**Date:** [Insert Date]

**To:** [Patient Name]
**Date of Birth:** [Patient DOB]
**Patient ID:** [Patient ID Number]

**Subject: Recommended Routine Immunizations During Pregnancy**

Dear [Patient Name],

To ensure the health and safety of both you and your developing baby, we strongly recommend the following routine vaccinations as part of your prenatal care. These vaccines are proven to be safe during pregnancy and help provide early immunity to your newborn.

- **Influenza (Flu) Vaccine:** Recommended during any trimester of pregnancy during flu season to protect against severe illness and complications.
- **Tdap Vaccine (Tetanus, Diphtheria, and Acellular Pertussis):** Recommended during the 27th through 36th week of each pregnancy to protect your baby from whooping cough (pertussis).
- **RSV (Respiratory Syncytial Virus) Vaccine:** Recommended between 32 through 36 weeks of pregnancy during RSV season to prevent severe lower respiratory tract disease in infants.
- **COVID-19 Vaccine:** Recommended to reduce the risk of severe illness and hospitalization for the mother.

According to your medical records, you are currently eligible for: **[Insert Specific Vaccines Due]**.

Please discuss these recommendations with your healthcare provider during your next scheduled prenatal visit. If you have already received these vaccinations elsewhere, please provide us with a copy of your immunization record so we may update your file.

Sincerely,

[Provider Name/Signature]
[Clinic/Hospital Name]
[Contact Phone Number]