

RSV Protection for Newborns: Pregnancy Vaccine Q&A for South African Mums-to-Be

Pfizer's Abrysvo — What You Need to Know About Safety, Timing, and Costs

If your baby is due during RSV season, your doctor may recommend the new RSV maternal vaccine (Abrysvo). This guide answers common questions in plain language — so you can decide with confidence whether it's right for you and your baby.

1. What is the RSV maternal vaccine?

Q: Why take it during pregnancy?

A: Abrysvo is a single injection given between **32–36 weeks of pregnancy**. It protects newborns from severe RSV lung infections by passing protective antibodies from you to your baby before birth — so they're ready to fight the virus from their first breath.

2. Why is timing important?

A: The 32–36 week window:

- Ensures maximum antibody transfer.
 - Reduces the chance of triggering early labour.
 - Protects your baby during the most vulnerable first six months.
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3. How many doses do I need?

Just one dose per pregnancy. If you're pregnant again in RSV season, you may be offered it again.

4. How long will my baby be protected?

Protection lasts about **5–6 months** — long enough to cover the peak RSV danger period.

5. How effective is it?

- Reduces the risk of severe RSV illness by **82%** in the first three months.
 - Still about **69%** effective at six months.
 - Your baby might still catch RSV, but is far less likely to need hospital care.
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6. What side effects might I have?

Most women feel fine. Possible mild effects:

- Sore arm
- Headache or muscle aches
- Nausea

These usually go away in a few days. Severe allergic reactions are extremely rare.

7. Any risks for my baby?

Studies show no difference in overall health between babies of vaccinated and unvaccinated mums. Slightly more cases of low birth weight and jaundice were seen in trials, but without lasting effects.

8. Could it trigger preterm birth?

Trials saw a small increase in early births, but later studies did not confirm this. Timing the vaccine at 32–36 weeks is designed to reduce this risk.

9. Any other pregnancy complications?

A small number of women developed high blood pressure in trials, but this was not significant. Your antenatal visits will monitor your blood pressure anyway.

10. How much does it cost in South Africa?

Around **R3 700–R3 800** in the private sector (excluding VAT/clinic fees). Medical aid coverage varies — some require motivation or pre-authorisation.

11. What if I don't have it?

Your baby can still be protected after birth with **nirsevimab** — an injection of ready-made antibodies. It works like the vaccine's protection but is given directly to your baby.

12. Who should not have it?

Avoid if you:

- Have had a severe allergic reaction to an RSV vaccine or its ingredients.
 - Have a current unstable pregnancy complication — your doctor will advise.
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13. How does it compare to other pregnancy vaccines?

Like the flu and whooping cough shots, it passes protection to your baby before birth — just for a different virus.

14. Can I have it with other pregnancy vaccines?

Yes, but your doctor may space them out to reduce overlapping side effects.

15. What other vaccines should I have in pregnancy?

- **Tdap (Tetanus, Diphtheria, Pertussis)** — 27–36 weeks, every pregnancy.
- **Flu vaccine** — any trimester during flu season.
- **COVID-19 vaccine/booster** — any stage of pregnancy.

Other vaccines only if you have specific risks or travel needs.

Takeaway:

The RSV maternal vaccine is a safe, short-term shield for your baby during their most vulnerable months. The choice is personal — and your healthcare provider can help you weigh the benefits for your family.