O APHA Vaccine Confident Playbook



Effectiveness of COVID-19 Vaccines During Pregnancy and After Delivery

Note: While this section was written with COVID-19 vaccines in mind, many of the general principles apply to other vaccines as well. Individual vaccines may vary in their antigenic components or dosage forms, but the principles of human behavior and good communication skills transcend most differences between vaccines.

The Issue

SARS-CoV-2 infection during or immediately after pregnancy is associated with adverse outcomes for both mother and infant. COVID-19 vaccination is recommended for all people 6 months of age and older, including people who are pregnant or recently pregnant. As of July 2023, only 16% of pregnant people had received the recommended vaccine dose during or before pregnancy.¹

Sound Bites

- People who are pregnant or were recently pregnant are more likely to get severely ill from COVID-19 disease compared with people who are not pregnant.
- > Severe illness means that people sick with COVID-19 disease may need to be hospitalized or admitted to an intensive care unit (ICU). They may need a ventilator or special equipment to help them breathe, and they may die due to COVID-19 disease.
- > People sick with COVID-19 disease during pregnancy are more likely to experience complications that can threaten their pregnancy and developing baby compared with people without COVID-19 disease during pregnancy. For example, COVID-19 disease during pregnancy increases the risk of delivering an infant preterm (earlier than 37 weeks).
- > COVID-19 vaccination is recommended for everyone 6 months of age and older, including people who are pregnant or recently pregnant.
- > Getting a COVID-19 vaccine can help protect people and their babies from serious health problems due to COVID-19 disease.
- > COVID-19 vaccination during pregnancy is safe. All the evidence so far shows that COVID-19 vaccination does not cause problems for pregnant people or their babies.
- > By getting a COVID-19 vaccine while pregnant, protective antibodies will be passed along to the baby through the placenta. These antibodies can help protect the baby from COVID-19 disease during the first few months of infancy.
- > COVID-19 vaccines do not cause COVID-19 disease in people who are pregnant or in their babies.



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Questions for Exploring Patient Concerns

- > What do you know about the risks of getting COVID-19 disease during pregnancy?
- > What do you know about how a COVID-19 vaccine can help protect you and your baby from serious health problems from COVID-19 disease?
- > What is your biggest concern about getting a COVID-19 vaccine during pregnancy?

What We Know

People who are pregnant or recently pregnant (within 42 days after the end of pregnancy) are among the groups recognized by the Centers for Disease Control and Prevention (CDC) as being at increased risk of serious COVID-19 disease.^{2,3} This includes an increased risk of severe illness, hospitalization, ICU admission, need for mechanical ventilation and ventilatory support, and death.^{4,5,6} The risk is further increased if other underlying medical conditions (e.g., obesity, diabetes, hypertension, cardiovascular disease) are present.^{2,4,7}

There also is increasing evidence that SARS-CoV-2 (COVID-19) infection at any time during pregnancy increases the risk of neonatal morbidity. Recent results from a meta-analysis showed that neonates born to women with SARS-CoV-2 infection were more likely to be⁶:

- > Admitted to a neonatal care unit after birth.
- > Born preterm (<37 weeks) or very/moderately preterm (<34 weeks).
- > Born at a low birth weight (<5.5 lb).

In contrast with previous reports, this meta-analysis did not find a link between SARS-CoV-2 infection and an increased risk of stillbirth at or beyond 28 weeks gestation.^{4,8}

An emerging concern is the potential impact of gestational exposure to SARS-CoV-2 (COVID-19) on child development and behavior. Although a rapid systematic review of 10 primary studies did not find sufficient evidence to confirm an association with neurodevelopmental delays, the associated meta-analysis of three studies indicated that gestational exposure to the virus negatively affected fine motor and problem-solving skills.⁹

Both the CDC and the American College of Obstetricians and Gynecologists (ACOG) recommend COVID-19 vaccination for pregnant and recently pregnant people. As of June 2023, this recommendation is for a single dose of updated mRNA vaccine, regardless of whether a person received any original COVID-19 vaccines. ¹⁰ The ACOG Practice Advisory states that vaccination may occur in any trimester, and emphasis should be on vaccination as soon as possible to maximize maternal and fetal health. ⁵ COVID-19 vaccines may be administered simultaneously with other vaccines routinely administered during pregnancy, such as influenza vaccine and tetanus-diphtheria-acellular pertussis (Tdap) vaccine. ⁵

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COVID-19 vaccination during pregnancy helps prevent disease. ¹⁰ In the INTERCOVID-2022 Study—during a 7-month period when Omicron (B.1.1.529) was the variant of concern—vaccine effectiveness to prevent serious COVID-19 disease (severe symptomatic COVID-19, referral for higher care, ICU admission, or death) in pregnant women was 76% (95% CI, 47–89) among all women who had received a bivalent mRNA booster and 81% (95% CI, 47–89) among women who had received only mRNA vaccines before the booster dose. ¹¹ For women with diagnosed COVID-19 disease, effectiveness against progression to serious disease was 91% after a bivalent booster dose.

The benefits of COVID-19 vaccination during pregnancy extend to infants younger than 6 months of age (i.e., infants who are too young to be vaccinated). In a large multicenter study that used a case-control, test-negative design, maternal vaccination reduced the risk of hospitalization for COVID-19, including for critical illness, among infants younger than 6 months of age.¹²

Evidence continues to build showing that COVID-19 vaccination during pregnancy is safe.⁴ A recent meta-analysis that included 61 clinical and preclinical studies involving more than 17.7 million pregnant persons found no significant association (either clinically or statistically) with adverse maternal or fetal effects, regardless of the vaccine or the trimester of vaccination.¹³

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