NEW YORK STATE | Department of Health

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NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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DATE: **September 5, 2025**

TO: **Healthcare Providers, Hospitals, Local Health Departments, and Pharmacists**

FROM: **New York State Department of Health and New York City Department of Health and Mental Hygiene**

HEALTH ADVISORY:

2025-2026 COVID-19 IMMUNIZATION GUIDANCE

FOR PREGNANT PEOPLE

- The New York State Department of Health and New York City Health Department are issuing COVID-19 immunization recommendations for pregnant and postpartum people for the 2025–2026 respiratory virus season.
- Vaccination against COVID-19 remains the most effective defense to prevent severe COVID-19 disease outcomes, including in pregnant people.
- We urge providers to discuss COVID-19 vaccination with people who are pregnant, postpartum, lactating, or planning pregnancy.
- This guidance applies to all available COVID-19 vaccines (i.e. Pfizer, Moderna, and Novavax)

COVID-19 RECOMMENDATIONS FOR PREGNANT PEOPLE

All pregnant people should be vaccinated against COVID-19.

- Vaccination may occur in any trimester.
- All individuals in the postpartum period should be vaccinated against COVID-19.
- All lactating individuals should be vaccinated against COVID-19. There is no need to stop or delay breastfeeding.
- All individuals contemplating pregnancy or actively trying to conceive should be vaccinated against COVID-19. There is no need to delay pregnancy following a COVID-19 vaccine.

Our recommendations are based on the following evidence-based conclusions: Pregnancy is an independent risk factor for severe illness due to COVID-19.

- There is benefit to COVID-19 vaccination for all people who are pregnant during any trimester, postpartum, lactating, or planning pregnancy. [1,2,3,4]
- COVID-19 vaccination during any trimester protects both the pregnant person and their infant under 6 months of age from severe illness due to COVID-19.
- These recommendations are aligned with the COVID-19 vaccination recommendations issued by the American College of Obstetricians and Gynecologists in August 2025, a

nationally recognized authority on health care for adults, including pregnant people. Additional information, about the American College of Obstetricians and Gynecologists' recommendations and relevant clinical considerations can be found here.

VACCINE EFFECTIVENESS AND SAFETY

Studies have demonstrated COVID-19 vaccine effectiveness in pregnancy[5,6,7] and there is robust literature demonstrating that vaccination helps prevent poor maternal and fetal outcomes such as severe COVID-19 illness, hospitalization, intensive care unit admission, perinatal disease, and death.[8,9,10,11,12,13]

- COVID-19 vaccination during pregnancy has been shown to reduce COVID-19-related emergency department and urgent care visits by 52%.[14]
- Vaccinating pregnant people confers antibodies to their infants; a population segment at increased risk for severe COVID-19 and for whom no COVID-19 vaccine is recommended until 6 months of age.[15, 16, 17]
- COVID-19 vaccination during pregnancy reduces the risk that an infant will develop symptomatic or severe illness leading to hospitalization within the first six months of life. Completion of a two-dose COVID-19 mRNA series during pregnancy was shown to be 61% effective at preventing hospitalization in infants under 6 months of age.[18]
- A 2023 meta-analysis incorporating 862,272 individuals found that infants whose mothers received an mRNA COVID-19 vaccine during pregnancy were 15% less likely to be born prematurely and 20% less likely to be admitted to a neonatal intensive care unit than infants of unvaccinated mothers.[19]
- Vaccination prior to becoming pregnant during family planning has been associated with reduced adverse birth outcomes and with no negative effects on fertility.[20, 21]
- Vaccination mitigates the risk of post-COVID-19 conditions, often termed Long COVID.[22,23]

COVID-19 vaccination safety during pregnancy is well documented. The safety profiles of these vaccines have been evaluated in clinical trials and continue to be monitored through post-marketing surveillance systems.

- Side effects of COVID-19 vaccination in pregnant people are generally similar to those in non-pregnant people. The most common side effects reported after COVID-19 vaccination are mild and include soreness in the area where the vaccine was administered, fatigue, headache, muscle aches, arthralgias, fever, and nausea.[24, 25]
    - Pregnant people do not experience higher rates of side effects.[26, 27]
- No association has been found between COVID-19 vaccination and pregnancy loss, whether through miscarriage or stillbirth.[28, 29, 30]
- Receipt of a messenger RNA COVID-19 vaccine during pregnancy was not linked to preterm birth, small-for-gestational-age infants, gestational diabetes, hypertension, preeclampsia, eclampsia, or HELLP syndrome (hemolysis, elevated liver function tests, and low platelet counts).[31, 32]
- The risk of birth defects is not elevated among pregnant people vaccinated with a messenger RNA COVID-19 vaccine.[33, 34, 35]
- COVID-19 vaccination had no measurable effect on fertility (fecundability remained similar among vaccinated and unvaccinated individuals).[36]

- Providers are advised to check the FDA Package Insert for product specific contraindications.

UNITED STATES COVID 19 DATA

COVID-19 continues to cause significant morbidity and mortality in pregnant people, supporting vaccination of this population group.

- Pregnancy is a well-established factor for severe COVID-19 regardless of whether the pregnancy is considered high-risk or healthy.[37,38,39,40]
- COVID-19 vaccination coverage among pregnant people is suboptimal; less than 28% of pregnant people received the COVID-19 vaccine during the 2022-2023 season according to Vaccine Safety Datalink data. [41, 42]
- Pregnant people are at increased risk of severe disease and adverse pregnancy outcomes from COVID-19 (e.g., intensive care unit admission, mechanical ventilation, death, preterm birth).[43]
- Between April 2024 and March 2025, 28.5% of all women ages 15-49 years hospitalized with laboratory-confirmed COVID-19 in the U.S. were pregnant.[44]
- Half of the pregnant people admitted to the hospital with COVID-19 between April 2024 and March 2025 in the U.S. had no underlying conditions, and 92% had no record of COVID-19 vaccination since July 1, 2023, highlighting missed opportunities for prevention.[45]

No COVID-19 vaccines are currently approved for infants under 6 months of age, meaning any protection must come from maternal antibody transfer through vaccination during pregnancy, or from prior infection.[46]

- Between April 2024 and March 2025, only 3.5% of hospitalized infants 0-6 months of age had any documentation of maternal COVID-19 vaccination during pregnancy.[47]
- Between July 2024 and May 2025, infants under 6 months of age had the highest rate of COVID-19-associated hospitalization among all pediatric age groups at 268 per 100,000, surpassing even adults aged 65-74 years.[48]
- Between April 2024 and March 2025, 71% of infants hospitalized for COVID-19 had no underlying medical conditions; 22% of those infants hospitalized required intensive care, demonstrating that even healthy infants can experience severe COVID-19 health impacts.[49]
- Infants under 6 months of age had a hospitalization rate 1.4 times higher for COVID-19 compared to influenza.[50]

NEW YORK STATE COVID 19 DATA

- According to the New York State Maternal Mortality Review of Pregnancy-Related Maternal Mortality, from 2020-2022, 71% of pregnancy-related deaths due to infection were caused by COVID-19. (Table 1, Appendix A)
  - More than half of these COVID-19 deaths (60%) occurred postpartum, i.e., within 6 weeks after the end of pregnancy. (Table 1, Appendix A)
- According to New York State hospitalization data from 2020-2024, inpatient admissions among pregnant people with COVID-19 were higher than influenza every year. (Table 2, Appendix A)

Appendix A

Table 1: Distribution of COVID-19 as Cause of Death among Pregnancy-Related Deaths by Race/Ethnicity and Timing of Death, 2020-2022 Pooled Data. Data Source: NYS Maternal Mortality Review Board, Pregnancy-Related Maternal Mortality Reviews

Total # of Infection Deaths	COVID-19 as Underlying Cause of Death	Race/Ethnicity	Timing of Death
21	15 (71%)	Black, non-Hispanic: 2 White, non-Hispanic: 3 Hispanic: 6 Asian, non-Hispanic: 4	While Pregnant: 1 Within 5 days: 5 Within 6 weeks: 4 43 Days to 1 Year: 5

Notes:

- From 2020 to 2022, most (71%) of the pregnancy-related deaths due to infection were caused by COVID-19.
- A third (33%) of these COVID-19 deaths occurred within 5 days after the end of pregnancy, another third (33%) of deaths occurred 43 days to 1 year after the end of pregnancy, while a quarter (27%) of deaths occurred within 6 weeks after the end of pregnancy, and the remaining death occurred while pregnant.

Table 2: Inpatient Admissions among Pregnant People with a Diagnosis of COVID-19 or Influenza[51] **2020-2024 NYS.** Data Source: *State Planning and Research Cooperative System (SPARCS)* [52]

	Hospitalization Discharge Year				
	2020	2021	2022	2023	2024
COVID-19	1291	1021	1911	457	194
Influenza	74	14	116	61	112

Note: Data are preliminary and subject to change due to reporting lags from facilities. Pregnancy status is identified through coding in the State Planning and Research Cooperative System. These figures are likely undercounted due to issues with identifying pregnancy status within the dataset. However, consistency of coding allows for valid year-to-year and disease comparisons.

Appendix B: Works Cited

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