Highlights of Influenza Vaccination Coverage among Pregnant Women
United States, 2012-13 Influenza Season
Centers for Disease Control and Prevention

Pregnant women are at high risk for influenza-related severe illness, hospitalization, and death. Influenza (flu) vaccination can protect pregnant women and their unborn babies, and even protect their newborn babies less than 6 months old who are too young to be vaccinated themselves. Flu shots are a safe way to protect the mother and her unborn child from serious illness and complications of flu, regardless of trimester.

Influenza vaccination coverage for pregnant women remains consistent for the third year in a row.

- Coverage among women who were pregnant during the 2012-13 influenza season was 50.5%, similar to the 47% coverage estimate for the 2011-12 influenza season.

There were differences in coverage among pregnant women based on age.

- Younger women (18-24 years of age) had lower vaccination coverage (48.7%) compared to older women (35-49 years of age) who had vaccination coverage of 54.1%.

Non-Hispanic black women were less likely to get vaccinated than other races/ethnicities.

- Non-Hispanic black women had vaccination coverage of 45.4%.
- Hispanic women had vaccination coverage of 50.1%.
- Non-Hispanic white women had vaccination coverage of 52.2%.
- Other non-Hispanic women had vaccination coverage of 53.1%.

Education level and health insurance improved vaccination coverage among pregnant women.

- Women with education level beyond a college degree had higher coverage (58.5%) compared to women with less than a college education (43.9%).
- Women with health insurance had higher coverage (50.0%) than those with no health insurance (33.7%).

Certain sub-groups of pregnant women had lower vaccination coverage.

- Women who were not married (43.5%) compared to women who were married (54.8%).
- Women with no medical insurance (33.7%) compared to women with any public insurance (50.0%) or private/military insurance (53.0%).
- Women who were unemployed (44.7%) compared to women who reported working (56.4%).
- Women living below poverty level (41.6%) compared to women at or above poverty level (53.8%).
- Women who had no high-risk conditions associated with increased complications for flu (46.4%) compared to those with high-risk conditions (57.8%).
- Women with fewer than 6 health care provider visits since July 2012 (48%) compared to those with more than 6 visits (53.1%).

Most women received a provider recommendation for influenza vaccination.

- 72.3% of pregnant women reported that they received a provider recommendation for vaccination. However, only 54.6% received both a recommendation and offer.
Health care providers play a key role in increasing influenza vaccination coverage among pregnant women. A provider recommendation combined with an offer to administer the influenza vaccination at the time of visit remains one of the best ways to increase influenza vaccination among pregnant women.

- Vaccination coverage among pregnant women can be improved by increasing provider awareness about the importance of recommending influenza vaccination along with offering to vaccinate as part of the regular medical visit.
- Systems supporting provider recommendation and offer, such as standing orders and provider reminder systems, can reduce missed opportunities for vaccination and improve vaccination coverage.
- Pregnant women who received a provider recommendation and offer of vaccination were substantially more likely to receive a vaccination (70.5%) than those only receiving a recommendation (46.3%) or those who received neither a recommendation nor offer (16.1%).
- A health care provider recommendation and offer for influenza vaccination was associated with increased vaccination coverage in all demographic groups, including women with a negative attitude toward influenza vaccination.
- If a provider is not able to administer the influenza visit at the time of the visit, they should still recommend influenza vaccination and refer the pregnant patient to a place where vaccinations are provided to protect her and her child.
- Each provider recommendation can be an important opportunity to improve vaccination coverage, especially where differences in coverage are seen among certain sub-groups such as education and race/ethnicity.

Education messages from health care providers to their pregnant patients should emphasize that vaccination can protect not only the pregnant woman, but also her unborn baby and her baby (up to 6 months after birth).

- The top three reasons given for receiving an influenza vaccination were 1) to protect their baby from influenza (33.2%), 2) to protect themselves from influenza (20%), and because their health care provider recommended it (15.7%).

Providers should offer information to pregnant patients on the safety and effectiveness of influenza vaccination for both mother and baby.

- The top three reasons given for not receiving an influenza vaccination were 1) concerns about safety risk to the baby (20.5%), 2) concerns that the vaccine would cause flu (13.6%), and 3) concerns that the vaccine would not be effective in preventing flu (10.6%).
- Tailored education of pregnant women designed to increase their knowledge about influenza risks, vaccine safety, and vaccine effectiveness might increase demand and vaccination coverage.

The results of this report were based on an Internet panel survey conducted in April 2013 among a total of 1,702 women who were pregnant at any time during October 2012 through January 2013.