

COVID-19 Vaccination: Urgent Efforts Must Now Be Made to Ensure that Pregnant Women Are Fast Tracked and Prioritized

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The COVID-19 vaccines have been effective at preventing COVID-19 disease, especially to prevent severe disease, hospitalization, and death. Increased deaths and morbidity in pregnant woman with COVID-19 infection are real threats. However, due to the poor vaccine rollout and substantial vaccine inequity, the virus has mutated producing numerous variants and vaccine resistance.¹

COVID-19 vaccine protects pregnant woman and her baby too. COVID-19 becomes severe in pregnant women; and hospital admissions and even Intensive Care Unit (ICU) admissions are more than in non-pregnant women. Studies worldwide have suggested that COVID-19 infection during pregnancy has more morbidity than non-pregnant of the same age group.²⁻⁴

Experts recommend that pregnant and lactating people be vaccinated against COVID-19. The Center for Disease Control and Prevention (CDC) also recommend vaccination for “all people aged 5 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.”⁵ Compared with those who are not pregnant, pregnant women infected by the COVID-19 virus: are 3 times more likely to need ICU care, are 2 to 3 times more likely to need advanced life support and a breathing tube and have a small increased risk of dying due to COVID-19. They may also be at increased risk of stillbirth and preterm birth.^{5,6} Therefore, vaccination is the best way to reduce the risks of COVID-19 infection and COVID-related complications for both mother and her baby. The vaccine is safe and effective at any stage of pregnancy. There is no evidence that one need to delay vaccination until after the first 12 weeks. One should not stop breastfeeding in order to be vaccinated against COVID-19. Women trying to become pregnant do not need to avoid pregnancy after vaccination and there is no evidence to suggest that COVID-19 vaccines will affect fertility.³

The vaccines can help protect from getting COVID-19 and another potential benefit is that getting the vaccine while pregnant may help pass anti-COVID-19 antibodies to the baby. The CDC is monitoring people who have been vaccinated for serious side effects. No unexpected pregnancy or fetal problems have occurred. There have been no reports of any increased risk of pregnancy loss, growth problems, or birth defects. The current vaccines are not ‘live’ vaccines and so cannot cause COVID-19 infection in mother or baby. There is only a very small chance that they cross the placenta, so it is unlikely that they even reach the fetus. Vaccines do not affect future fertility. COVID vaccines do not contain ingredients, known to be harmful to pregnant women or to a developing baby. The only people who should not get vaccinated are those who have had a severe allergic reaction to vaccines in the past or any vaccine ingredients.

Many international bodies (FIGO, CDC, RCOG, etc.) are in favor of vaccinating pregnant women and COVID-19 vaccination is recommended by these bodies for women who are pregnant as there is strong immune response in pregnant women after vaccination and also benefits of immune transfer to babies. In addition, everyone who is 18 and older, including those who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future, should get a booster shot.^{4,7} Non-pregnant women contemplating pregnancy should also take it as soon as possible. In many countries, women are vaccinated at any time in pregnancy, irrespective of gestational age and to facilitate the vaccination of pregnant women, all available vaccines can be given at ANC clinics also on regular basis. However, consent should be taken and follow up till postpartum should be done.⁷

It is now very obvious that COVID 19 infection has spread all over the world. Our country Nepal has also been suffering from the devastating pandemic. The only way to prevent the morbidity and mortality from this disease is prevention. The government of Nepal has also started vaccination to its citizens forming priority groups. Although initially clear guidelines have not been formed for the vaccination for the pregnant ladies, different obstetrics societies have been advocating for the vaccines against COVID 19 during pregnancy. There might be theoretical risks of vaccination but benefits outweigh the risks of vaccination.^{6,7}

In Nepal also there has been a significant number of deaths of pregnant ladies due to COVID 19 infection. So, to prevent further morbidity and mortality due to the infection, Nepal Society of Obstetricians and Gynaecologists (NESOG) strongly requested the government of Nepal to prioritize pregnant women for the vaccination against COVID 19 virus. There should be separate vaccination centers dedicated only to pregnant and lactating mothers of a child less than two years of age. First COVID-19 death in Nepal was in a young post-partum woman. The 29-year-old woman from had given birth through normal delivery. Following intense lobbying and advocacy by NESOG and all stakeholders, Nepal government was convinced that the vaccine is safe in pregnancy and the benefit outweighs the risk and the health ministry recently declared and added vaccination in pregnancy after first trimester (13 weeks) and the circular to all concerned was sent.⁸ Initially this vaccine was not recommended in pregnant and breast feeding, afterwards it was recommended for high-risk groups like health workers, with comorbidities on the basis of more benefits than risks and now it is recommended for pregnant women after 13 weeks of gestation. However, vaccinating pregnant women is sluggish in Nepal and to accelerate we can organize vaccination week; and priority should be given to COVID vaccine over tetanus vaccine in pregnancy.

Any vaccine available should be recommended for any pregnant woman at any gestation, breast feeding mother, infertility treatment receiving woman and with any comorbidity. As pregnant women are more vulnerable to severe illness should they get infected, they should be prioritized for vaccination. There should be no barriers, whatsoever, of access to the vaccine, and the government should consider ways in which the current system can prioritize pregnant women. And finally, government need to set time-bound targets to rapidly increase uptake of the vaccine in pregnant women, which should match the uptake of the general population. All vaccinators should be aware that pregnant women are recommended to be vaccinated.

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