

COVID-19 Vaccination and pregnant women

This issue is currently being studied by various different expert bodies and further research data and recommendations can be expected over the coming months. To place the issue in perspective it may be helpful to summarise what we do currently know.

We do know that:

- Women of reproductive age represent a large proportion of frontline health care or essential workers world-wide = risk of exposure
- Risk of severe covid-19 disease (i.e. requiring mechanical ventilation) is higher for pregnant women compared to that of non-pregnant age & comorbidities-matched controls
- The risk of severe morbidity from COVID-19 in pregnant women appears to be associated with risk factors including age \geq 35 years old, asthma, obesity, pre-existing diabetes, pre-existing hypertension and heart disease
- Infant & fetal wellbeing is inextricably linked to maternal wellbeing
- Pfizer and Moderna vaccines are >90% effective after 2 doses-series
- Animal data for Moderna is reassuring

We do not “know” about covid-19 in pregnancy safety

- Currently available vaccines have not been tested on individuals who may be pregnant, are pregnant, or are breastfeeding.
- Pregnant women have systematically been excluded from vaccine research thus leaving us without evidence about safety and efficacy data.
 - Covid-19 has not been an exception to this exclusion of pregnant women from vaccine trials. However, 46 women with unintended/unidentified pregnancies have been recruited to the Moderna and Pfizer trials. Eighteen of the 46 women were in the vaccine (vs placebo) arms of the trials, and, to date, all follow-up data have been reassuring
- Much expert opinion currently suggests that *theoretically* mRNA vaccines are unlikely to pose a risk to patients who may be pregnant, are pregnant or breastfeeding, or to their unborn babies or breastfed infants. This is because mRNA vaccines are not live virus vaccines, nor are they genetic therapy.

Meanwhile many leading expert organisations are issuing their own advice to women. Whilst this advice is largely similar there are some differences of emphasis from organisation to organisation. *The Global Library* therefore recommends that readers should, firstly, look at the advice issued by their own national women’s health organisations – and then at the recommendations of leading international bodies. Links to some of these bodies and their recommendations are as follows:

The World Health Organisation

<https://www.who.int/news-room/feature-stories/detail/who-can-take-the-pfizer-biontech-covid-19-vaccine>

The Royal College of Obstetricians and Gynaecologists

<https://www.rcog.org.uk/en/news/updated-advice-on-covid-19-vaccination-in-pregnancy-and-women-who-are-breastfeeding/>

The American College of Obstetrics and Gynecology

<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-pregnant-and-lactating-patients-against-covid-19>

The International Federation of Gynecology and Obstetrics (FIGO)

<https://www.figo.org/covid-19-vaccines-and-neglected-pregnancy-figo-smnh-committee-letter-support>

The Society of Obstetricians and Gynaecologists of

Canada https://www.sogc.org/common/Uploaded%20files/Latest%20News/SOGC_Statement_COVID-19_Vaccination_in_Pregnancy.pdf

Pregnancy Research Ethics for Vaccines, Epidemics, and New Technologies

(PREVENT) <http://vax.pregnancyethics.org/prevent-guidance>