

Understanding Perspectives on **Maternal and Infant Immunizations**

A NATIONAL SURVEY REPORT





Executive Summary

Immunizations are safe and effective, an essential part of prenatal and infant health.

For newborn babies, whose immune systems are not fully developed, vaccines and immunizations help to protect against serious illness. For pregnant women, vaccines not only protect them against illness but also can increase the antibodies that pass on to their baby, offering them protection in their first months of life.

Yet misinformation and hesitancy can prevent these uniquely susceptible populations from receiving the immunizations they need.

To better understand the public's perception of immunization, the National Coalition for Infant Health surveyed 300 pregnant women and mothers with children under age two.

AWARENESS ABOUT IMMUNIZATION

The survey revealed that respondents have a high level of awareness about vaccines. Awareness about immunizations, known as long-acting preventive monoclonal antibodies, is significantly lower.

MATERNAL IMMUNIZATION

Women generally prioritize vaccinating their children over vaccinating themselves. About half of respondents said they'd be more likely to receive a vaccine during pregnancy if they knew it would also provide protective benefits for their baby.

INFANT IMMUNIZATION

Mothers who opted for their child not to receive all recommended vaccines cited mistrust and concerns about side effects. More than one in four said they'd be more likely to consider a long-acting preventive monoclonal antibody instead of a traditional vaccine.

INFORMATION & EDUCATION

The sources of women's information correlate to different immunization choices. Mothers who opt for no vaccines or immunizations receive most of their information online, while mothers who opt for vaccines or immunizations rely more on their physician or health care provider for information.

Of note, nearly half of women made the decision to have their child vaccinated before they were pregnant, underscoring the importance of early education about immunization.

CONCLUSION

Health care providers working with women of child-bearing age, pregnant women and infants must continue to discuss the safety, efficacy and importance of immunization with their patients.

Empowering patients with accurate information leads to healthier mothers, babies and communities.

Attitudes About Immunization

When asked about their attitude toward vaccines, respondents reported that they:



More respondents prioritize getting their child vaccinated than getting themselves vaccinated.

PRIORITIZE VACCINES FOR THEIR CHILD:

75% agree or strongly agree

13% disagree or strongly disagree

11% neither agree nor disagree



PRIORITIZE VACCINES FOR THEMSELVES:

61% agree or strongly agree

22% disagree or strongly disagree

17% neither agree nor disagree

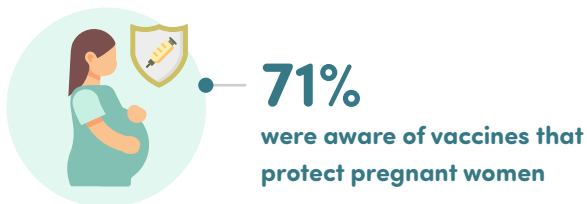
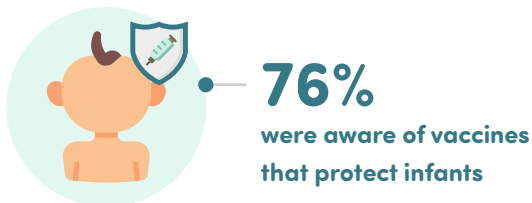
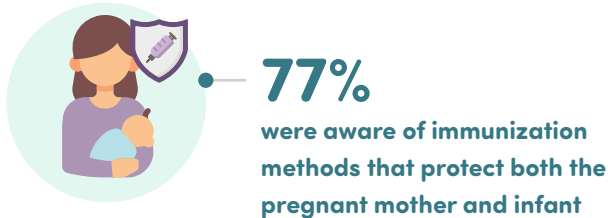


Awareness About Immunization

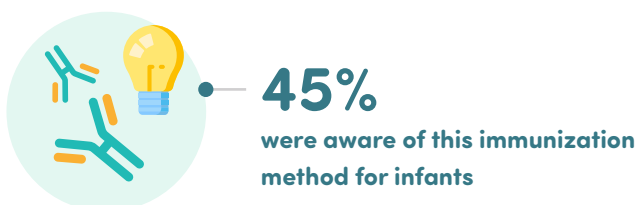
Respondents were asked about different types of immunizations, including vaccines and long-acting preventive monoclonal antibodies.

- **Vaccines:** Teach the body to create antibodies to fight off disease.
- **Monoclonal antibodies:** Directly provide antibodies that are immediately available to fight off disease.

Overall, awareness of immunizations was high.



Long-acting preventive monoclonal antibodies awareness was much lower.



5% were not aware of any of these methods.



Respiratory syncytial virus, or RSV, is a common but serious seasonal virus and is the leading cause of hospitalization for babies under age one.

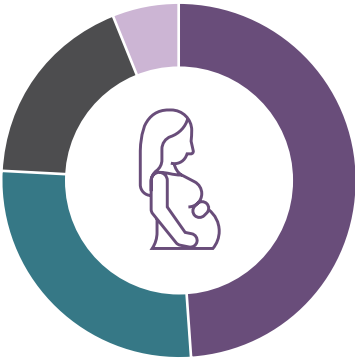
Babies less than six months old, term infants and those born preterm or with underlying health conditions are most at risk for serious disease. There are two different kinds of immunizations for RSV.

- **Infant immunization:** Administered to infants born during and just before RSV season, it provides protection against the disease when infants are at the highest risk for severe infection. This immunization is a long-acting preventive monoclonal antibody.
- **Maternal vaccination:** Women can receive this vaccine between the 32nd and 36th week of pregnancy during and just before RSV season. The mother then passes protection to her child. The antibodies are immediately available at birth and also provide protection when infants are at highest risk for RSV complications. This vaccine does not protect the mother from RSV.



Maternal Immunization

Respondents were asked about their vaccination decisions during pregnancy.



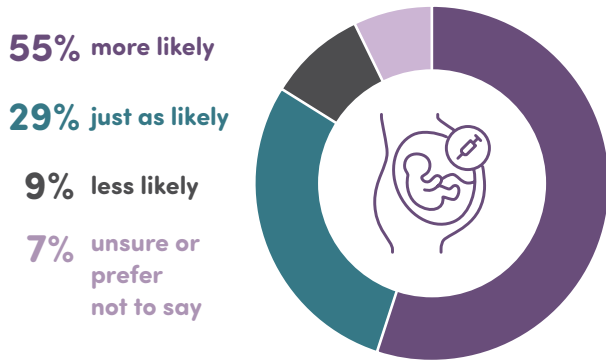
- 49%** received all recommended vaccines
- 27%** received some vaccines
- 18%** received no vaccines
- 6%** unsure

Most respondents had vaccines recommended by a health care professional during prenatal care.



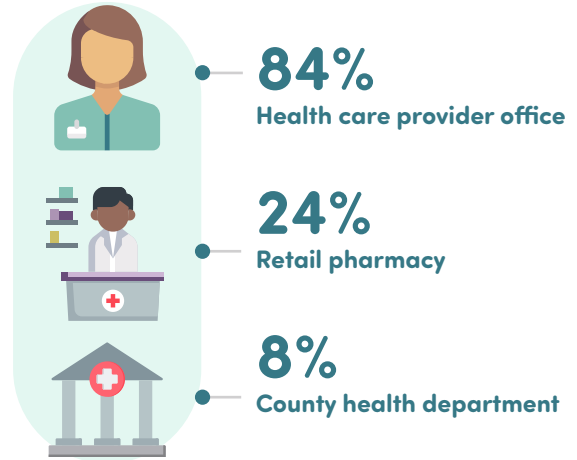
- 78%** recommended by health care professional
- 15%** did not receive a recommendation

Respondents were asked about the likelihood of receiving vaccines during pregnancy that also protect their infant after birth.

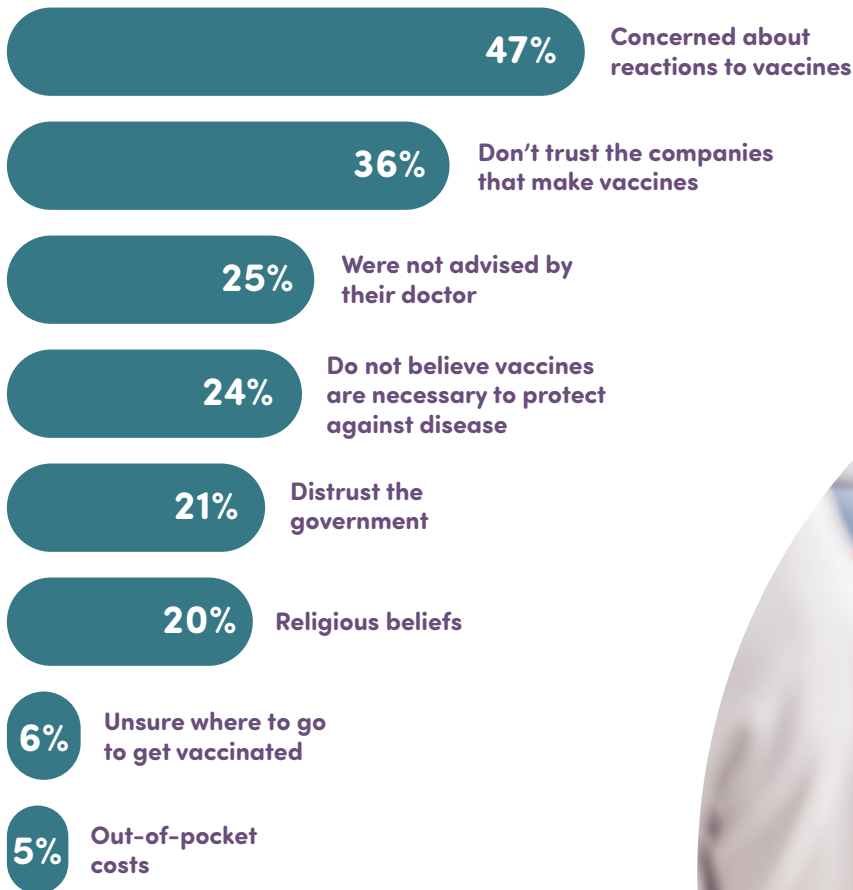


Among respondents whose child received no vaccines, after learning about vaccines given during pregnancy that can protect infants after birth, 20% were more likely to receive those vaccinations.

Pregnant women indicated receiving vaccines in different locations.*



Women who did not receive any vaccines while pregnant noted several different reasons.*

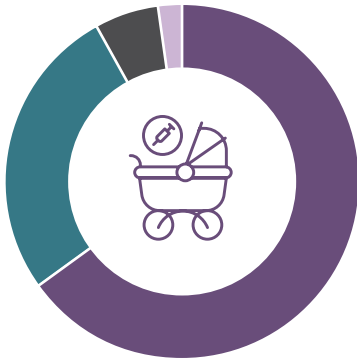


*multiple responses allowed



Infant Immunization

Respondents were asked about vaccinating their children.

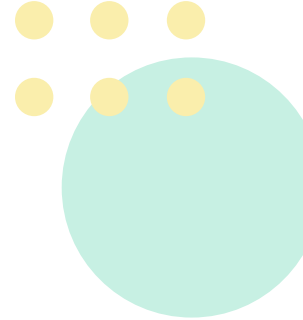


65% received all recommended vaccines

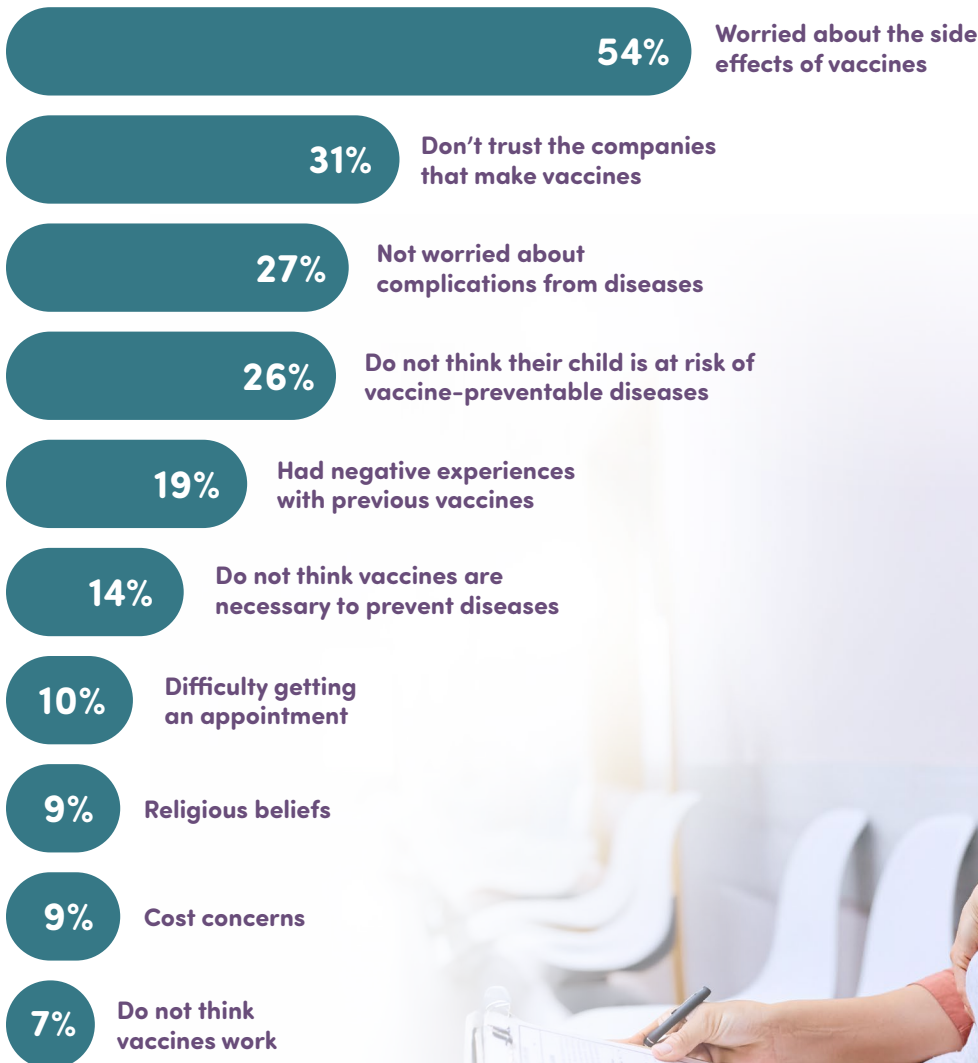
27% received some vaccines

6% received no vaccines

2% unsure



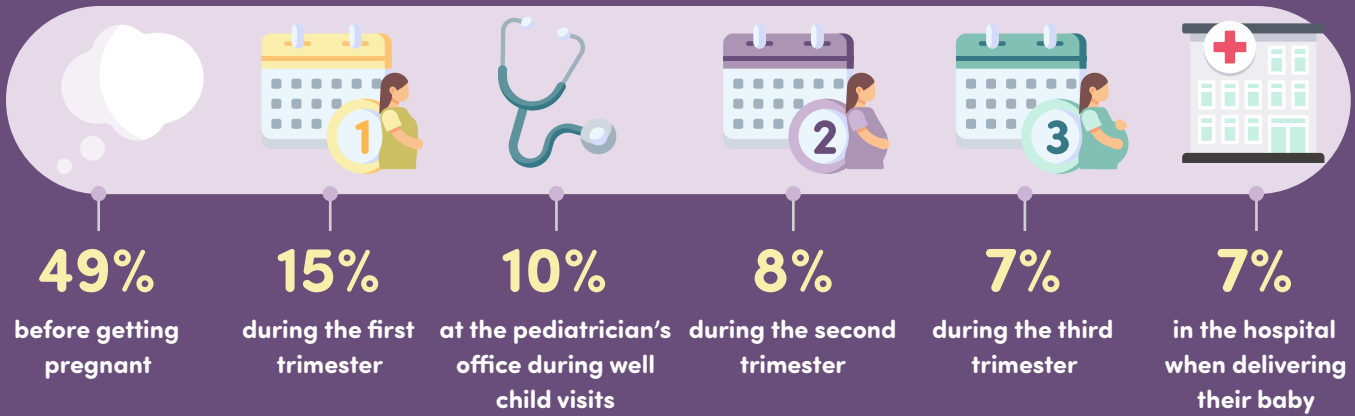
Mothers noted several reasons for their children not receiving all recommended vaccines.*



*multiple responses allowed



Mothers made the decision about vaccinating their child:



Respondents were asked if knowing that a preventive antibody is not technically a vaccine but still immunizes the baby against an illness would make them more likely or less likely to have their baby receive it.



- 28%** more likely
- 25%** still want their baby to receive it (no change in opinion)
- 13%** still would not want their baby to receive it (no change in opinion)
- 10%** less likely
- 23%** would follow the recommendation of their health care provider

Of the mothers who did not receive vaccines while they were pregnant:



- 40%** had their child receive all vaccinations
- 35%** had their child receive some recommended vaccines
- 26%** did not vaccinate their child at all





Information & Education

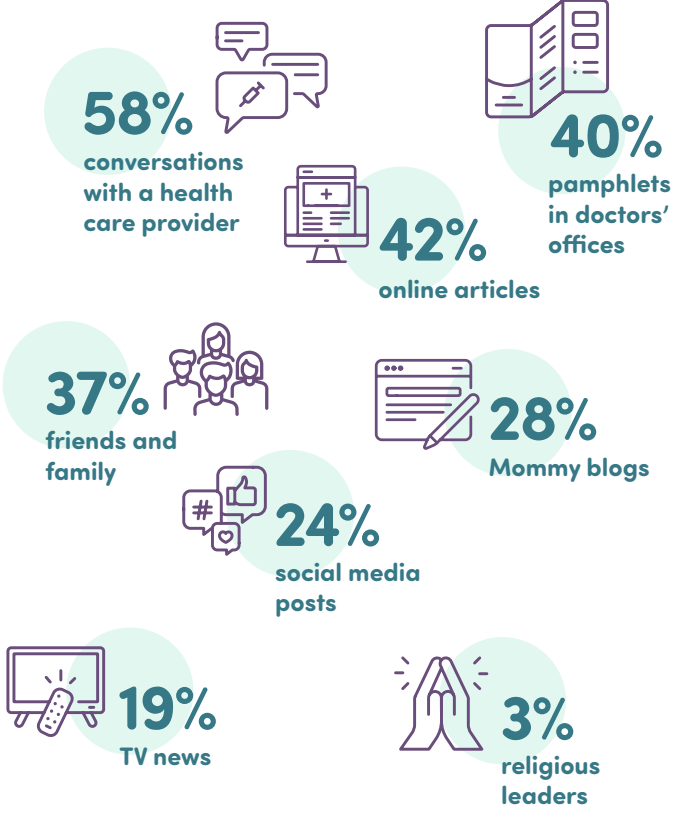
When asked to rank who they trust most to get information about vaccines and immunizations, respondents said:

-  **1** Pediatrician or family physician
-  **2** Nurse or nurse practitioner
-  **3** OB/GYN
-  **4** Public health authority
-  **5** Family members
-  **6** Partner / spouse
-  **7** Pharmacist

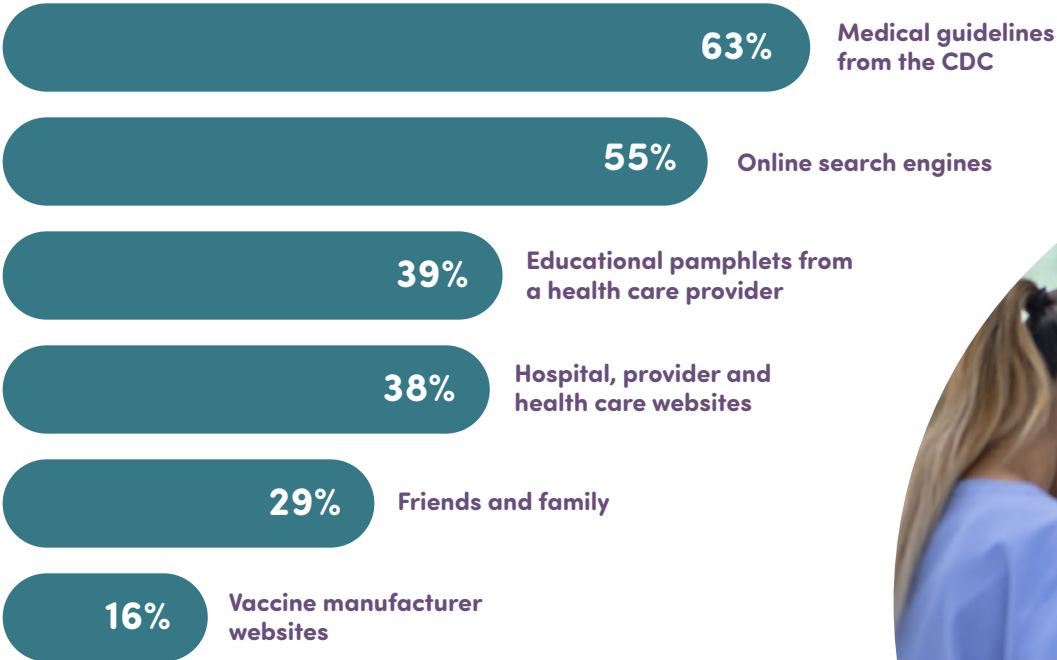
Religious leaders, social media influencers and political figures ranked lowest.

*multiple responses allowed

Respondents were asked how they like to learn about vaccines and immunizations.*






When asked about what sources, other than their health care provider, would inform their decisions about vaccines, respondents noted:



Options receiving 10% or less:

- Social media influencers
- Patient advocacy groups
- Podcasts

Respondents relied on different sources of information about immunizations.

Source:	Child Has <u>No</u> Vaccinations	Child Has <u>All</u> Vaccinations
 Online articles	62%	42%
 Health care provider conversations	41%	66%
 Friends or family	64%	31%

Expert Survey Analysis

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Three hundred participants, mostly mothers of young children less than two years of age and a smaller group of pregnant women, participated in a survey conducted by the National Coalition for Infant Health to share their views on maternal and neonatal immunization.

The survey was conducted online in November 2024, the second year that prevention of severe infant RSV disease is an option available to mothers who can choose to receive an RSV active vaccination during pregnancy to provide infants with immediately available protection at birth through transplacentally derived antibodies, or opt for the administration of passive antibodies directly to the infant from birth through the first six months of life, the period of greatest susceptibility for RSV disease in infancy.

It was also a year when pertussis, a serious and potentially deadly disease in young infants, reemerged in the US and globally in association with declining pertussis vaccination coverage rates in children and in pregnancy. The re-emergence of pertussis cases in pediatrics and the fact that deaths in the first months of life that are nearly completely preventable through vaccination of the mother during pregnancy are occurring again is unsettling.

Further, influenza vaccination coverage rates in pregnancy have not returned to their pre-pandemic levels and continue to drop, and very few people,

including pregnant women, choose to receive a COVID-19 vaccination despite recommendations supported by evidence of high burden of disease in infants who depend on maternal immunity, and documented correlation between vaccine-induced maternal antibodies and infant protection.

The survey is, therefore, timely and highly informative to understand mothers' knowledge and perceptions and identify opportunities for improvement.

While the number of participants in the survey is small and might not be representative of some of the communities at highest risk of experiencing the consequences of the diseases that the recommended vaccines cover, it does allow for generalizable observations to be made.

Certainly, mothers are more aware of the recommendations and availability of vaccines for their children, and vaccination in pregnancy, while not new as a concept itself, has been a more widely known routine intervention since the 2009 influenza H1N1 pandemic and the 2012 recommendations for the administration of Tdap in every pregnancy to ensure that every newborn is protected until they can receive their own vaccinations. The concept of passive immunization and knowledge regarding the availability of a new monoclonal antibody that can be given to all newborns regardless of gestational age and health status at birth, while it was previously only available to very small preterm ba-

bies and infants with high-risk conditions, is novel and, as expected, less well known. However, the benefit and impact of these interventions, both maternal and infant immunization, are proven and undeniable, and it is disturbing to see that over 50% of women choose not to receive vaccines during pregnancy and that nearly one-third of infants are incompletely or not vaccinated at all.

Opportunities to close knowledge gaps identified in this study include the need for health care providers, particularly antenatal care providers, to educate pregnant women and mothers about current vaccine recommendations and their importance, as well as to provide access to the vaccines and a positive experience.

Highlighting the continuum of care of the mother-infant dyad from pregnancy through the first two years of life and the relevance of preventing infections to improve maternal and infant health and survival is critical. Similarly, since decisions to receive immunizations are made by a large proportion of women even before they know they are pregnant, it is particularly important that the messaging about maternal and infant vaccines is clear, consistent and reassuring. Education and information need to be delivered in formats that address mothers' concerns regarding safety and effectiveness, but also misinformation, which is unfortunately rampant in

online and social media platforms cited as common sources of information among those who are less likely to choose vaccines.

In a constantly changing world, there remain solid interventions backed up by science and real-world data experience to ensure the health of pregnant women and children, including protection through immunization.

The conclusion that empowering parents with accurate information leads to healthier mothers, babies and communities is well supported. Health care providers could also be empowered to regain the trust of their patients, with the support of public health authorities, professional organizations and other key stakeholders, to provide consistent messaging about vaccines and ensure equity in access and implementation.

In order to achieve the highly desired common goal to improve maternal and infant health through immunization, it will be important to continue to conduct surveys similar to this one to understand the multiple and changing factors influencing parental decisions and to prioritize the immediate implementation of strategies that directly address gaps and take advantage of opportunities for improvement as they are identified, in real-time and in parallel with all calls for action.

Demographics

300 WOMEN SURVEYED



38% pregnant
33% first pregnancy

62%
have a child under 2
years of age

PARTICIPANT AGE GROUP



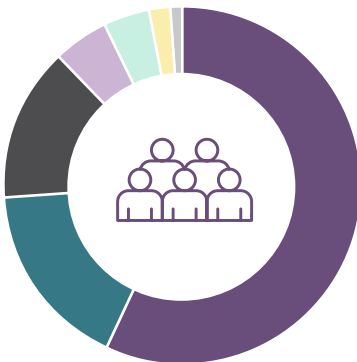
18%
ages 18-24

53%
ages 25-34

27%
ages 35-44

1%
ages 45-54

PARTICIPANT RACE/ETHNICITY



57% White

17% Hispanic

14% Black

5% Asian

4% Two or more
races

2% Native
American

<1% Other

NATIONAL COALITION for
Infant Health



The National Coalition for Infant Health is a collaborative of professional, clinical, community and family support organizations.

The coalition prioritizes education and advocacy promoting patient-centered care for all infants—whether born preterm or full term—and their families.

infanthealth.org

