Should I get the COVID-19 Vaccine during pregnancy?

Every patient has 2 options:
Getting the vaccine as soon as it is available to them
or
Waiting for more information about vaccine use in pregnancy

For each individual, the potential risks of the vaccine should be balanced against their level of exposure and the risks of COVID-19 illness, which has been shown to be more severe in pregnant women than in age-matched controls. While neither vaccine has been specifically studied in pregnant or lactating women, there are no initial concerns from women found to be pregnant after receiving the vaccine in trials. Whether to get the vaccine or not during pregnancy is your choice.

What are the possible BENEFITS of receiving the COVID-19 vaccine during pregnancy?

- If you get COVID-19 while pregnant, you are more likely to need intensive care unit (ICU) admission, ventilator-support and you have a higher risk of death than non-pregnant COVID patients of similar ages.[1,2]
- Current data suggest that the vaccine will prevent 95% of COVID-19 infections.
- The vaccine does not give you COVID-19 and contains no ingredients that are known to be harmful to pregnant women or their pregnancies. Vaccination during pregnancy may also help protect your baby against COVID-19 through antibody transfer.[3]

What are the possible RISKS of receiving the COVID-19 vaccine during pregnancy?

- While these vaccines were tested in large groups of people (~40,000 per study), pregnant or breastfeeding women were not specifically included.
- We do not know for certain if the vaccine efficacy will be the same in pregnant women as it was shown to be in non-pregnant persons.
- Many people in the initial studies have had some side effects of the vaccine. These could include: injection site reactions, muscle pain, tiredness, headache, fever or chills.[4] If you get a fever, it is recommended that you take acetaminophen (Tylenol).

What do the experts recommend?

- Many professional organizations (including the American College of Obstetricians and Gynecologists, Society for Maternal-Fetal Medicine, American Society for Reproductive Medicine and Academy of Breastfeeding Medicine) recommend that these vaccines should not be withheld from pregnant and lactating individuals who otherwise meet criteria for vaccination based on priority groups (i.e. healthcare providers).[3,5,6,7]
- While shared decision making between patients and providers may be helpful in making these decisions, it should not be required prior to vaccination.
- Women who are trying to become pregnant, including undergoing fertility treatments, do not need to avoid pregnancy after mRNA COVID-19 vaccination. If pregnancy is confirmed in the time period between doses, the timing of the vaccination should not be altered.
- Women who are breastfeeding do not need to stop, or "pump and dump," following vaccine doses.
- There is no evidence to support claims that the mRNA vaccines cause an increased risk of infertility, early pregnancy loss, stillbirth or congenital anomalies.

How does the vaccine work?

- Currently there are two COVID-19 vaccines approved for use in the United States, made by Pfizer-BioNTech and Moderna, both of which are administered as two doses and use mRNA technology to elicit an immune response.
- The mRNA is used to create a spike protein, and this is how your body will recognize the COVID-19 virus if you are infected. Since your immune system has already seen the spike protein (thanks to the vaccine mRNA), your immune system will be able to attack the virus and keep you healthy.

How is information on possible concerns being collected and monitored?

- There is an active surveillance, smartphone-based app (V-SAFE) that follows individuals after they receive the COVID-19 vaccines through the Centers for Disease Control (CDC). This collects information about pregnancy and breastfeeding and provides follow-up to anyone who reports adverse events.
- There is ongoing data collection on pregnant and lactating women who choose to receive the vaccine. One registry that our physicians know of and support is being conducted by the University of Washington. Patients can choose to sign up for this if they wish. The link for the registration survey is: https://redcap.link/covidvaccpregregistry or can be reached with via this QR code.

[1] DeBolt CA, et al. Pregnant women with severe or critical COVID-19 have increased composite morbidity compared to non-pregnant matched controls. Am J Obstet 2020 Nov. doi: 10.1016j.acog.2020.11.022

[2] Zambrano LD, et al. Update: Characteristics of symptomatic women of reproductive age with laboratory-confirmed SAR-CoV-2 infection by pregnancy status – United States. January 22-October 3, 2020. MMWR Morb Mortal Wkly Rep 2020; 69: 1641-1647.

[3] Society for Maternal-Fetal Medicine Statement: SARS-CoV-2 vaccination in pregnancy. Published 12-1-2020.

[4] ACIP COVID-19 Vaccines Work Group. Use of Pfizer-BioNTech COVID-19 Vaccine: Clinical Considerations. Slides by Sarah Mbaeyi, MD, MPH presented Dec 12, 2020.

[5] American College of Obstetricians and Gynecologists' Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group. Vaccinating pregnant and lactating patients against COVID-19. Last updated 12-21-2020.

[6] American Society for Reproductive Medicine Patient Management and Clinical Recommendations during the Coronavirus (COVID-19) Pandemic. Update No. 11 – COVID-19 Vaccination. Published 12-16-2020.

[7] Academy of Breastfeeding Medicine. Consideration for COVID-19 vaccination in lactation. ABM Statement. Published 12-14-2020.

*Prepared by Dr. Anna Euser on Jan 14, 2021; information may change with time and all patients are encouraged to continue to discuss this with their OB provider.