

## Prenatal Immunization Declination Form Recommended Instructions

Despite a strong provider recommendation, some pregnant patients will still decline to be [immunized](#) against vaccine-preventable illnesses that can protect both them and their newborns ([bit.ly/CDCpregnantpeople](http://bit.ly/CDCpregnantpeople)). Consider using this modifiable form to help educate patients about recommended immunizations and to formally document if they opt to decline recommended vaccines. You can scan this form into your EMR, adapt it into an electronic consent form, or file it into a paper chart.

1. Present [vaccines as standard care](#) using declaratory statements (e.g., “You are due for your RSV vaccine today to protect your baby. I’ll ask the nurse to bring it in/I’ll make sure you have instructions to get it before you leave.”), which [has been shown to be more effective](#) than using questions.
2. If needed, reassure patients of [the safety](#) of immunizations for both mom and baby. Resources: [Prenatal Vaccination Flyer | Spanish](#) (CDPH), [Vaccine Safety for Pregnant People](#) (CDC), and [Vaccine Information Statement](#) (VIS).
3. If you do not administer the immunization on-site, [make a strong referral](#) with a prescription to ensure patients get their immunizations off-site. [Order FREE copies](#) of [this prenatal Rx flyer](#) (also in [Spanish](#)). Medi-Cal patients can be immunized at in-network pharmacies.
4. Revisit the discussion at each visit as long as they are due. Flag their chart to remind you and staff they are due.
5. If a patient wishes to decline immunization, ask that they review and sign the *Prenatal Immunization Declination* form.
  - a. Inform patients who decline [RSV immunization](#) that their infant should get nirsevimab as soon as possible after birth during RSV season (October 1 - March 31).

## Prenatal Immunization Declination Form

Patient's name: \_\_\_\_\_ Patient's medical record number: \_\_\_\_\_

Recommended vaccine	Declined	Reason for declining
<input type="checkbox"/> Flu vaccine—as soon as it is available	<input type="checkbox"/>	
<input type="checkbox"/> Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine—at 27-36 weeks of pregnancy, even if you got it before pregnancy	<input type="checkbox"/>	
<input type="checkbox"/> Respiratory Syncytial Virus (RSV) Vaccine—September–January, between 32 and 36 weeks of pregnancy	<input type="checkbox"/>	
<input type="checkbox"/> Updated COVID-19 vaccine —if you haven't received it yet	<input type="checkbox"/>	

I understand:

- The need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).

If I do **not** receive the vaccine(s), there may be an increased risk of:

- Getting the disease that the vaccine is meant to prevent, which can affect my unborn baby and me.
- My newborn baby becoming very sick with the disease that the vaccine is meant to prevent. (During early life, babies rely on antibodies you provide from these vaccines for protection.)

My prenatal provider and the American College of Obstetrics and Gynecology strongly recommend the vaccine(s) that was (were) discussed today. I have had the chance to discuss these recommended vaccine(s) with my prenatal provider, who has answered my questions. I know that not receiving the recommended vaccines may put my health and the health of my newborn at risk, and I have made a decision to decline the vaccine(s). I understand that I can continue to talk to my prenatal provider about this issue and change my mind about these vaccine(s) while I'm still eligible during my pregnancy.

Patient name (print): \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name (print): \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_