

Ep. 91 - From Strep to RHD: A Mother's Story and a Community's Fight

Group A strep might sound like a simple sore throat—but for many children and families in American Samoa, it can have life-threatening consequences. In this episode of the MotherToBaby Podcast, we sit down with Dr. Anaise Uso, a public health leader and mother, who shares both her professional and deeply personal experiences with strep infections, rheumatic fever, and rheumatic heart disease (RHD).

Together, we explore:

- What Group A Strep is and the common signs of strep throat and skin infections.
- How untreated infections can progress into rheumatic fever and, ultimately, rheumatic heart disease.
- The unique challenges in American Samoa, where children are three times more likely to be affected than in neighboring Pacific Islands.
- The role of screening, prevention, and treatment programs, including antibiotics and regular monitoring.
- A personal story of Dr. Uso's son, who was diagnosed with RHD at age three, and how their family manages his care.
- How partnerships with CDC, AMCHP, and MotherToBaby are helping build resources, raise awareness, and strengthen prevention efforts.
- This episode highlights why early detection, treatment, and community awareness are critical – not only to protect children's immediate health, but also to prevent lifelong complications.

□ Resources mentioned in this episode:

- [MotherToBaby: Group A Strep Fact Sheet](#)
- [MotherToBaby: Rheumatic Heart Disease Fact Sheet](#)

- Association of Maternal & Child Health Programs (AMCHP)

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

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Ep. 91 - From Strep to RHD: A Mother's Story and a Community's Fight

Dana Howe, a communications director for a non-profit called Vaccinate Your Family and soon-to-be mom, joins host Chris Stallman to discuss some common questions and fears surrounding vaccination during pregnancy. She helps debunk common myths to set the record straight. Howe holds a degree in biology and community health and a master's degree in health communication.

Resources mentioned in this episode:

Vaccinate Your Family

www.VaccinateYourFamily.org

Ep. 79 Transcript

You're listening to the Mother 2 Baby podcast, medications and more during pregnancy and breastfeeding. Ask the experts with your host, genetic counselor and mom of four, Chris Stallman.

This episode contains evidence based information that's current as of the day recorded and may change as more data becomes available. To get the very latest information about this topic or other topics in pregnancy and breastfeeding, please contact a mother to baby specialist at 866 626 6847 by text at 855 999 3525 or through our website at mothertobaby.org.

org.

Welcome to another episode of the mother to baby podcast. My name is Chris Stallman, and I'm a genetic counselor, a mom of four, and a teratogen information specialist. So what that means is that I talk to people, so healthcare providers, patients, family members, and the general public, about exposures that can happen before pregnancy, during pregnancy, while breastfeeding, and in cases of adoption.

And an exposure can be anything, so it could be a medication you're taking, a chemical at your workplace, Or a vaccine. And that's what we're going to be talking about today. Not just vaccines, but how and why they are so important. Our guest today is Dana Howe, communications director for a nonprofit called Vaccinate Your Family.

She holds a degree in biology and community health and a master's in health communication. She is also a very soon to be mom. Hi, Dana. Welcome to the show. Hi, Chris. Thank you so much for having me. I'm really happy to be here. Our pleasure. So first and foremost, how are you feeling and how is your pregnancy going?

I am feeling pretty good. It is, um, this is going to be my first baby, so I have, um, I'm going through this, you know, journey for the first time, learning a lot along the way. It's been really interesting how it's intersected with my professional work with Vaccinate Your Family a little bit. Um, but overall feeling Good.

I'm in my third trimester and due next month. So things are getting real around here. That's amazing. Congratulations, and I hope that the remainder of your pregnancy and delivery is smooth and safe. Thank you. So can you tell us a little bit about the organization you work for called vaccinate your family?

Yes, absolutely. So I am the communication director at vaccinate your family. Um, we are a nonprofit organization that was originally founded in 1991, formerly called every child by two, started by former first ladies, Rosalynn Carter and Betty bumpers of Arkansas. Um, In response to measles epidemics that were happening at the time, and the need to vaccinate our nation's children against the vaccine, preventable diseases of the time our mission today remains to protect people of all ages from vaccine, preventable diseases.

Um, and we do that through a mix of communication work, um, trying to educate and arm trusted messengers with good information about vaccines as we serve as the subject matter experts and try to work with trusted messengers, community based organizations, um, leaders. Parents often really health decision makers, um, to spread good evidence based information about vaccines.

We also work in vaccine policy and then we follow the science basically to stay on top of the latest vaccine

recommendations that are coming through and all the, there are new vaccines. There's a lot of really exciting work being done. Um, and I actually joined during the coded pandemic. So it's been a really interesting time as a health communicator to watch how the experience of going through the pandemic has.

impacted the way that we all think about the vaccines that we need, not just against covid, but against all vaccine preventable diseases. I would agree. Um, as someone who was part of the efforts when mother to baby was answering a lot of the questions about the new vaccines during the pandemic, it really, it really did change our perspective.

And of course, you know, I'm a mom. I have my own perspective. And, you know, really soon you're going to be a mom too. And so can you share a little bit about your personal experiences with vaccination and pregnancy? Yeah, absolutely. So, um, you know, I work in vaccines. I work in public health. I have always had a high level of vaccine acceptance in my family growing up myself.

I'm generally happy to get the recommended vaccines at the recommended times, um, but pregnancy has been a really sort of interesting time where there are now a few recommended vaccines during pregnancy. Um, The vaccine, which is important for protection against whooping cough or pertussis that you can pass antibodies onto your baby when you get it.

When you're pregnant, flu and cobit are more important than ever to get while you're pregnant. There are extra benefits to getting it. Um, to getting them while you're pregnant, you can pass some immunity onto your baby, but also getting sick with flu or COVID during pregnancy is something you really want to avoid.

It's more dangerous because your immune system doesn't work the same way while you're pregnant. So if you were to get sick, you are at higher risk because you're less able to fight off those infections. So that extra boost is really important. Um, and then we now have a maternal RSD vaccine as well that can pass antibodies on to babies.

I'm concerned about RSD certainly as someone who's about to have a newborn in the middle of RSD season. And the ability to pass some antibodies on and get that vaccine during pregnancy is something that I don't want to miss out on and I'm actually really excited about. But, I will say. So far, I've gotten three out of those four vaccines, and in making my own health decisions during this pregnancy, um, I'm very aware of all the things that we weigh when we're pregnant, um, it does feel in some ways like a lot of vaccines, and I feel that way even as someone who is, for the most part, Excited to get them.

Of course, I'm not excited for if I feel a little since the next day, like, that's not great, but I'm happy that I have the opportunity to get them. But still, I thought about, you know, the timing of those vaccines. What is available at my doctor's office? What information am I getting from my doctors? So, you know, personally.

My doctor, my doctor's office had Tdap available a little bit sooner. So I just said, sure, did that at like 28 week appointment. And then at my 32 week appointment, I actually proactively asked about the RSV vaccine because I, you know, work in vaccines. I was curious, like, so do you have it here? Are you giving the RSV vaccine?

And they did, and they said we also have flu available. So I did RSV and flu at the same time at that appointment, and then I'm scheduling my COVID vaccine separately at a pharmacy. So, you know, I'm very aware of, as I navigate this time, like, what's available to me in which places, how do I feel after each vaccine?

I know that's definitely a concern. Um, and. You know, recently I got a little head cold and it was a good gentle

reminder of how much Being sick stinks, especially while pregnant and how much I, how much I have been weighing this thing of like, okay, I'm like many people who, um, when I've gotten my COVID vaccine, the next day I feel a little under the weather in, in past vaccines like that.

Immune response. And so I've been like, oh, when is going to be a good time to do that? I'm putting it off. I'm noticing myself being a little like, well, it's already hard to feel good. In your third trimester of pregnancy, do I really want to like, you know, take a sick day? Am I going to be like, how's it going to feel?

Um, but then I actually got sick with just a head cold and I was like, no, we got to go get that vaccine because this is even just this head cold is much worse than that day after the vaccine feeling. So it was a good little reminder for me that those. transient, mild, you know, for me, it's like 24 hours of fatigue, soreness, um, after a vaccine that sometimes we see is still worth it, but it can be, it can be tough to convince yourself that.

Um, so that's just a little bit of what I've been experiencing as I kind of navigate this from a personal perspective. So what are some common myths you hear about regarding vaccines and pregnancy or breastfeeding? Yeah, so I am lucky. Something that's been really interesting is I have quite a few friends who are navigating pregnancy at the same time as me, so it's kind of been a topic of conversation.

I'm also in some, um, like Facebook groups, mostly out of curiosity as a first time mom navigating this. I'm in like a due date group, which is a real interesting slice of people from all over the world who are Do at the same time or the same month that I am, um, sometimes vaccines come up in there that can be interesting and then, you know, I work in vaccines professionally and we kind of keep tabs on what some myths are.

About vaccines and pregnancy and breastfeeding. I think the big thing that sticks with me is during pregnancy. There are so many things that we're told to watch out for, or to not put in our bodies. Yes, and I think that it can put people in a very defensive frame of mind as far as. like exposures. And I know this is the work that mother to baby is doing all the time.

Then we're so grateful for. Um, but I think it makes pregnant people wary of vaccines and susceptible to myths, especially about vaccine safety. So I think some things that I've heard Are that certainly about the concerns about specific vaccine ingredients, and I think that that comes down to that anxiety and hyper vigilance and, you know.

In our work at vaccinate your family, we have done a lot of breaking down to a really sort of digestible level. The reason why the ingredients and vaccines are. Not something that we need to be concerned about. Right? Like you're exposed to more aluminum when you drink a can of soda or seltzer than when you take a vaccine and just kind of right sizing that those exposures on those fears, um, and kind of, you know, Reinforcing that these are things where we have more safety data, more evidence to support that the benefits outweigh any potential risks, then like anything else we put in our bodies, then the prenatal vitamins that we're taking, then, you know, really like any eating out at any restaurant, you know, the list goes on.

This is something that we actually do have a lot of evidence to support the use of, um, another thing that I hear sometimes. Definitely. I want to talk about the new R. S. V. vaccines because they are newer and I think people feel like it's not viewed as safe by some folks because the R. S. V. vaccines. Are a new vaccine, um, and, you know, for me, I think, yeah, it's relatively new, but it's a type of vaccine that's been around for a long time.

It's undergone that extensive testing. And I think that people, it's easy to consider again, because we're in this reactive, like, fear based, uh, wanting to avoid exposures place. We forget to weigh the benefits of the thing. Um, the benefits of getting vaccinated. And we forget about the risks of not vaccinating.

And I think that's something that, um, especially with RSV, I'm thinking about, like I said, the risk of not vaccinating is having a newborn during RSV season. That's a really, that's a significant risk that you have much less control over. Um, and I think that, um, you know, weighing all of those things and kind of being aware of my own.

Yeah. Cognitive bias toward I think we're really biased toward inaction for like I can stay safe by avoiding something during pregnancy because there's so many things like that right that we're told to avoid so I think that it's easy to have a bias towards saying I'm gonna make sure I don't do anything that could harm my baby, the action being get a vaccine when actually the choice to not vaccinate is not a risk free choice, but our brains don't like that.

They kind of go, wait, wait, wait. Um, I think we're more afraid of. Um, potential outcomes for things that we do choose to do versus choose to not do. Um, but of course, when we take a step back, thinking about the risks associated with. Not vaccinating and the benefits that come when we do choose to vaccinate.

On top of all the safety data that we have. Um, I think it's actually, like, a really exciting opportunity to get to using the example of the vaccine for some people who are concerned about the number of shots that infants get. Getting the maternal vaccine now is actually a way to get 1 less. Shot for a newborn baby, because there are options right now for either a maternal RSV vaccine or an antibody that's given to newborns to ways to protect baby against RSV.

But it's exciting as a expecting mom to be like, okay, this is 1 thing I can do to do 1 last shot for my baby. Which I would get if that was the only option, but. Um, it's like, you know, just, just reframing it as a positive thing to kind of be able to, without any risk to myself, like the risk that would come from getting sick, be able to pass antibodies onto my baby during this time window is actually really exciting.

Um, so kind of taking those myths and trying to get to a positive place of like, well, we have the opportunity to pass some protection on. Um, and we don't want to miss that window of opportunity. Wow. We're pregnant. When you mentioned, you know, thinking about myths specifically, you also mentioned something that unfortunately is not a myth, but does contribute to the myths.

And that whole thing is what you can and cannot do during pregnancy. And I'm so glad you mentioned it and we're not going to go too far, but I'm so appreciative of it because I don't think that we, and by we, I mean society in general, mention this enough. My goodness. There is so many different things that were all, there's so much conflicting information.

There's so much fear around doing the very simple things. It's like, is my bath water too hot? Did I wait too long to get the vaccine? You know, what if, you know, I missed the window because of the season or it wasn't available where I am. And now, you know, it would be a better idea for my baby to get the RSV.

You know, there's so many different things. And I just want to say, I know we've said it a couple of times before, and I know that folks in our business say it all the time to the people we're with, especially, but you're doing a good job. If you're out there and you're pregnant or you're trying to get pregnant or you were just pregnant and or maybe you're breastfeeding or maybe not, but you might have a newborn or a newly adopted child on your hands, I'm, I'm here to tell you, you're doing a good job.

You are, and it's hard out there. And I just so much Dana appreciate not only what you do and everything you've said, but I just appreciate so much that you've mentioned. That there is a lot out there for a person who is pregnant to navigate and a lot of it is the am I doing it right? And how can you not?

At some point, even for a second, make that question with everything you see. Don't eat that lunch meat unless it's cooked. Make sure you're doing X, Y, or Z. Make sure you're not doing X, Y, or Z. And again, you, Dana, are doing it right. And everyone out there making that effort, which I know you are. We know you, we see you, and we know that you're doing a good job.

So keep up the good work. Yeah, I so appreciate that. And I think it just, if you're anxious about vaccines during pregnancy, of course you are, because we're anxious about everything that we're putting in our bodies, and I think there are so many messages that we receive from our communities, from healthcare providers sometimes, from our family sometimes, about, yeah, to be in a place of, you know, vigilance, and fear, and to do it right, and So, you know, I have friends who have never worried about it before, but are having trouble with anxiety just around food decisions because they're pregnant.

Um, and it's, I think, been a really interesting eye opening experience. And, you know, if we're suddenly really anxious about our dietary choices, of course we're going to be anxious about a vaccine that we know less about or that, you know, has the power to, you know, be interacting with our immune systems like it makes sense.

So I definitely want to say like this isn't to say. Oh, just don't worry about it. Right? Right. We're conditioned to feel. worried and it means we care. Um, but it, there's a lot of stress that comes with it too. So I appreciate that. And yeah, that's, that's a big thing. And then what we hear about is how you're supposed to reduce stress in pregnancy.

But again, I mean, we could honestly, we could have, and we, we very well may actually this entire, body of work and your experience is so inspirational, we might end up doing a, Hey, you know, we should just talk about some of the silly things we hear in pregnancy, but what I would also love to get to. So aside from the myths, right, what are some of the other frequently asked questions do you get about vaccines in the pregnancy breastfeeding space?

Yeah. So I actually recently was kind of scrolling through the due date group that I was telling you because I think such an interesting Like, Slice of Life, different from other Facebook groups I'm in, where it's like people from all over and, um, you know, the thing that we have in common is that we're due the same month, so I was like, this is, you know, the comment section, it's not for everyone, but it is really interesting, just from a, like, what's on people's mind, um, kind of perspective, and something that I came across several times that I worry about from a health communication perspective is that people really feel like vaccines during pregnancy are pushed on them by their care providers and that I thought was an interesting trend.

It's not everybody, right? But it came up more than once that I think it comes down to, like, a communication and a trust and information issue where, um, You know, care providers are strapped for time. They're doing their best. Obviously want to give them the benefit of the doubt, but the way that we're presenting information about vaccines to pregnant people is making people go like, Whoa, I don't, I feel like I'm being that it's assumed that I have to do this.

And people are coming to groups and saying, like, can I say, no, can't like, do I have to do this? Mm hmm. And You know, it sets up kind of an adversarial relationship that I think, you know, as a communicator, I'm like, Ooh, I wonder how we can do a better job coming into those conversations with information and feeling like we're making an informed decision so that when our care provider says, Oh, you know, you can do the Tdap today.

Do you want to do it? It doesn't feel like we don't interpret that as. Get your Tdap and that being the first time that we've thought about it, but you know, in my experience, my, my care providers, who I really like, didn't bring up the Tdap vaccine to me until it was the week that we were going to do it.

And they just said, Oh, you know, it is time for the Tdap vaccine. Here's the, you know, information sheet about it. Do

you have any questions? And. If I didn't know a lot already, which I do because it's my job, about the Tdap vaccine, if I didn't see it coming and I hadn't anticipated it, it might feel, and I think for many people does feel, just this, like this thing that's really blase, casual, and doctors who give vaccines all the time, I think do treat vaccines casually sometimes.

Because they are an amazing public health tool that are safe and they work well and we love them because they prevent illness and are extremely safe and have very few side effects. So, as a care provider, you're like, vaccine time. Woo. But as someone who's in a place of vigilance and worry about what's coming into their body, especially at the doctor's office, potentially, I think I would love for everyone to.

Be able to anticipate that vaccine conversation coming in a positive way, like, oh, I know what that is. I know how I'm going to benefit from it. I already, like, if I have some questions, I know what to ask because you probably don't. I mean, I've had that experience. You're in a conversation with a care provider.

You are hearing about something for the 1st time. You don't have your questions ready to go. Like, they come later, and then you end up on Google, and that's not what we want, so. Yeah, that's, that's definitely true. I mean, you know, Google and other search engines, you know, have their place certainly. Um, but I, you had mentioned earlier, um, I believe what you had said was a trusted messenger, meaning a place of information that is based on available, um, evidence and, um, While there's certainly other forms of information, I think knowing where and how to get that trusted information is really important, just sort of generally speaking, and then to your point, when you go into your provider, right, you want, and we hope, and that's the goal, is that the person or the group that you're speaking with is a trusted source of information, and as a provider, also, not necessarily in this space, I do understand that feeling when I go in as, well, Of course, I know what I'm talking about.

I'm a provider. I've been doing this for a while. So the two sides of it are completely different and coming from completely different places. And I think it's, it's wonderful when we can come together. As long as you realize, you know, it helps if you have some information going in. And it helps if your provider also knows how to address, explain, and fill in the gaps for the information either that you may not have or that you may not fully understand or that you may have.

So, again, I do love that it ends up being a two sided piece, right? We say all the time, you know, you have to advocate for yourself as a patient, which is absolutely true. But from the provider piece, you know, we do like to say, hey, you know, you have to make sure that your patient has this information. In that magical place when all of those things can happen in a way that everyone's comfortable with, that's where we are.

Until then, we need to keep looking for information and looking for the best way to give and support that information as well. Yeah, absolutely. You know, going back to your previous question, the other thing that one, the other thing that comes to mind for me about just frequently asked questions, things that come up about pregnancy and vaccines, I do think there are a lot of concerns about vaccine reactions during pregnancy and by that I do just mean sort of the side effects that can happen when you get a vaccine.

That, like, feeling a little bit sick. Um, everybody's different, so I don't want to claim to know what someone else's, you know, vaccine reaction looks like. I think they've gotten, um, it's something that's been talked about more because I do think, anecdotally, The COVID 19 vaccines, people are experiencing that, um, you know, some vaccine side effects.

Many people get them from seasonal flu shots to many people, you know, children get them after their routine vaccines. You might feel a little gross for a day or two. It is normal and it is expected. It doesn't happen to everyone, but I think it really throws people off. And when you're pregnant and you already feel bad, and it is hard to get through the day at work.

And Honestly, I really get this. My friends, like, we are already pregnant, probably working during pregnancy, probably worried about the amount of sick time that we have, if we're lucky enough to have it, um, you know, thinking about our schedules, maybe you have other kids, and the weekend's not a good time to get a vaccine and be down and out.

We feel like there is not a lot of buffer for feeling unwell and it's hard to choose something like getting a vaccine that you have a guest might make you feel kind of not well for 24 hours. It's hard to choose to do that. Yeah. Um, and people are definitely asking like, Oh, how did you feel and worried that during pregnancy, you might actually feel worse.

I will say that hasn't been my experience. I think there's probably a few different reasons for that. I'm like, well, I'm already taking it easy, so I haven't noticed it as much. Or, you know, like, maybe my immune system's working a little differently. So it hasn't been, like, it hasn't been worse for me, I'll say, after I've gotten vaccines during pregnancy.

Uh, to just put that out there, but I was concerned on a personal note concerned like, well, it's already a lot. How am I going to feel for the day after I get these vaccines? Am I going to have to call in sick? And I think, you know, we can't dismiss those are real like decision making kind of things that we're weighing in our day to day lives.

Yes. 100%. And I, I, again, I appreciate that because not everybody has a sick day. Not everybody can take a sick day. And again, it's, it's sort of how things are presented. You know, there's lots of, of other issues, but you know, I can tell you from the, how you feel piece. that during my pregnancies, especially my last two, if there was anything I even thought was going to make me feel even more fatigued, I was like, I don't even know what more fatigue looks like.

More, more fatigue probably looks like me just not being awake at all. Right. Um, and, and that's real. Now, I do want to say that I did choose to, and had vaccines available to me during all my pregnancies. And that's something that our family had decided was a personal choice. But I do want to, you know, say that even though I work in the field, I've had those thoughts.

These aren't, these are typical thoughts. It's okay to have these thoughts. You know, however that weighs into your decision is completely up to you and maybe a conversation with your healthcare provider. But I, I did want to say, you know, yeah, I, I've definitely thought about that. And then I was like, well, you know what, I really am more worried about this.

And then I weighed it, but it is absolutely typical to have those thoughts. Like I don't want to have to go to Walgreens. What if I have to miss a day at work? I don't want to feel sick. I definitely don't want to feel tired. And then again, you know, if it's all part of your decision making. then that is something that a lot of people have typically experienced.

So, Dana, before we let you go today, is there a final thought you would like to leave our audience with? Well, I would just say, you know, I mentioned a lot of vaccines by name, um, and I would encourage anybody who is thinking about, is pregnant, um, knows somebody who is, if you're looking for more information about the vaccines that are recommended during pregnancy, what they are, why they're recommended, what the benefits are.

Um, we have some great information at vaccinateyourfamily.org. Um, there is some pregnancy specific resources as well as information about accessing vaccines during pregnancy. So I would just say, please check it out. Um, come with an open mind. I, we say do your own research and I support that. Do your own research.

We have, you know, all our sources come to vaccinateyourfamily.org and, um, I hope you'll take the time to kind of

learn more about the vaccines that are recommended during pregnancy so that when it comes time to talk to your provider about them, you can go in feeling informed and ready to have that conversation and make the vaccine decision for your family.

Because that's the goal. The goal is making sure that you have the information that you can use to make the decision. That is best for yourself and your family and you know, wonderful organizations like Vaccinate Your Family do have evidence based information that can help you with your decision making and we will be happy to put information on how to find Vaccinate Your Family in our show notes.

Dana. Yes. Well, thank you so much. Oh, thank you. I thank you. Doesn't even cover it. So happy to have you here today. So happy to talk about this. And as you know, you know, vaccines are more and more a part of some of the recommendations that we have at all points in the life cycle. So we would love to have you back on the show in the future if you're ever ready to do so.

Yeah. Absolutely. It's been a pleasure. Great. Dana. Thank you so much. And that's going to do it for this episode of the mother to baby podcast. Be sure to hit that subscribe button. So that way you never miss a new episode and you can go back and listen or relisten to some of those older episodes as well.

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Ep. 91 - From Strep to RHD: A Mother's Story and a Community's Fight

Michelle Fiscus, MD, FAAP from the Association of Immunization Managers (AIM) joins host Chris Stallman, CGC to discuss respiratory virus season and what pregnant people can do to help protect their babies against RSV, COVID-19, Seasonal Influenza (flu) and whooping cough (pertussis).

Resources mentioned in this episode:

Association of Immunization Managers:

[Immunizationmanagers.org](https://www.immunizationmanagers.org)

BOOSTRIX Tdap Vaccine - MotherToBaby Pregnancy Study

Ep. 78 Transcript

You're listening to the Mother 2 Baby podcast, medications and more during pregnancy and breastfeeding. Ask the experts with your host, genetic counselor and mama for Chris Stallman.

This episode contains evidence-based information that's current as of the day recorded and may change as more data becomes available. To get the very latest information about this topic or other topics in pregnancy and breastfeeding, Please contact a mother to baby specialist at 866 626 6847, by text at 855 999 3525, or through our website at

mothertobaby.org.

Welcome to another episode of the MotherToBaby podcast. My name is Chris Stallman, and I'm a genetic counselor, a mom of four, and a teratogen information specialist. So what that means is that I talk to people, so patients, family members, healthcare providers, and the general public about exposures that can happen before pregnancy, during pregnancy, while breastfeeding, or in cases of adoption.

And an exposure can be anything. So it could be a chemical at your job. It could be a medication that you take, or it could be a vaccine. Our guest today is here to talk with us about respiratory virus season and vaccines. Dr. Michelle Fiscus is a board-certified pediatrician and chief medical officer at the Association of Immunization Managers, or AIM, which helps to support the CDC funded immunization programs across the country.

Dr. Fiscus, welcome to the show. Great to be here. Thanks, Chris. So can you tell us a little bit about the AIM organization? Sure, we are a small but mighty 501c3 nonprofit that works nationally, as you said, to support the CDC funded immunization program. So every state in the United States has an immunization program, usually housed at their state department of health.

And then there are some cities, some major cities like Washington, D. C. or New York City or Philadelphia, Philadelphia. That have their own immunization programs within their states. And then we also support the immunization programs in the U. S. territories and freely associated states like Guam and Micronesia and the U.

S. Virgin Islands and Puerto Rico. And so we help. Those program managers, um, make their jobs a little easier. They have a lot that they have to do to make sure that vaccines are available in their jurisdictions to make sure that, um, every person that's, that's there has the ability to get vaccinated and to make sure that the information that they're getting about vaccines is correct.

Very, very critical. I feel like it had always been, but I think in the last few years, especially we we've learned collectively, you know how important that correct and timely information is so. Speaking of that, what are respiratory viruses and when is respiratory virus season? Respiratory viruses are, are those, um, illnesses that circulate in fall.

Um, sometimes they're common colds, which can be caused by thousands of different kinds of viruses. But the ones that we really think about with respiratory season are seasonal influenza or the flu, um, something called respiratory syncytial virus, which may be a little less. We call that RSV because respiratory syncytial virus is really kind of hard to say.

And then, um, we also see, um, COVID 19, of course, SARS CoV 2, which is the virus that causes COVID 19, which really hasn't settled into a season yet, but Because of the number of hospitalizations and sick people that we get from COVID 19, when you layer that on top of the fall flu cases and the fall RSV cases, it really starts to strain the U.

S. health system. Um, and so we're going to lump COVID 19 into this too for the purpose of this discussion. Okay. Why is vaccination important? Well, vaccination is really our best, uh, defense against any of these viruses. Viruses are super smart. They're really good at mixing up their, their genetics and finding ways to get around.

Um, defenses that we have to fight them off and some of those viruses, like for instance, influenza or SARS CoV 2 that causes COVID, they change constantly from season to season and sometimes even within seasons. And so our bodies may have experienced those viruses before and they created this great immune protection against those viruses.

But then that virus goes out and puts on like a big nose and glasses and a mustache and it comes back and it looks completely different from the virus that your body saw the last time. And so these are vaccines that we really have to get over and over again. We're talking about influenza or COVID 19 because those viruses keep trying to outsmart the defenses that we have in place to keep us from getting super sick.

So when you're pregnant, You, um, you're a little bit, what we call immunosuppressed. You're, you're, it's a little easier for you to get sick. You're a little run down. Sometimes you're a little anemic because of pregnancy. And it's easier for those viruses to get in and cause problems that make pregnant people super sick.

And sometimes put them at, at much higher risk of being hospitalized or even dying from infections that maybe wouldn't be as serious had they not been pregnant. Okay. Absolutely. And what about risks to the newborn for things like RSV or whooping cough and pertussis? Well, those little babies come out pretty defenseless, too.

They get some antibodies from their mom from either transfer across the placenta. So if you get vaccinated with, say, a vaccine that protects against pertussis or whooping cough while you're pregnant, then that antibody can pass to your baby. Because when the baby comes out, they're not old enough. get vaccinated.

So we really rely on those antibodies that mom can give to protect and we all want to protect our babies the best possible way. So, um, so being vaccinated while you're pregnant, breastfeeding, these are all things that help protect the baby and help develop their immune system so that they can fight off a virus if they come into contact with it.

The other thing that we can do is, Make sure that if we're vaccinated, we're not bringing those viruses and those bacterial illnesses like pertussis into our house where then we're face to face with our babies and putting them at higher risk of getting them super sick. Those little babies, um, have to work really hard if they get a respiratory virus.

They've got little tiny lungs and not a lot of capacity. And so if we start to stress them, Um, then they have a really hard time eating. They have a hard time sleeping. They have a hard time growing. They might be super fussy. And sometimes we have to put them in the hospital just because they get dehydrated and need some oxygen to try to help, um, manage them until their bodies can fight off whatever illness we're dealing with.

So the vaccine certainly, as you said, can protect babies. family members, but also the person who is pregnant or newly delivered or breastfeeding as well. Because as you say, you know, we are absolutely worried about those around us, but we also need that person who was pregnant or who is breastfeeding. We need them to be healthy too, not only for their own well being, but for, you know, taking care of themselves and the people around them.

That's exactly right. And you know, when you get vaccinated, when you're pregnant, you kind of get to double dip a little bit because that vaccine. against flu or, or COVID is helping you not get seriously ill from flu and COVID. But then you're also giving those antibodies to your baby. So if they come into contact with it when they're really young and before they can get vaccinated, then that's also helping to protect them.

Remember, babies can't be vaccinated against COVID until they're six months old. So they have a really long window of exposure. exposure, where if we can get mom to give them some antibodies, they can really help protect them. And they also can't get vaccinated against influenza until they're six months old.

And then it has to be in the season when we're actually vaccinated against influenza. So some babies might be closer to a year. Before they get their first flu vaccine and um, and you know, having moms help give them a good healthy

start with that protection is really important in those early days. I didn't even think of that, but I'm so glad that you mentioned it.

So my last two were both born in January. Um, and obviously we had to wait six months for these vaccinations and it, it did, you know, we've just waited until the next cold and flu season, you know, it was a bit more than six months for us and honestly, I never would have put that together. So I think that's a great reminder that sure, six months is, is where it can start.

if you're in that particular season for flu. I know you had mentioned that COVID doesn't really have a season, but for flu, you know, there are some, some clear guidelines and they're not available everywhere throughout the entire year. Right. And the same goes for RSV. We, we only, um, vaccinate pregnant people right now when it's RSV season, when we're, when we're looking at having a baby during RSV season, which generally runs October to March or so, November to March.

Um, So, you know, if you're pregnant and it's April, you may not be able to get an RSV vaccine right now, and your baby may be born without the ability to protect them. So we do have kind of a safety net or a second chance with RSV, something called nircivumab, which needs an acronym. But yeah. But that is a, what's called a passive antibody that we can give newborns that come into their first RSV season.

It's not really a vaccine. The vaccine teaches your body how to make antibodies. This is actually giving the baby antibodies. Our to what the mom would give if the mom had been vaccinated, and we can give that one shot to a newborn baby who was born during our RSD season to help protect them. So if the mom didn't have an opportunity to protect their baby because of these vaccines, the timing of their pregnancy in the RSD season, there is an opportunity to protect the baby directly when the baby's born.

What vaccines are recommended during pregnancy that can protect against respiratory viruses? And is there a specific time in pregnancy where people should get them? Great question. So, for your time. Every person needs to get a flu vaccine and that can happen at any point in a pregnancy. So, um, if, you know, if you're getting into October and you're pregnant, that is a perfect time to get vaccinated against influenza.

You can even get vaccinated a little earlier in the season if you're due to deliver your baby in like September or October. You might even be able to get vaccinated against influenza as early as August in some cases. So, if you if you're pregnant right now, you should go get a flu vaccine. Um, I'm a pediatrician.

We like to say flu before boo. So we want to get everybody vaccinated against influenza before Halloween. Yeah, that's awesome. That's the ideal time. But if you miss that, you can get vaccinated against influenza anytime during the season. But, but really the idea is you want to get that vaccine in before we really start seeing the virus.

Thankfully right now in the U. S. influenza is still pretty quiet. CDC does a lot of careful watching to see what's happening with these viruses and we're not really seeing much in the way of flu. So you've got some time, but really ideally before the end of October. you want to try to get a flu vaccine.

You should also get what's called a Tdap vaccine, which is not against a virus but protects your baby against whooping cough or pertussis. That's a bacterial infection that babies can get when they're very young. They themselves can't start getting vaccinated against it until they're two months old and even then that's just the first of a series of shots.

So they have a period of time in their early months, where they're vulnerable to whooping cough, and that's a bacterial infection that can be fatal in newborn babies. And so, giving mom the Tdap vaccine helps to give those antibodies to the baby before they're able to get vaccinated themselves, and helps to protect them.

From whooping cough, which is really, really important. And then, um, the RSV vaccine, if you're pregnant, coming into RSV season. So, um, beginning now, September, October, until, um, January or so of this year. It was between 32 and 36 weeks gestation is when you should get your RSV vaccine against respiratory syncytial virus.

Again, that is mainly to protect the baby, although moms can get serious RSV illness as well. But really what we're trying to do is protect that baby who was born during RSV season. So if you're between 32 and 36 weeks of your pregnancy, that's the window where we want to get you vaccinated against RSV to help the baby.

And then COVID vaccines can happen at any time. And so just recently in August, we had new updated COVID 19 vaccines approved. And if you are pregnant, you Or even if you're not pregnant, if you have not had that new updated 24 25 COVID 19 vaccine, you really need to go get that. You can get it at any time during your pregnancy to help protect you from serious COVID disease, but also help to pass some of those antibodies to, to your baby, who again can't get vaccinated until they're six months old.

Um, a lot of people think, you know, well, I've had COVID, so I don't need to worry about getting COVID vaccine. And the way I like to think about this is, you know, if you've got a kid and, um, let's say they're five years old and you go into the closet and get out last year's winter coat and put it on your now six year old, it's going to be way too small for them in most cases.

And that coat might give them a little bit of protection against the cold in the winter, but if it gets really bad, it is not going to be enough. And that's kind of how I think about COVID vaccines. Last year's COVID vaccine, yeah, might cover you a little bit, but the new viral variants that keep evolving and changing and putting on new disguises are looking a lot more like a blue flannel coat than last year's pink puffy coat, and your immune system might not know what to look for.

So you really need to go get that updated vaccine, so if you have not had a COVID vaccine since September, you're behind, and you really need to go get that updated one, especially if you're pregnant. And are there other vaccines that might be recommended for some people during pregnancy? I'm going to give the very, um, scientific response of independent.

If, if you are someone who might be at high risk for something like Hepatitis B, um, it might be recommended that you get a Hepatitis B vaccine, again, to protect yourself and also to protect your baby from Hepatitis B. Hepatitis B is one of those viruses that down the road can cause cancer. Um, liver cancer is what we see with hepatitis B.

So that's one that we really want to prevent in everyone. Um, so you could get a recommendation for that if you've not had those vaccines. Hepatitis A is another one. If you're someone who maybe has liver disease or is at high risk of having trouble from a hepatitis infection, it might be recommended that you get a hepatitis A vaccine.

And if you're planning on traveling internationally while you're pregnant, there may be certain travel vaccines that are recommended. So make sure you check with your doctor to make sure that if there are any travel vaccines that might be recommended that you're getting those too far in advance of you going on those international trips.

So as you said, you know, it's going to depend and I'm going to add a very mother to baby answer to that, which is. Also, something you've already mentioned, talk with your health care provider and they can let you know what vaccines are recommended for you. Absolutely. The best place to get information. Dr.

Fiscus, thank you so much for being on the show today. But before you go, what is the final thought you would like to leave the audience with? The one. The best thing that you can do this respiratory season to help protect you and your baby the best is to receive vaccines against RSV, COVID 19, and influenza, and also the Tdap vaccine to prevent whooping cough in your baby.

We all as moms want to do the absolute best thing we can do to protect our babies and these are the absolute best things that you can do to make sure that your baby gets off to a healthy start and to protect you for the rest of your pregnancy to make sure that you don't suffer any serious consequences from any of these diseases that we can so easily prevent with a vaccine.

So true. Thank you again. Um, and in our show notes, we'll put some information about the mother to baby vaccination fact sheets that we have. And of course, some information about AIM. Perfect. So you can find out more about AIM at immunizationmanagers.org. We do have a lot of resources there that might be helpful, but also look at places like March of Dimes, the Centers for Disease Control and Prevention, and healthychildren.org.

healthychildren.org, which is the American Academy of Pediatrics. parent facing website. All of those are great resources for factual information about the immunizations that you and your baby need. Excellent. Thank you so much. Thanks for having me. Oh, you said the magic words. That means we would like to have you back for a future show.

Absolutely. Anytime. That would be wonderful. Thank you. And that's going to do it for this episode of the Mother2Baby podcast. On the next episode, we're going to be joined by a special guest from our partners at an organization called Vaccinate Your Family. She is currently pregnant and we'll talk about some of the myths she's been hearing among her circle of friends surrounding vaccination during pregnancy.

Don't miss this myth busting episode up next. Be sure to hit that subscribe button. Subscribe button so that way you never miss a new episode and you can go back and listen or re listen to some of those older episodes as well. You can find us on iTunes, Spotify, Audible, or however you like to listen to podcasts.

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Mother2Baby.org. And there you can chat with an information specialist. You can look at our many blogs, information pages, our hundreds of fact sheets that are available free in English and in Spanish. And you can also listen to our podcast. Or find out how you can participate in our pregnancy studies. If you would like to support the mother to baby podcast, as well as all of the ways we get critical pregnancy and breastfeeding health information to you at home, we have a new way to do just that.

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Ep. 91 - From Strep to RHD: A Mother's Story and a Community's Fight

Kirstie Perrotta, MPH, and Angela Messer, MS, join host Chris Stallman, CGC in this special "summer grab bag" of topics related to common summer activities during pregnancy and breastfeeding. Our guest experts talk about everything from chlorine and sunscreen to Zika.

Kirstie Perrotta, MPH, is an information specialist at MotherToBaby California, where she provides counseling by phone and chat. She received her Masters in Public Health (MPH) from the University of San Francisco, and has worked in the field of reproductive health for over 9 years. Kirstie currently serves as a member of the MotherToBaby Emerging Issues Task Force (EITF). Her interests include vaccines, infectious disease, and mental health during pregnancy.

Angela Messer, MS, is an information specialist with MotherToBaby California. She earned her undergraduate degree in psychology from Chapman University and her graduate degree from Kansas State University in academic advising/counseling. Angela has been with MotherToBaby since 2009, with experience in both research and counseling. She appreciates the opportunity to speak with people who are pregnant and/or breastfeeding and healthcare professionals regarding exposures and medications, and holds a special interest in stress and anxiety in pregnancy and breastfeeding.

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Ep. 91 - From Strep to RHD: A Mother's Story and a Community's Fight

Becky Spencer, PhD, APRN, PMHNP-BC, IBCLC, PMH-C, FILCA joins host Chris Stallman, CGC, to talk about updated information about having HIV and breastfeeding. Dr. Spencer discusses the stigma and provides the latest evidence-based guidelines for HIV-positive parents.

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