

## Recommended GA windows in pregnancy

Vaccine	Main purpose in pregnancy	Recommended GA interval (weeks)	Notes
<b>Tdap</b>	Protect newborn against pertussis via maternal antibodies	27–36 weeks' gestation in every pregnancy; preferably early in this window	One dose in each pregnancy, regardless of prior Tdap history; aim for 28–32 weeks if possible, to maximize antibody transfer before term birth.
<b>Inactivated influenza (seasonal flu)</b>	Protect mother and infant in first 6 months	Any trimester if pregnant during flu season; often given from 2nd trimester, but can be 1st–3rd trimester as needed	ACIP/ACOG: vaccinate at any time in pregnancy when vaccine is available and flu is circulating; some data suggest higher infant protection if given in 3rd trimester, but do not delay if season has started.
<b>Maternal RSV vaccine (Abrysvo)</b>	Protect infants from severe RSV in first months	32+0 to 36+6 weeks' gestation, for seasonal protection of infant	Single dose in eligible pregnancies during local RSV season; not given ≥37 weeks because there is insufficient time for antibody development and transfer; earlier in the 32–36-week window may optimize transfer.
<b>COVID-19 (mRNA/updated vaccine)</b>	Protect mother from severe COVID-19 and provide infant antibodies	Any trimester as soon as vaccine is available/indicated	ACOG and CDC: vaccinate in any trimester, with emphasis on earliest feasible timing to reduce maternal risk; boosters also in any trimester when due.