



SOGP Position Statement for Covid 19 Vaccination for Pregnant and Breastfeeding Women

The Society of Obstetricians & Gynaecologists of Pakistan (SOGP) recommends Covid 19 vaccination for pregnant and breastfeeding women. This is in agreement with professional OBGYN organizations like FIGO, ACOG, RCOG, CDC, WHO guidelines based on current evidence

The absolute risk of severe COVID-19 in pregnancy remains low, however it is now established that pregnant women are at increased risk of severe COVID-19-associated illness compared with non-pregnant women.^{1,2,3,4} Such illness can require hospitalization, intensive care unit admission, mechanical ventilation and even death.

Preventing critical COVID-19 infection is of paramount importance for both the mother and her fetus.

Clinical trials of COVID-19 vaccines specifically in pregnant women have not yet been conducted (some are underway or planned soon⁶). Currently there is insufficient evidence to recommend routine COVID-19 vaccination for pregnant or breastfeeding women. Limited data from animal studies are reassuring and do not indicate direct or indirect harmful effects on embryo/fetal development or pregnancy.⁷ Additional reassuring data come from a statement, released in the USA in the first week of February, that 20,000 pregnant women had been vaccinated with no alarming signs reported.⁸

SOGP considers there are no risks – actual or theoretical – that would outweigh the potential benefits of vaccination for pregnant women and supports offering COVID-19 vaccination to pregnant and breastfeeding women

Health care providers should support pregnant women to make an informed decision regarding COVID-19 vaccination in consultation with their obstetrician. Important considerations when offering the vaccine should include the:

- level of activity of the virus in the local community
- potential efficacy of the vaccine
- lack of safety data specific to its use in pregnancy

- risk and potential severity of maternal disease, including the possible effects of the disease on the fetus (preterm birth) and newborn
- Timing of vaccination during pregnancy.

There is currently no preference for the use of a particular COVID-19 vaccine, but pregnant women who agree to be vaccinated should be advised to complete their two-dose series (where applicable) with the same vaccine product.¹²

It is advisable that a COVID-19 vaccine series should be administered without any other vaccine, with a minimum interval of 14 days before or after administration of any other vaccine.¹²

Vaccines including Tdap (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis) and influenza, which are routinely and safely offered during pregnancy,¹³ should be deferred for 14 days from the administration of COVID-19 vaccines.

Health care providers are urged to continue to advise their pregnant patients that vaccination against influenza is safe throughout pregnancy and is recommended during the influenza season to protect both the woman and fetus from the adverse effects of becoming seriously ill with flu during pregnancy, particularly so during the COVID-19 pandemic.¹³

The practice of offering Tdap vaccine between the 27th and 36th weeks of pregnancy in each pregnancy should also continue to be followed.¹³

Pregnant women who decline vaccination against COVID-19 should be supported in their decision and should be updated with new evidence when it becomes available.

Women planning their pregnancy can take the COVID-19 vaccine if they choose to do so. Routine testing for pregnancy before COVID-19 vaccination is not recommended. Women who are trying to become pregnant do not need to postpone pregnancy after receiving a COVID-19 vaccine.

As additional data from clinical trials and vaccinated pregnant women become available, it will be imperative for obstetricians to keep up to date with that information.

- SOGP will encourage and support the publication and dissemination of all available data on vaccination in pregnant and breastfeeding women, (in agreement with FIGO (14).
- SOGP will advocate for the administration of the COVID-19 vaccination to all pregnant women.
- When more research data is available, SOGP will review this statement so that it is in accordance to new evidence.

References

¹ Zambrano LD, Ellington S, Strid P, et al. Update: characteristics of symptomatic women of reproductive age with laboratory-confirmed SARS-CoV-2 infection by pregnancy status - United States, January 22–October 3, 2020. CDC COVID-19 Response Pregnancy and Infant Linked Outcomes Team. MMWR Morb Mortal Wkly Rep 2020; 69:1641-7.

² Delahoy MJ, Whitaker M, O'Halloran A, et al. Characteristics and maternal and birth outcomes of hospitalized pregnant women with laboratory-confirmed COVID-19 - COVID-NET, 13 states, March 1–August 22, 2020. COVID-NET Surveillance Team. MMWR Morb Mortal Wkly Rep 2020; 69:1347-54.

³ Panagiotakopoulos L, Myers TR, Gee J, et al. SARS-CoV-2 infection among hospitalized pregnant women: reasons for admission and pregnancy characteristics - eight U.S. health care centers, March 1–May 30, 2020. MMWR Morb Mortal Wkly Rep 2020; 69:1355-9.

⁴ Allotey J, Stallings E, Bonet M, et al. Clinical manifestations, risk factors, and maternal and perinatal outcomes of corona virus disease 2019 in pregnancy: living systematic review and meta-analysis. BMJ 2020; 370:m3320.

⁵ Rasmussen SA, Kelley CF, Horton JP, et al. Corona virus Disease 2019 (COVID-19) Vaccines and pregnancy: What obstetricians need to know. ObstetGynecol 2021 Mar 1;137(3):408-414.

⁶ Available at: <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-commence-global-clinical-trial-evaluate>

⁷ U.S. Food and Drug Administration. Available at: <https://www.fda.gov/media/144434/download>

⁸ Address by Dr. Fauci. Available at: www.politico.com/video/2021/02/10/fauci-20-000-pregnant-women-vaccinated-with-no-red-flags-127024

⁹ Centers for Disease Control and Prevention. Local reactions, systemic reactions, adverse events, and serious adverse events: Pfizer-BioNTech COVID-19 vaccine. Available at:

- <https://www.cdc.gov/vaccines/covid-19/info-by-manufacturer/pfizer/reactogenicity.html>

¹⁰ Saleh E, Moody MA, Walter EB. Effect of antipyretic analgesics on immune responses to vaccination. Hum Vaccin Immunother 2016 Sep;12(9):2391-402.

¹¹ Centers for Disease Control and Prevention. People with Certain Medical Conditions. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

¹² Centers for Disease Control and Prevention. Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States. Available at: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

¹³ Nassar AH, Visser GHA, Nicholson WK, et al; FIGO Safe Motherhood, Newborn Health Committee. FIGO Statement: Vaccination in pregnancy. *Int J Gynaecol Obstet* 2021 Feb;152(2):139-143.

¹⁴ Dooling K, Marin M, Wallace M, et al. The Advisory Committee on Immunization Practices'

- updated interim recommendation for allocation of COVID-19 vaccine - United States, December 2020. *MMWR Morb Mortal Wkly Rep* 2021;69:1657–60

14. <https://www.figo.org/news/covid-19-vaccination-figo-releases-statement-and-hosts-webinar> (accessed 23.5.21)