

# Maternal Respiratory Syncytial Virus: Point-of-Care Fact Sheet

## Introduction

As you care for patients who are pregnant throughout the respiratory season, discuss the importance of protecting their babies from severe respiratory syncytial virus and the benefits of vaccination. To guide these conversations and prepare your practice to answer questions about RSV, the American Academy of Family Physicians has developed this point-of-care fact sheet. It highlights the recommendations, RSV vaccines and physician-patient conversations to have with your patients who are pregnant.

## Recommendation

The Academy recommends seasonal administration of the RSVpreF (Abrysvo™) maternal RSV vaccine for patients who are pregnant from 32 through 36 weeks of gestation to prevent RSV-associated lower respiratory tract infection in infants.<sup>1</sup> The vaccine should be administered from September through January in most states for optimal protection.

### Fast Facts

- For infants younger than 1 year, RSV is the leading cause of hospitalization in the United States.<sup>2</sup>
- Most infants will be infected by RSV by age 2, but the virus can be very severe in premature infants, infants younger than 6 months and young children with pre-existing conditions.
- About 75% of infants who become hospitalized for RSV are not born premature and do not have underlying medical condition(s).
- Among every 100 infants with RSV infection, 2 out of 3 may need oxygen, intravenous fluids and mechanical ventilation.<sup>3</sup>

## Vaccines

There are two safe and effective immunizations to prevent RSV-associated LRTI in infants.<sup>1</sup> It is essential to inform patients who are pregnant about the following options available to prevent RSV-associated LRTI in infants.

### RSVpreF (Abrysvo)

Pfizer's RSVpreF vaccine (Abrysvo™) is the **ONLY** RSV vaccine approved for use *during* pregnancy to protect infants through 6 months from RSV-associated LRTI. A single dose of the vaccine should be administered from 32

through 36 weeks of gestation (i.e., 32 weeks and 0 days through 36 weeks and 6 days).

### OR

### Nirsevimab (Beyfortus)

For the 2023-2024 respiratory season, a new RSV monoclonal antibody — nirsevimab (Beyfortus) — was approved for infants.<sup>4</sup> Infants younger than 8 months born during or entering their first RSV season are recommended to get only a single dose (i.e., one shot) of nirsevimab (Beyfortus) if<sup>5</sup>:

- The patient who was pregnant did not receive RSV vaccination during pregnancy.
- The patient who was pregnant has an unknown RSV vaccination status.
- The infant was born within 14 days of maternal RSV vaccination.

Some infants 8 through 19 months who have an increased risk for severe RSV disease and are entering their second RSV season are also recommended to get a dose of nirsevimab.

Visit the Centers for Disease Control and Prevention's [Vaccines at 12 to 23 Months](#) webpage for more information about recommended ages and increased risk of severe RSV.

Visit the CDC's [Healthcare Providers: RSV Vaccination for Pregnant People](#) webpage for more information about the timing of administration and composition of Abrysvo.

Visit the U.S. Food and Drug Administration's [Full Prescribing Information](#) webpage for more information about the indications, dosage, etc., of Abrysvo.

## Physician-Patient Conversations

Be prepared with a plan for communicating with patients who are pregnant about the maternal RSV vaccine. Abrysvo is one of the best preventive tools for protecting against RSV-associated LRTI in infants. A physician's recommendation is the single most important factor in a patient's decision to get vaccinated,<sup>6</sup> so it's important you and your practice team are prepared to address questions and provide relevant resources to help patients make informed health care decisions for themselves and their

newborns. Below are a few helpful tips and conversation starters to help guide you in discussing the maternal RSV vaccine with patients.

### ***Start the conversation with a presumptive and positive approach***

When recommending the maternal RSV vaccine to a patient who is pregnant, assume the individual is ready to accept the vaccine. Rather than ask if the patient wants to be vaccinated, explain why the maternal RSV vaccine is needed to protect the infant after birth.

**"Mrs. Jones, I see that you are 33 weeks pregnant, and we are in the respiratory season, so now is the time we need to protect your baby against RSV."**

### ***Give a strong recommendation***

Some patients who are pregnant may be hesitant about getting vaccinated. Be clear and confident when giving a strong recommendation. Describe the benefits of vaccination and explain that the AAFP, CDC and other medical experts recommend the vaccine. Share any personal experiences and stories, along with evidence-based information.

**"Mrs. Jones, I strongly recommend you get the maternal RSV vaccine today. This vaccine is very important and effective at protecting your newborn after birth against RSV."**

### ***Listen carefully and respond to questions***

If a patient is hesitant about getting the maternal RSV vaccine, listen and try to understand the concerns about their questions. Be honest about side effects and reassure them about vaccine safety. If you encounter questions and do not have the answer, it is best to acknowledge the patient's concern and share what you do know. Offer to review the information they have found and, if necessary, schedule another appointment to discuss it further.

**"Mrs. Jones, I hear and understand your concerns. There is a lot of misinformation about vaccines on the internet and social media. I'm here to answer your questions and make sure you have accurate information when deciding to get the maternal RSV vaccine to protect your newborn."**

### ***Continued refusal of the vaccine***

After you give a strong recommendation and have a conversation, if the patient continues to decline the maternal RSV vaccine, try the following strategies:

- Explain to the patient that there is a limited time period during pregnancy (i.e., from 32 through 36 weeks of gestation) when they can get the RSV maternal vaccine.

- Remind the patient that the RSV maternal vaccine will protect their baby against RSV after birth.
- Inform the patient that another vaccination option is available to protect the infant when they are born if the RSV maternal vaccine is not administered during pregnancy.
- Share reliable information from credible sources.
- Schedule a future appointment, plan to continue discussing the RSV maternal vaccine during the next visit and restate your strong recommendation.
- If they continue to refuse, document the conversation and the patient's refusal in their medical record.

### ***Continued conversations***

A patient's refusal of the RSV maternal vaccine at one appointment does not necessarily mean they will decline it during the next office visit. Continue to have conversations with patients who are hesitant to get the vaccine and communicate transparently. Negotiate with the patient to agree on at least one of the following actions:

- Schedule another appointment to discuss the RSV maternal vaccine.
- The patient agrees to read the additional information that you provide them.

Finally, continue to remind the patient about the importance of keeping their baby up-to-date on other CDC-recommended vaccinations during future visits, and if their baby falls behind, get them caught up quickly.

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### ***References***

1. Centers for Disease Control and Prevention (CDC). Frequently asked questions about RSVpreF (Abrysvo) vaccine for pregnant people. Accessed May 5, 2024. <https://www.cdc.gov/vaccines/vpd/rsv/hcp/pregnant-people-faqs.html>
2. Vaccinate Your Family. Respiratory syncytial virus (RSV). Accessed May 5, 2024. <https://vaccinateyourfamily.org/what-is-rsv/>
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4. CDC. Clinician Outreach and Communication Activity (COCA). Updated guidance for healthcare providers on increased supply of nirsevimab to protect young children from severe respiratory syncytial virus (RSV) during the 2023-2024 respiratory virus season. Accessed May 5, 2024. <https://emergency.cdc.gov/newsletters/coca/2024/010524a.html>
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