Quality Improvement Grant Request for Proposals

Optimizing Maternal RSV Immunization Delivery: A Systems-Based Quality Improvement Initiative to Improve Uptake, Equity, and Newborn Outcomes

Overview

Pfizer, in collaboration with the Society for Maternal-Fetal Medicine (SMFM), is pleased to announce a competitive grant opportunity to support independent Quality Improvement (QI) initiatives focused on advancing maternal immunization, with a specific emphasis on Respiratory Syncytial Virus (RSV) vaccination during pregnancy.

This initiative builds upon insights generated from the Maternal Immunization Needs Assessment (MINA) project, a multi-stakeholder collaboration that identified persistent clinical, behavioral, and system-level gaps in the delivery and uptake of maternal vaccines.

We seek to fund projects that implement measurable, evidence-based interventions to improve real-world delivery of maternal RSV immunization across healthcare systems and care settings. Proposed initiatives should aim to optimize access, strengthen provider–patient communication training and tools, enhance care coordination, and address structural and behavioral barriers impacting vaccine uptake and equity.

Pfizer Global Medical Grants (GMG) supports the global healthcare community's independent initiatives (e.g., research, quality improvement or education) to improve patient outcomes in areas of unmet medical need that are aligned with Pfizer's medical and/or scientific strategies. Pfizer's GMG competitive grant program involves a publicly posted Request for Proposal (RFP) that provides detail regarding a specific area of interest, sets timelines for review and approval, and uses an expert review panel (ERP) to make final grant decisions. Organizations are invited to submit an application addressing the specific gaps in clinical practice or care as outlined in the specific RFP.

For all QI grants, the applicant (and ultimately the grantee) will be solely responsible for the design, implementation, and conduct of the proposed initiative. Pfizer will have no involvement in project development, execution, or outcomes.

About the Society for Maternal-Fetal Medicine (SMFM)

The Society for Maternal-Fetal Medicine (SMFM) is a leading non-profit medical specialty organization dedicated to improving maternal and fetal outcomes through clinical care, education, research, and advocacy. SMFM represents more than 6,500 clinicians and researchers with expertise in high-risk pregnancy care and plays a critical role in advancing evidence-based practices in obstetric care, including maternal immunization initiatives.

Geographic Scope

United States

Key Milestones

RFP Release Date: July 30, 2026

Submission Deadline: September 10, 2026

Anticipated Award Notification: November 9, 2026

Anticipated Project Start Date: December 2026

Funding Range and Project Length

Projects may request funding ranging from $100,000 USD for single-site or regional projects and up to $200,000 USD for larger, multi-site projects with broader regional impact.

Estimated total available budget related to this RFP is $200,000 USD.

Projects are expected to run through the 2027/2028 RSV and respiratory disease season for full implementation.

Proposals that include needs assessment or pilot initiatives in the 2026/2027 season to inform a more robust implementation in the 2027/2028 season are encouraged.

Maximum project length is 18 months from the anticipated project start date

Primary Area of Interest

Maternal Immunization (with RSV focus)

Specific Area of Interest for this RFP

This RFP is intended to support quality improvement and health system–based interventions aimed at optimizing maternal immunization delivery, with a focus on RSV maternal immunization.

It is not intended to support clinical research or studies evaluating efficacy of therapeutic interventions.

Funded projects should:

- Apply existing evidence and best practices to real-world care settings
- Focus on implementation, systems optimization, and behavior change
- Demonstrate measurable outcomes aligned with improved uptake, access, and equity
- Incorporate scalable and sustainable models

Priority Areas of Interest

It is our intent to support projects that improve maternal immunization uptake and delivery, including but not limited to improved access, reduced missed opportunities, improved patient engagement, and strengthened care coordination across prenatal care settings and providers.

- It is expected that all components of projects will be evidence-based and that the proposed evaluation will follow generally accepted scientific principles. During review, priority will be given to projects with the greatest potential to directly impact clinical practice and patient outcomes.
- Multi-disciplinary collaborations are encouraged, including maternal-fetal medicine, obstetrics, nursing, midwifery, doulas, pediatrics, family medicine, pharmacy, public health, and community organizations; all partners must have a clearly defined and relevant role.
- There is considerable interest in projects that implement system-level changes (e.g., workflow integration, care-team models, care-coordination) across settings (integrated health systems, independent hospitals, clinics, or Federally Qualified Health Center settings). While educational initiatives may be appropriate, projects that include a clear description and measurement of system or practice changes will be prioritized.
- Projects that incorporate approaches to improve confidence, communication, and trust in maternal immunization, including the use of culturally appropriate strategies, trusted messengers, and community engagement, are encouraged.
- Projects that address operational and access barriers (e.g., clinic workflows, vaccine availability, scheduling, or coverage challenges) and test scalable models to improve convenience and access are of high interest.
- Projects leveraging data and quality improvement methodologies (e.g., use of real-world data, iterative testing, performance feedback) to identify gaps and reduce disparities in maternal immunization uptake are encouraged.
- Projects that focus on addressing persistent disparities in maternal immunization uptake and delivery in communities disproportionately burdened by vaccine-preventable diseases and maternal care deserts will be prioritized.

We are particularly interested in proposals that include:

- System-level interventions addressing workflow, access, and multi-disciplinary care coordination
- Implementation science–based approaches translating evidence into practice
- Multisite or scalable models with potential for broad adoption
- Hybrid models combining live and enduring educational/QI components

- Interventions targeting communities disproportionately burdened by vaccine-preventable diseases and maternal care deserts
- Collaborative models integrating healthcare, public health, and community partners
- Approaches tailored to RSV maternal immunization recommendations

Projects that only include education without a defined system or practice change component will be considered lower priority.

Target Audience

Those engaged with direct obstetric care and/or health education for pregnant populations:

- Maternal-fetal medicine sub-specialists, including MFM fellows in training
- Obstetricians, including OB-GYN residents
- Family medicine physicians
- Nurses
- Midwives
- Doulas
- Community health workers
- Pharmacists, pharmacy technicians, and pharmacy interns (ideally projects involving this audience will focus on care coordination with prenatal care providers)
- Multidisciplinary care teams involved in prenatal care
- Health systems and public health stakeholders

Disease Burden and Unmet Need Overview

- Despite longstanding recommendations from groups like ACIP, ACOG, and SMFM, maternal vaccination is suboptimal and declining [1-2].
- Disparities in maternal immunization coverage persist, especially among historically underserved communities that are disproportionately and negatively impacted by vaccine-preventable diseases [1, 3, 4].
- Respiratory syncytial virus (RSV) specifically is one of the leading causes of acute lower respiratory infections in infants worldwide and represents a major contributor to pediatric morbidity and mortality, particularly in the first six months of life without preventatives [5].
- RSV disproportionately affects young infants, especially those under 6 months of age, who are at the highest risk of severe disease, hospitalization, and death [5].
- Despite the availability of emerging preventive strategies (e.g., maternal immunization and administration of monoclonal antibodies in infants), implementation remains variable, and a substantial unmet need persists in protecting infants during the most vulnerable period of life [6].

Recommendations and Target Metrics

Maternal immunization uptake remains variable and below target, driven by gaps in access and incomplete integration into routine prenatal care.

- Care delivery is not consistently aligned with recommended practices, including timing of vaccination, workflow integration, and coordination across care settings.

- Priority should be placed on improving uptake among eligible populations and reducing missed opportunities during prenatal care.
- Target metrics include improved access and convenience of vaccination, stronger care coordination across settings, and better patient engagement and experience.
- Projects should demonstrate measurable improvements and reduction of disparities through data-driven and quality improvement approaches.

Gaps Between Actual and Target, Possible Reasons for Gaps

Despite established recommendations and increasing focus on maternal immunization, there remains a gap between current practice and desired outcomes, driven by variability in implementation and persistent structural and behavioral challenges.

- Maternal RSV immunization is not yet fully embedded as a standard component of prenatal care, resulting in variability in delivery and persistent missed opportunities.
- Inconsistent integration into clinical workflows and limited coordination across prenatal, intrapartum, and postpartum settings contribute to suboptimal uptake.
- Structural and operational challenges (e.g., access, availability, scheduling) limit consistent implementation across care environments.
- Patient-related factors, including hesitancy, misinformation, and trust, may further impact uptake and timely vaccination.
- Provider and care-team related factors, including inconsistent patient communication, lack of training, or lack of access to practical toolkits, may result in weaker recommendations.

Barriers

Several potential barriers contribute to suboptimal maternal immunization uptake, including operational and system-level challenges such as workflow constraints, vaccine availability, scheduling, and reimbursement limitations.

- Communication and trust-related factors, including hesitancy, misinformation, and varying levels of confidence among patients and providers, may impact decision-making.
- Time constraints within clinical settings and competing priorities during prenatal visits may limit opportunities to address immunization comprehensively.
- Variability in care models, lack of standardized protocols, and inconsistent coordination across healthcare and community settings, including for coadministration and immunization coverage, may hinder implementation of the RSV maternal vaccine and maternal immunizations more broadly.

Current Efforts to Reduce Gaps

- National and international organizations have developed guidelines, recommendations, and educational resources to support maternal immunization practices.
- Increasing emphasis is being placed on creating a maternal immunization platform by integrating maternal immunization into routine prenatal care and improving coordination across care settings. Healthcare systems and institutions are implementing quality

improvement initiatives and exploring system-level approaches to enhance access and uptake.

- Increased recognition of the important role that nurses, midwives, doulas, and community health workers play on a patient's prenatal care.
- Efforts to address misinformation and improve trust through patient-centered communication, community engagement, and use of digital platforms are ongoing.

Key Dates:

IMPORTANT: Be advised applications submitted after the due date will not be reviewed.

*Please note the deadline is 23:59 Eastern Standard Time (e.g., New York, GMT -5)

How to Submit:

- **System Downtime:** Our current grant management system, **CyberGrants**, will be temporarily **offline between July and August** as we migrate to a new, upgraded platform this summer.
- **No Impact on Deadlines:** This planned maintenance will **not affect your ability to apply**; the transition is timed to ensure a smooth transition for all submitters.
- **New Instructions Coming:** An **updated RFP** with detailed, step-by-step instructions for submitting proposals in the new system will be released **at least two weeks prior to the application deadline.**

Questions:

- Please click here to view "Frequently Asked Questions" regarding the Competitive Grant Program.
- If you have questions regarding this RFP, please direct them in writing to the Grant Officer, Miguel Briceno (MiguelAngel.Briceno@pfizer.com), with the subject line "Optimizing Maternal RSV Immunization Delivery July 30, 2026"

Review and Approval Process

- Grant requests received in response to a specific RFP are reviewed by an expert review panel (ERP) to make final grant decisions.
- The panels are comprised of professionals from the medical community with advanced degrees and expertise in particular clinical areas, or specific needs of a geographic region/learner group, or expertise in research, continuing professional development or quality improvement.

Mechanism by which Applicants will be Notified:

- All applicants will be notified via email by the dates noted above.
- Applicants may be asked for additional clarification during the review period.

Grant Agreements:

- If your grant is approved, your institution will be required to enter into a written grant agreement with Pfizer. Please click here to view the core terms of the agreement.
- Under Pfizer's competitive grant program, modifications to grant agreements will not be reviewed unless a genuine conflict exists as between applicable law and the terms of the relevant grant agreement. Applicant is encouraged to share the core terms with counsel for approval prior to submitting an application.
- Except where prohibited by applicable law and, in any case, subject to review by Pfizer Legal, payment of grant funding may only be paid to the grantee organization.
- This RFP is supported by Pfizer Inc. and, if approved the payment will be issued by a Pfizer US based legal entity.

About QI Grants

Quality improvement (QI) projects are systematic, data-guided, sustainable activities designed to bring about immediate, positive changes in the delivery of healthcare in a particular setting. Quality improvement seeks to standardize structure and processes to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations. Structure includes things like technology, culture, leadership, and physical capital. Processes include knowledge capital (e.g., standard operating procedures) or human capital (e.g., education and training) [7,8].

QI projects systematically apply what is already known into local practice, intended to quickly improve patient care within a specific setting. The goal of QI projects is to close a gap in performance at a specific health care system. The “performance” is a standard in health care that is not efficiently/appropriately/consistently being done. For these reasons, QI focuses on translating existing knowledge into programs or practices to immediately improve the quality of services to individuals and populations within a local institution or setting [7,8].

The risk of participation in QI is the same as the risk of receiving standard clinical care since the standard of care remains the same for all patients [7]. In contrast, research projects use a systematic approach to discover something that is unknown. Research projects add new knowledge to what was previously unknown in literature through testing of a hypothesis or a scientific question. Research aims to generate knowledge with broad applications, often through controlled studies. The subjects may or may not benefit directly from the knowledge gained. Research studies aim to evaluate an innovation, study something new, or analyze a process not yet rigorously studied [9].

References

1. Flu, Tdap, and COVID-19 Vaccination Coverage Among Pregnant Women – United States, April 2024. CDC FluVaxView. Accessed June 12, 2026. https://www.cdc.gov/fluvaxview/coverage-by-season/pregnant-april-2024.html
2. Respiratory Disease Season & Maternal Immunization. Society for Maternal-Fetal Medicine. Updated March 31, 2026. Accessed July 8, 2026. https://www.smfm.org/respiratory-disease-season
3. Nowhere to Go: Maternity Care Deserts Across the US. 2024 Report. March of Dimes. Accessed June 12, 2026. marchofdimes.org/maternity-care-deserts-report
4. RSV Vaccination Coverage, Pregnant Women, United States. CDC RSVVaxView. Accessed June 12, 2026. https://www.cdc.gov/rsvvaxview/dashboard/pregnant-persons-coverage.html
5. World Health Organization. Respiratory syncytial virus (RSV). Geneva: WHO; 2025.
6. Li Y, Wang X, Blau DM, et al. Global, regional, and national disease burden estimates of acute lower respiratory infections due to respiratory syncytial virus in children younger than 5 years in 2019: a systematic analysis. Lancet. 2022;399(10340):2047–2064.
7. Baily MA, Bottrell M, Lynn J, Jennings B. The Ethics of Using QI Methods to Improve Health Care Quality and Safety. Hastings Cent Rep. 2006;36(Suppl 4):S2-S40.
8. Lynn J, Baily MA, Bottrell M, Levine RJ, Davidoff F, Casarett D, Corrigan J, Fox E, Wynia MK, et al. The Ethics of Using Quality Improvement Methods in Health Care. Ann Intern Med. 2007;146(9):666-673.
9. Newhouse RP, Pettit JC, Poe S, Rocco L. The Slippery Slope: Differentiating Between Quality Improvement and Research. J Nurs Adm. 2006;36(4):211-219.

Appendix

IMPORTANT: RFP Submission Requirements

Applications will be accepted via the online portal listed in the How to Submit section. Project Proposals/Protocols should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a 15-page limit, exclusive of references. When uploading your Full Proposal please ensure it addresses the following sections:

Goals and Objectives

Briefly state the overall goal of the project. Also describe how this goal aligns with the focus of the RFP and the goals of the applicant organization(s).

List the overall objectives you plan to meet with your project both in terms of learning and expected outcomes. Objectives should describe the target population as well as the outcomes you expect to achieve as a result of conducting the project.

Assessment of Need for the Project

Please include a quantitative baseline data summary, initial metrics (e.g., quality measures), or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in your target area. Describe the source and method used to collect the data. Describe how the data was analyzed to determine that a gap existed. If a full analysis has not yet been conducted, please include a description of your plan to obtain this information.

Target Audience

Describe the primary audience(s) targeted for this project. Also indicate whom you believe will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population

Project Design and Methods

Describe the planned project and the way it addresses the established need.

If your methods include educational activities, please describe succinctly the topic(s) and format of those activities.

Innovation

Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed.

Describe how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project.

Evaluation and Outcomes

In terms of the metrics used for the needs assessment, describe how you will determine if the practice gap was addressed for the target group. Describe how you expect to collect and analyze the data.

Quantify the amount of change expected from this project in terms of your target audience.

Describe how the project outcomes will be broadly disseminated.

Anticipated Project Timeline

Provide an anticipated timeline for your project including project start/end dates.

Additional Information

If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize here.

Organization Detail

Describe the attributes of the institutions / organizations / associations that will support and facilitate the execution of the project and the leadership of the proposed project. Articulate the specific role of each partner in the proposed project.

Budget Detail

The budget amount requested must be in U.S. dollars (USD).

While estimating your budget please keep the following items in mind:

- General organizational running costs such as legal fees, insurance, heating, and lighting etc. should be included in an Institutional Overhead (if required). These costs are not specific to a grant request and therefore, should not appear as line items in budgets. However, costs that are specific to the study (e.g., some countries require insurance to be taken out on a per-study basis for clinical research) would be acceptable to be included as line items.
- The inclusion of these costs cannot cause the amount requested to exceed the budget limit set forth in the RFP.
- Pfizer does not provide funding for capital purchases (infrastructure expenses such as equipment, purchases of software or software licenses, technology or bricks and mortar). Equipment hire/leasing is acceptable and may be included in project budget.
- It should be noted that grants awarded through Pfizer cannot be used to purchase Pfizer therapeutic agents (prescription or non-prescription).

Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for independent studies and projects. Please click here for details.

Required Documents

Project Plan or Proposal