



PRIMARY CARE
WOMEN'S HEALTH FORUM

COVID-19 vaccination in pregnancy and breast feeding

This resource has been compiled by Dr Amy Tatham to help support pregnant women when making their decisions about COVID-19 vaccination. It lists the latest evidence and links to national guidance in an easy-to-use resource.

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Prepared on behalf of the Primary Care Women's Health Forum. Remember that this is guidance and to make decisions on a case-by-case basis using your clinical judgement.

COVID-19 vaccination and pregnancy

Key facts

- Pregnant women are as likely to contract SARS-CoV-2 as the general population.
- 2/3rds of COVID-19 positive pregnant women are asymptomatic
- The most common symptoms are cough, fever, sore throat, dyspnoea, myalgia, and loss of sense of taste.
- There is evidence that pregnant women remain at risk of severe illness, particularly in the third trimester. The risk of death remains very low.
- Risk factors associated with being infected with COVID-19 and being hospitalised are:
 - Being unvaccinated
 - Black, Asian and minority ethnic backgrounds
 - BMI >25kg/m²
 - Having a pre-pregnancy comorbidity (e.g. hypertension, diabetes)
 - Maternal age >35
 - Socioeconomic deprivation
 - Working in healthcare or other public-facing setting
- Maternal COVID-19 infection is associated with an approximately doubled risk of stillbirth and may be associated with an increased risk of small-for-gestational age babies.
- The preterm birth rate in mothers with symptomatic COVID-19 is 2-3 times higher than the background rate.
- All pregnant women or postnatal up to 6 weeks postnatal admitted with confirmed or suspected COVID-19 should be offered prophylactic low molecular weight heparin unless birth is expected within 12 hrs or there is a risk of haemorrhage.

Vaccination

- Pregnant women remain to be a clinical risk group and vaccination is strongly recommended in pregnancy but the decision whether to receive a COVID-19 vaccine remains the women's choice.
- Over 347 150 women have had COVID-19 vaccinations in the UK and USA with no concerning safety data. Of those admitted to hospital, we know that 98% are unvaccinated.
- COVID-19 vaccines remain the best way to protect women and babies from the known risks of COVID-19 in pregnancy for both women and babies.
- There is no known risk of congenital anomalies from COVID-19 infection or vaccination.
- Pregnant women should receive two doses and the booster making them 88% less likely to be admitted to hospital with COVID-19 than those who are unvaccinated. This is even more important now with new Omicron variants in circulation.
- There is no evidence that COVID-19 vaccinations are harmful to conception, during breastfeeding, and they are not known to affect fertility.
- The preference is to offer Pfizer-BioNTech or Moderna vaccines.
- Reported minor adverse effects are similar to non-pregnant individuals.
- There is no evidence that pregnancy increases the risk of the rare syndrome of vaccine-induced thrombosis and thrombocytopenia (VITT) that has been reported with Oxford-AstraZeneca and Janssen vaccines.

Reference

Royal College of Obstetrics and Gynaecology Dec 2022. Coronavirus infection in pregnancy.

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Information for patients

Royal college of obstetrics and gynaecology – Information on COVID-19 pregnancy and womens health.

[Discover more >](#)

There are some useful patient leaflets and posters, available in different languages and formats

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For more resources visit: www.pcwhf.co.uk. Prepared in May 2023.