDA will limit Covid vaccines to people over 65 or at high risk of serious illness, leaders say

FDA leaders said recommending universal vaccination against Covid-19 is out of step with the rest of the world and may no longer be needed.

3 weeks ago



 NBC News

## Covid vaccines for pregnant women, healthy kids are no longer recommended by CDC, RFK Jr. says

Covid vaccines for pregnant women, healthy kids are no longer recommended by CDC, RFK Jr. says.

2 weeks ago



 NPR

## A stricter FDA policy for COVID vaccines could limit future access

The Food and Drug Administration is taking a new approach to COVID-19 vaccines that would prioritize immunizations for people at highest...

3 weeks ago

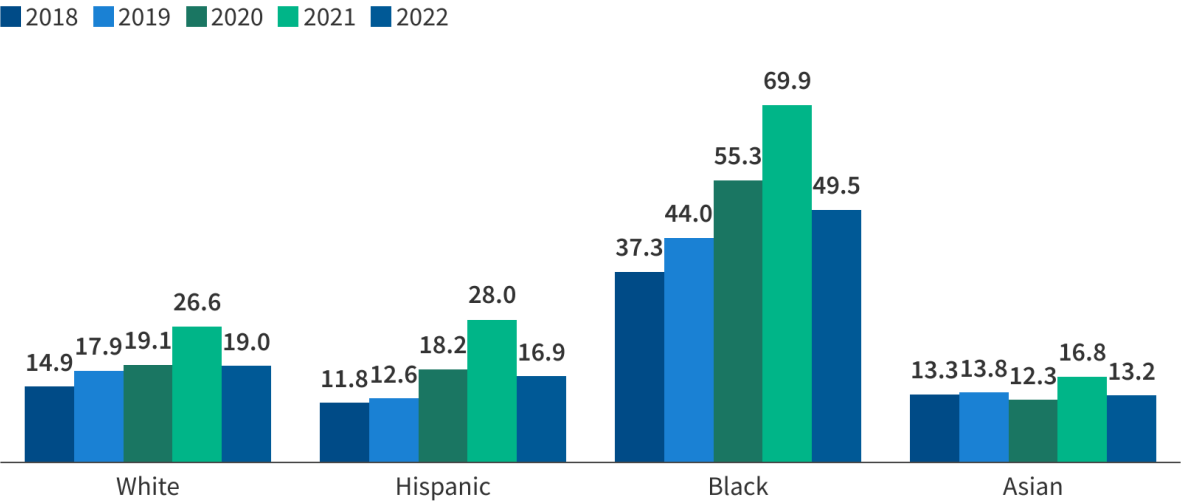




# Disparities: Maternal Mortality and Birth Risks

Figure 2

Maternal Mortality per 100,000 Births by Race and Ethnicity, 2018-2022



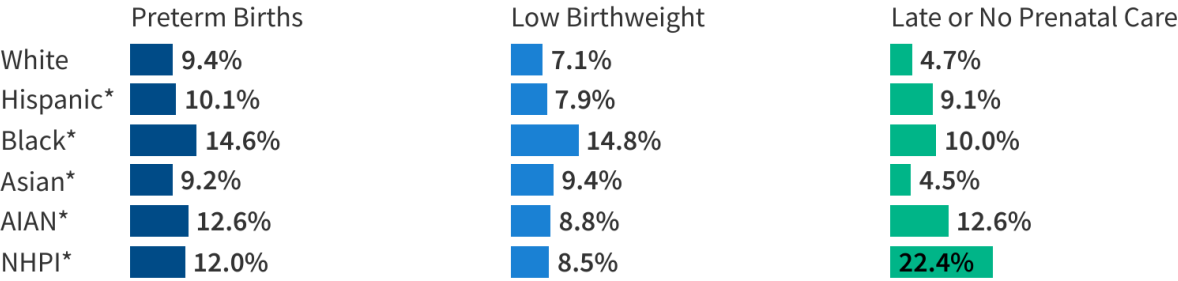
Note: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Other races are not shown due to small numbers. Maternal deaths are defined as deaths that occur while pregnant or within 42 days of being pregnant.

Source: Hoyert DL. Maternal mortality rates in the United States, 2022. NCHS Health E-Stats. 2024.

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Figure 3

Birth Risks by Race and Ethnicity, 2022



Note: \* Indicates statistically significant difference from White people in the respective year at the p<0.05 level. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. AIAN refers to American Indian or Alaska Native. NHPI refers to Native Hawaiian or Pacific Islander.

Source: Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2022. National Vital Statistics Reports; vol 73, no 2. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc:145588>.

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# Maternal Health Disparities

- Barriers: access, trust, education, healthcare quality
- Impact on vaccine uptake and outcomes

# Vaccine Hesitancy and Equity

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*Lack of information in one's home language... [was an] additional barrier. And reliable information was not coming from a source they trusted or in a format that could be readily understood by the diverse communities we work with.*

*—CBO program staff*

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Advancing Vaccine Equity through  
Community-Based Organizations  
Partnering for Vaccine Equity  
Program Annual Evaluation  
Report—Year One  
Heinrichs et al, 2023

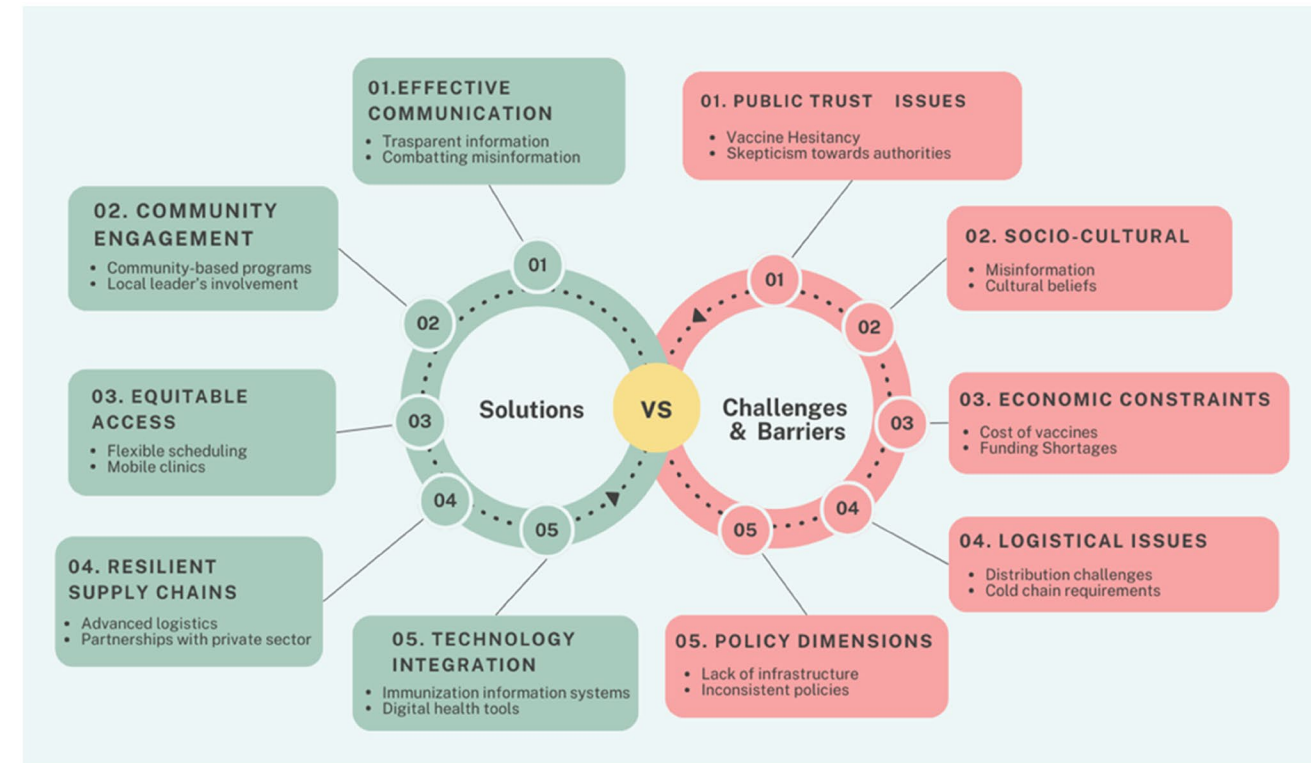
*One barrier expressed [by community members] was fear of economic hardship due to becoming vaccinated; more specifically, some individuals shared they feared losing their job or other financial hardships if they got vaccinated and experienced more adverse side effects due to the vaccine.*

*—CBO program staff*

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# Targeted Vaccination Strategies

- Community-based interventions
- Culturally tailored communication
- Mobile clinics and outreach programs



Pennisi et al, 2024

<https://www.mdpi.com/2076-393X/12/8/891>

# Vaccine Hesitancy and Equity: Building trust

## Common Barriers and Successful Strategies for P4VE-Urban CBO Partners in Promoting Vaccine Equity

Year One of the P4VE Program, May 2021–April 2022

Barriers	Successful strategies
<b>Mistrust</b> of government institutions and medical establishments, including distrust of Western medicine	<ul style="list-style-type: none"><li>Conducting extensive and repeated one-on-one conversations to <u>listen empathetically</u> to their concerns and <u>build trust</u></li><li>Creating hyper-local campaigns and enlisting <u>community health workers</u> to conduct outreach, address specific concerns, and connect community members with vaccine opportunities</li><li>Connecting peers to share views and experiences</li></ul>
<b>Misinformation</b> , including pervasive spread of myths and lack of access to reliable, evidence-based, plain-language, and culturally and linguistically effective COVID-19 information	<ul style="list-style-type: none"><li>Developing educational campaigns and disseminating information and resources that were <u>culturally and linguistically effective</u></li><li>Establishing connections with physicians, faith leaders, and other <u>influential and trusted messengers from within specific communities</u></li></ul>
<b>Access barriers</b> , such as challenges accessing vaccination clinics and events because of inconvenient clinic hours, lack of paid time off, lack of transportation, and lack of child care	<ul style="list-style-type: none"><li>Establishing partnerships with other trusted organizations, schools, and faith communities to expand outreach and vaccination opportunities</li><li><b>Holding vaccine events in locations and at times convenient for community members and addressing transportation needs</b></li></ul>
<b>Unmet social needs</b> (social determinants of health) such as housing and food insecurity that often take precedence over preventative health care	<ul style="list-style-type: none"><li>Taking a holistic approach by addressing community members' immediate health-related social needs before discussing vaccinations</li><li>Connecting community members to resources such as food supplies during vaccine events</li></ul>

Source: Urban Institute analysis of P4VE program management data.

Notes: CBO = community-based organization; P4VE = Partnering for Vaccine Equity.



# Key Takeaways

- Vaccines are crucial for protecting maternal and child health
- Evidence-based strategies can drive equity
- Ongoing commitment needed from public health, clinicians, and communities

# Questions?

# Contact information

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