Measles is Back in the News. Here's What Pregnant Women Should Know.

By MotherToBaby and experts from the Centers for Disease Control and Prevention (CDC)

At 16 weeks pregnant, Maria is busy planning a summer trip for her family. But lately, every time she opens her phone, she sees another headline about measles outbreaks.

It makes her pause and wonder: ***What does this mean for me and my baby?***

What is measles, and why are people worried about it?

Measles is a highly contagious virus that spreads through the air when someone who is sick with measles coughs or sneezes. Since measles spreads so easily, up to nine out of 10 unvaccinated people who come into close contact with someone who has measles will become infected.

Symptoms often include high fever, cough, runny nose, red eyes, and rash. Measles can lead to serious health complications and severe illness. During 2025, about 1 in 10 people with measles were hospitalized.

In recent years, the United States has seen a rise in measles cases. In the past, measles has mostly affected children, but there are also recent increases among people of reproductive age. In 2025, nearly a third of measles cases (1 out of 3) were in adults 20 years of age or older. So far in 2026, nearly a quarter of measles cases (1 out of 4) have occurred in adults. This trend is one reason Maria may feel especially worried.

Why is measles infection concerning during pregnancy?

When you are pregnant, your body changes in many ways. These changes can increase your chances of getting sick from infections during pregnancy.

For example, if you are pregnant and get measles, you have a higher chance of:

- Being hospitalized
- Developing pneumonia
- Rarely, death

Measles during pregnancy can also increase the chance of health problems for the baby, such as:

- Pregnancy loss (including miscarriage or stillbirth)
- Preterm birth
- Low birthweight

Measles can also pass from mother to baby if an infection happens during pregnancy. This can cause serious illness in newborns, hearing loss, and—very rarely—a fatal brain condition called subacute sclerosing panencephalitis, or SSPE, years later.

Even after birth, measles can be dangerous for babies who are too young to get vaccinated against measles.

How can I protect myself and my baby from measles?

This was Maria's main question as she started planning her trip. When she talked with her healthcare team, she learned that the MMR (measles-mumps-rubella) vaccine is the best protection against measles. Luckily, Maria had received this vaccine when she was younger.

If you are not up to date with vaccinations, the ideal time to get the MMR vaccine is at least one month before becoming pregnant. The MMR vaccine is ***not*** recommended during pregnancy. However, it can be given after delivery, even while breastfeeding.

If you are not sure whether you have immunity against measles, talk with your healthcare provider. MotherToBaby has a tool to help you start the conversation. While it is important to weigh the risks and benefits of any vaccine with your healthcare provider, serious reactions from MMR vaccination are rare.

After delivery, when you start taking your baby to their well-child visits, talk with your baby's healthcare provider about the MMR vaccine and ask any questions you may have. Starting conversations early can help you feel confident when it is time for your baby to get vaccinated.

What should I do if I am planning to travel soon or live in an area with a current measles outbreak?

This was also a key question on Maria's mind. She brought it up with her healthcare provider, and together they talked

about her vaccination status as well the status of others in her household. They also looked up the measles activity at her summer trip location and talked about watching for symptoms of measles for 21 days after travel. If you are pregnant, these are helpful steps to take.

If a measles outbreak is happening near where you live, follow local recommendations. Consider avoiding crowded public settings and avoid contact with people who are sick. Encourage people around you (partners, family members, caregivers) to be up to date on MMR vaccination to help protect you and your baby.

What should I do if I am exposed to measles while pregnant?

If Maria is exposed to measles during her trip, her first step would be to call her healthcare provider's office right away. They can tell her what to do next and how to get into the office safely, if needed, to avoid exposing others.

For pregnant patients who are not immune to measles or do not know if they are immune, they could be given antibodies called immune globulin (IG) after a measles exposure. If you have measles during pregnancy, talk to your baby's healthcare provider about IG, which might also be recommended for your newborn.

What if I develop symptoms of measles while pregnant?

If you develop a fever and rash, especially if you live in an area with measles or have recently traveled, call your healthcare provider right away, and they can provide further instructions. Be sure to tell them if you have received the MMR vaccine before and where you have traveled.

A few key points:

- Fever in early pregnancy can pose risks, especially if it lasts for a long period of time. Talk with your healthcare provider about how best to treat your fever with fever-reducing medications.
- Taking extra Vitamin A is ***not*** recommended during pregnancy because high doses can increase the chance of certain birth defects.

What should I know if I am breastfeeding?

Measles is not spread through breast milk, and infants can receive breast milk from a mother with measles infection. Follow guidance from your healthcare team on precautions, which may include staying away from nonvaccinated people, expressing breast milk, and having a person who is not sick feed your infant your breast milk. Or, they may

recommend you wear a mask and practice careful hygiene when breastfeeding and caring for your newborn.

If you are pregnant or breastfeeding and unsure about your immunity to measles or worried about exposure, you are not the only one with these questions. As with Maria, your healthcare provider and MotherToBaby are here to help answer any questions you may have.

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Pertussis, commonly known as **whooping cough**, is a highly contagious respiratory illness caused by the bacteria ***Bordetella Pertussis***. It spreads through droplets in the air when someone coughs or sneezes.

For adults, pertussis can feel like a bad cold with a lingering cough. But for babies, especially those under 1 year old, it can be much more serious. If a baby who is not fully vaccinated gets whooping cough, about 1 in 3 will need to be hospitalized. Complications can include:

- Pneumonia
- Pauses in breathing (apnea)
- Seizures
- In rare cases, death

The good news? There is an effective way to help protect your baby before they are born.

What Is the Tdap Vaccine?

The Tdap vaccine protects against:

- **Tetanus**
- **Diphtheria**
- **Pertussis (whooping cough)**

Why Is the Tdap Vaccine Recommended During Pregnancy?

The Centers for Disease Control and Prevention (CDC) recommends that pregnant women receive the Tdap vaccine during each pregnancy, ideally between **27 and 36 weeks**.

When you receive the Tdap vaccine during pregnancy, your body makes protective antibodies. These antibodies cross the placenta and help protect babies after birth.

This protection:

- Starts right away after birth.
- Lasts for the first two months of a child's life.
- Helps bridge the gap until the baby can get their own vaccine.

Newborns are at highest risk for severe pertussis, and they are too young to be fully vaccinated. Getting the Tdap vaccine during pregnancy is the best way to reduce the risk of whooping cough in the baby.

Has the Tdap vaccine been studied for use in pregnancy?

Studies looking at thousands of pregnant women who received the Tdap vaccine have not found increased risks for birth defects, preterm delivery, or other pregnancy complications.

Research on the Tdap vaccine and other recommended vaccines in pregnancy, like the flu vaccine, has been reassuring for both pregnant women and their babies.

MotherToBaby continues to study vaccines in pregnancy to provide up-to-date, evidence-based information to families and healthcare providers. Learn more about how you can help here.

The Bottom Line

Getting the Tdap vaccine during pregnancy is the very best way to protect a newborn from whooping cough during their most vulnerable months. If you are pregnant or planning a pregnancy and have questions about vaccines, talk

with your healthcare provider. You can also contact MotherToBaby for free and confidential information based on the latest research.

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Measles is Back in the News. Here's What Pregnant Women Should Know.

Can you guess the leading cause of infant hospitalizations in the United States? You might think accidents, allergic reactions, or the flu, but the answer is actually respiratory syncytial virus (RSV). Every year, RSV sends 58,000 to 80,000 children under the age of 5 to the hospital.

Having a baby in the fall or winter has always meant that parents need to be extra careful about RSV. Fortunately, in 2023 two new ways to protect infants against this virus became available: a vaccine given to women between 32 and 36 weeks of pregnancy and an antibody (passive immunization) that is given directly to babies after birth. Today, we're covering some of the most common questions we get at MotherToBaby about RSV prevention.

Q: What is the maternal RSV vaccine? When is it given?

The maternal RSV vaccine (brand name Abrysvo®) is a protein subunit vaccine (it contains proteins the body needs to make antibodies against RSV). The vaccine does not contain live virus that can cause RSV. When a woman gets the

RSV vaccine during pregnancy, the antibodies she makes can also pass to the developing fetus. These antibodies can help protect the baby from RSV during the first 6 months of life.

The Abrysvo® RSV vaccine can be given to women who are 32 to 36 weeks pregnant who have not received a maternal RSV vaccine in a previous pregnancy. The RSV vaccine is only recommended for use during pregnancy between September and January in most of the United States.

Q. What is an infant RSV antibody? When is it given?

Infant antibodies, also called passive immunizations, are another effective way to help protect babies from RSV. Two RSV antibodies are currently available: nirsevimab (Beyfortus®) and clesrovimab (Enflonsia®). The RSV antibody is recommended for infants younger than 8 months who are entering their first RSV season if their mothers did not receive the maternal RSV vaccine during pregnancy. Infants and children ages 8 to 19 months who are at high risk for severe RSV illness and entering their second RSV season may also be eligible for the antibody. The RSV antibody is available between October and March for most of the United States and starts working immediately after it is given.

For more information about timing, eligibility, and benefits of infant RSV antibodies, talk with your child's pediatrician.

Q: Is one of these options better than the other?

Patients can choose either the maternal vaccine or the infant antibody. Both are great options for protecting infants against RSV, and there is currently no preference for one over the other. A slight benefit of getting the RSV vaccine during pregnancy is that most babies will be born with immediate protection if the vaccine is given at least 2 weeks before delivery. Some parents might also prefer the maternal vaccine because it avoids an extra injection (shot) for the baby.

Q. How do we know the RSV vaccine is ok to get in pregnancy?

Studies on the Abrysvo® RSV vaccine have not found a higher chance of birth defects. It's also reassuring to note that the vaccine is given in the third trimester (between 32 and 36 weeks), which is past the critical period when most birth defects could happen.

Early clinical trials on the vaccine observed slightly more preterm births in women who received the Abrysvo® RSV vaccine than in those who did not (5.7% in the vaccinated group vs. 4.7% in the placebo group). However, newer data from larger studies has not found a higher chance of preterm birth following RSV vaccination in pregnancy. Check out the MotherToBaby RSV vaccine fact sheet for more information on this topic.

Q. If I got an RSV vaccine in my last pregnancy, do I need to get it again in my next pregnancy?

The simple answer is no. At this time, the maternal RSV vaccine is only recommended for women who have not gotten it in a previous pregnancy. Researchers need time to determine if getting the vaccine once can provide ongoing protection for future pregnancies, or if a booster dose is needed in every pregnancy.

If you received the RSV vaccine during a previous pregnancy and are pregnant again, your baby can get an infant RSV antibody to help ensure they are protected.

Making Your Choice

No matter whether you decide on the maternal RSV vaccine or an infant RSV antibody, you're making a great choice to protect your baby from RSV! Still have questions? Remember that MotherToBaby can be reached by chat, text, phone, or email with questions about the RSV vaccine or any other exposure in pregnancy or while breastfeeding.

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Melissa, pregnant for the first time, live chatted with MotherToBaby through our website: "Hi, I'm 29 weeks pregnant and wondering about vaccines. I have seen so many different things online and I am worried about getting really sick while I'm pregnant. Can you help?"

Melissa is not alone. Many people contact MotherToBaby to find the most up-to-date information about vaccines during pregnancy. Protecting yourself from circulating viruses can also help protect your developing baby. Infections such as influenza, pertussis, rubella, chicken pox, and COVID-19 can cause serious problems in both a pregnant woman and her developing baby. Let's navigate through the current recommendations.

Plan to Receive Some Vaccines Prior to Pregnancy

You may have heard there are some vaccines, like measles, mumps, and rubella (MMR) and chickenpox (varicella), you should not receive during pregnancy. These "live" vaccines are avoided as they are made from viruses or bacteria that have been weakened, but not killed. Due to the small chance that a live vaccine might cause the disease itself, live vaccines are not routinely given to pregnant women.

So how can you protect yourself and your developing baby from viruses like measles, mumps, rubella (MMR) and chicken pox if it is not recommended (also known as contraindicated) to receive the vaccines during pregnancy? The Centers for Disease Control and Prevention (CDC) consider people who have received one or more doses of MMR vaccine during their lifetime to be protected for life. Adults who never got the MMR vaccine should get at least 1 dose (or 2 doses for some people at higher risk of infection) before pregnancy. Those who have never had chickenpox or received a chickenpox vaccine should get 2 doses of varicella vaccine, at least 4 weeks apart, before pregnancy. If you aren't sure if you ever got vaccinated for MMR or chickenpox or unsure if you had chickenpox in the past, you can safely receive the necessary live vaccines before that positive pregnancy test! Out of an abundance of caution (small possibility of that infection) it is advised to wait at least one month before becoming pregnant after these vaccines. This is just one reason why it is beneficial to have a pre-pregnancy health checkup and to discuss any future conception plans with your provider!

Keep Up with Recommended Vaccines During Pregnancy and Encourage Others to Do So, Too

So, which vaccines should you receive during pregnancy?

CDC recommends all women who are pregnant receive the flu shot and updated COVID-19 vaccine each year, a Tdap (tetanus diphtheria pertussis) vaccine in each pregnancy, and an RSV (respiratory syncytial virus) vaccine (if you have not received one in a previous pregnancy).These vaccines are not live vaccines and have not been associated with an increased chance for birth defects or pregnancy complications. (A nasal spray vaccine is also available against influenza, but it is a live vaccine and not recommended in pregnancy).

Influenza vaccine (flu shot)

The flu shot usually becomes available in September and is offered throughout flu season. CDC recommends **getting a flu shot by the end of October** despite flu seasons varying in their timing each year. This timing helps protect a pregnant woman before flu activity begins to increase. Protection begins about two weeks after you get the flu shot and lasts at least six to eight months. It is necessary to receive the seasonal flu shot each year to be protected in the current flu season. Getting vaccinated during your pregnancy may also help protect your baby from getting sick during the first 6 months of life! This is especially important because infants less than 6 months of age cannot receive the flu vaccine.

COVID-19 vaccine

It is well known that pregnant women are more likely to get very sick from COVID-19 compared to those who are not pregnant. This is why is so important to receive an updated COVID-19 vaccine every year, any time before or during pregnancy, for the best protection against severe illness. CDC recommends staying up-to-date with COVID-19 vaccines every year: https://www.cdc.gov/covid/vaccines/stay-up-to-date.html.

Tdap vaccine

"I just had a Tdap vaccine a couple years ago – so I don't need another one, right?" Melissa asked a very common question we receive regarding the Tdap vaccine during pregnancy. Although this vaccine is recommended for adults every 10 years, for women who are pregnant, receiving the shot in the 3rd trimester (specifically 27-36 weeks gestation) can help the baby get as many of the mother's antibodies as possible. After delivery, these antibodies provide some protection against pertussis, also known as whooping cough (a very contagious respiratory infection), until the baby can receive his/her own dTAP vaccine (starting at 2 months of age). Additionally, if everyone who lives with you and any caregivers get the vaccine, it can lower the chance for the baby to be exposed to pertussis.

RSV vaccine

The RSV vaccine protects both pregnant women and their babies from RSV, a virus that can cause serious breathing problems in babies. CDC recommends a single dose of the Abrysvo® RSV vaccine between 32 and 36 weeks of pregnancy, during the RSV season (September-January). As with the flu and Tdap vaccines, this maternal vaccine helps the pregnant woman create antibodies that can pass to the baby, giving the baby some protection from an RSV infection after birth. By getting this vaccine, pregnant women can help keep their newborns safe from serious health complications. Melissa, being 29 weeks, can now plan an upcoming RSV vaccine appointment!

Pregnant women who receive vaccines can also share their experiences with maternal health researchers, like MotherToBaby. Our studies are published in medical journals and product labels, and can help others like you when navigating vaccine decisions in pregnancy.

There are no Vaccines to Prevent Some Infections

Many people are packing their bags for a getaway during the summer months. If you are considering an upcoming vacation or babymoon, it's important to protect yourself from viruses and infections with the appropriate vaccines for that area. Where are you headed? Check with your healthcare provider regarding any specific travel vaccines you might need. CDC recommends discussing any travel plans with your provider at least 4-6 weeks before your trip.

Contact MotherToBaby to check the information on any vaccines your healthcare provider recommends

Viruses like Zika, malaria, and Oropouche can be spread by mosquitos and biting flies (midges). These infections can increase serious risks in pregnancy. Since there are no vaccines to prevent these infections, the safest approach during pregnancy would be to not travel to areas with any possible level of risk. Should you choose to travel, it's important to protect yourself using the recommended insect repellents among other ways to help prevent bites while traveling.

Although Melissa didn't have any trips planned for the rest of her pregnancy, she was happy to know about these other infections she wasn't even thinking about!

Other Precautions

Although masks are no longer required in most public areas, this is still a great way to reduce the risk for infections while around others! Good hand washing is also the most simple and effective way to prevent the spreading of germs to keep you healthy.

After chatting with Melissa, she decided to make her appointment for her COVID-19 and Tdap vaccines (you can get them at the same time!) and will go in ASAP when the flu vaccine for this season is available. She felt reassured knowing she had decided to give herself and her developing baby the best protection from these illnesses as possible.
"Thank you for all this info! I just want to make the best choice for me and my baby – I feel so much better."

Do you have questions about vaccines during pregnancy? Call, chat, text, or email MotherToBaby!

References:

https://mothertobaby.org/fact-sheets/vaccines-pregnancy/

https://mothertobaby.org/pregnancy-studies/

https://www.cdc.gov/vaccines/by-age

https://www.cdc.gov/vaccine-safety/about/pregnancy.html

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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Rachel called us the morning she woke up and found a bat hanging out in her closet. As far as she could tell, she had not been bitten. She was 10 weeks pregnant and wondered what her next steps should be. Her husband also did not detect any bites. He kindly relocated the bat to the outside of their home, but now they were both exposed to potential rabies infection. She was about to leave for work, and her husband had already left for a busy day at the office.

Rachel had been down this road before in high school with a similar event in her childhood home. At that time, her whole family went to their local emergency department and were treated with a rabies vaccine series, or post exposure prophylaxis, to prevent them from becoming ill with rabies. At that time, she remembered being told that she would never need to go through the series again. She was calling us today because her OB provider referred her to MotherToBaby Connecticut for clarification.

In researching this comment about never needing to be treated again, I decided I needed some assistance from our local Poison Control. They confirmed that yes, she ***did*** need to be seen and re-treated in an emergency department of her choice. They also put me in contact with our State of CT Epidemiologist for further consultation. Our epidemiologist reiterated the need to be treated again because of this exposure. Rachel's pregnancy was ***not*** a reason to avoid treatment.

In such circumstances, the benefits outweigh the potential chances for adverse pregnancy outcome from the preventative vaccine series. Rachel's husband would need the vaccine, as well.

The Centers for Disease Control and Prevention (CDC) has a nice online review that I shared with Rachel that confirmed the need for her to receive treatment with the rabies vaccine. It also confirms the benefits of treatment in pregnancy outweighs the chances for any adverse pregnancy outcomes.

Rabies

- Because of the potential consequences of inadequately managed rabies exposure, **pregnancy is not considered a contraindication to postexposure prophylaxis**. Certain studies have indicated no increased incidence of abortion, premature births, or fetal abnormalities associated with rabies vaccination. **If the risk of**

exposure to rabies is substantial, pre-exposure prophylaxis also might be indicated during pregnancy. Rabies exposure or the diagnosis of rabies in the mother should not be regarded as reasons to terminate the pregnancy.

Treatment for rabies exposures include the actual rabies vaccine as well as the Human Rabies Immune Globulin (HRIG). The HRIG is a medication given at the time of exposure to provide the patient with immediate protection from the rabies virus. It is only ever given once. That means Rachel will not need HRIG again.

Instead, she will just need two injections of the rabies vaccine (there are up to five shots given after a first exposure). The vaccine helps your body build its own immunity to protect you against the rabies virus.

Because this was her husband's first exposure, he will need the full treatment including the HRIG and up to five injections of the rabies vaccine.

How urgently did Rachel and her husband need to be treated? The epidemiologist said sooner rather than later, recommending they visit an emergency department within the day of exposure.

Though Rachel was not excited about having to get vaccinated again, she was relieved to learn exactly what she needed to do for the health of her baby, her husband, and herself.

We were grateful for the collaboration with our local Poison Control, state epidemiologist and the CDC documents. The best possible reproductive data was provided for this couple to make the best reproductive decisions for themselves. With the help of MotherToBaby and our collaborators, this was one less ***bat***-tle they had to face alone.

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