



College Statement of Policy

As issued by the College Executive Board

VACCINES AND NONMEDICAL EXEMPTIONS

Vaccines are a proven, safe, public health tool with the potential to prevent and eradicate many infectious diseases affecting children, adolescents and adults, including diseases that cause serious adverse outcomes in pregnant women and their fetuses. Immunizations are a hallmark of public health. According to the Centers for Disease Control and Prevention, “Over the years, these vaccines have prevented countless cases of disease and saved millions of lives” (1).

The American College of Obstetricians and Gynecologists (ACOG) determined that immunization is an essential component of health care for adults, including pregnant women (2). In addition, there is no evidence of adverse fetal effects resulting from vaccination of pregnant women with inactivated virus, bacterial vaccines, or toxoids, and there is a growing amount of evidence demonstrating safety with the use of vaccination. (2,3,4)

Today’s declining vaccination rates due to nonmedical exemptions threaten to reverse decades of progress in reducing and possibly eradicating vaccine-preventable diseases. In fact, the World Health Organization lists vaccine hesitancy as one of the ten threats to global health in 2019 (5). When population immunity drops below the threshold levels needed to prevent transmission, vulnerable patients including pregnant women, infants too young to be vaccinated, children and adults with incomplete vaccinations, and immunocompromised individuals, are placed at increased risk.

It is clear that non-medical exemptions from immunizations – personal, philosophical or religious – endanger the health of the exempted and other individuals, communities, and our nation. ACOG opposes non-medical exemptions from state immunization requirements and urges ob-gyns to educate and encourage patients to get immunized. It is also important to recognize that some medical exemptions may be for temporary reasons; it is important to periodically reassess the need for medical exemptions.

Studies consistently demonstrate that rates of vaccine acceptance and receipt are substantially higher when the recommendation and administration comes directly from a woman’s obstetrician or other obstetric care provider. (2) It is critical that women’s health care providers talk directly with each patient about the importance of indicated immunizations, during pregnancy, annual examinations, pre-pregnancy counseling, and postpartum visits. Vaccine exemptions should be granted only when medical contraindications exist that would compromise a patient’s health.

The American College of Obstetricians and Gynecologists

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References:

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