

Respiratory Syncytial Virus (RSV) Vaccine (Abrysvo™)

This sheet is about exposure to the respiratory syncytial virus (RSV) vaccine in pregnancy and while breastfeeding. This information is based on available published literature. It should not take the place of medical care and advice from your healthcare provider.

What is respiratory syncytial virus?

Respiratory syncytial virus (RSV) is a virus that can cause an infection of the respiratory (breathing) tract. RSV spreads easily from person to person when someone who is infected with the virus coughs or sneezes. It can also be spread through direct contact with surfaces that have the virus on them. Most cases of RSV are mild and cause only cold-like symptoms. However, sometimes having RSV can lead to an infection in the lungs, such as pneumonia (called lower respiratory tract disease). Serious symptoms like fever, severe cough, wheezing, rapid breathing, and cyanosis (blue skin caused by not having enough oxygen in the body) may require hospitalization or the use of a ventilator to help the person breathe. Infants, babies that are born preterm (before 37 weeks), and people with weakened immune systems have a higher chance of developing severe RSV infection.

What is the RSV vaccine?

The RSV vaccine causes a person to make antibodies against RSV. When a person gets the RSV vaccine at the recommended time during pregnancy (32-36 weeks), the antibodies they make can pass to the developing baby. It takes about 2 weeks after getting the vaccine in pregnancy for antibodies to pass to the developing baby. These antibodies can help protect the baby from severe RSV infection for about 6 months after they are born.

The only RSV vaccine approved for use in pregnancy in the United States is called Abrysvo™. (Another RSV vaccine, called Arexvy, is only for adults ages 60 and over and is not approved for use in pregnancy.) Abrysvo™ is a protein subunit vaccine. It does not contain live virus that can cause RSV. The Centers for Disease Control and Prevention (CDC) recommend the Abrysvo™ RSV vaccine for people who are 32-36 weeks pregnant during RSV season. In most regions of the continental US, RSV season is from September to January. However, the timing and severity of RSV seasons can be different from year to year. CDC has more information about RSV vaccination for pregnant people here: <https://www.cdc.gov/vaccines/vpd/rsv/public/pregnancy.html>.

Does getting the RSV vaccine make it harder to get pregnant?

Studies have not been done to see if getting the RSV vaccine can make it harder to get pregnant.

I just got the RSV vaccine. How long do I need to wait before I get pregnant?

The Abrysvo™ RSV vaccine is only recommended for people who are already pregnant (32-36 weeks) and for adults ages 60 and older. In the rare event that someone gets the RSV vaccine and is planning a pregnancy, there is no recommendation to wait to get pregnant.

Does getting the RSV vaccine increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done to see if the RSV vaccine increases the chance for miscarriage. The RSV vaccine is recommended for use during the third trimester of pregnancy, which is past the time when a miscarriage can happen.

Does getting the RSV vaccine increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Studies on people who received the RSV vaccine during pregnancy have not found a higher chance of birth defects above the background risk.

Does getting the RSV vaccine in pregnancy increase the chance of other pregnancy-related problems?

A clinical trial compared over 3,600 people who received the Abrysvo™ RSV vaccine between 24 and 36 weeks of

pregnancy to a similar group that did not receive the vaccine. Between the two groups, there were no significant differences in pregnancy-related problems, such as low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth). Slightly more preterm deliveries were seen in those who received the vaccine compared to those who did not. In most cases, the preterm deliveries happened a month or more after getting the vaccine. It is not clear from this study if preterm deliveries were due to the vaccine or to other factors. The recommendation to get the vaccine closer to the end of pregnancy (at 32-36 weeks) allows time for antibodies to pass to the baby before delivery but lowers the chance (if there is one) of delivering early from the vaccine, since the vaccine is given closer to full term.

Does getting the RSV vaccine in pregnancy affect future behavior or learning for the child?

Studies have not been done to see if getting the RSV vaccine can cause behavior or learning issues for the child. Based on what is known about how vaccines work in the body, getting the RSV vaccine is not expected to cause long-term problems for the child.

Breastfeeding and the RSV vaccine:

The Abrysvo™ RSV vaccine is only recommended for people who are pregnant (32-36 weeks) and for adults ages 60 and older. Studies have not been done on the Abrysvo™ RSV vaccine in people who are breastfeeding. The Advisory Committee on Immunization Practices (ACIP) and CDC state that subunit vaccines, like Abrysvo™, pose no risk for people who are breastfeeding or their infants (see <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/vaccinations.html>). Be sure to talk to your healthcare provider about all of your breastfeeding questions.

If a male gets the RSV vaccine, can it make it harder to get a partner pregnant or increase the chance of birth defects?

Studies have not been done to see if the RSV vaccine could affect male fertility or increase the chance of birth defects above the background risk. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

Please click [here](#) for references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

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