



Royal College of Obstetricians and Gynaecologists and Royal College of Midwives policy position: Increasing uptake of COVID-19 vaccination in pregnant women

December 2021

Recommendations

- Governments across the UK must work in partnership to **set a time-bound target to rapidly increase uptake of COVID-19 vaccination in pregnant women**, so that it matches uptake across the general population.
- Governments across the UK must work in partnership to **set a target to reduce and eliminate disparities in the uptake of COVID-19 vaccination in pregnancy by ethnic group and socioeconomic status**.
- Governments across the UK must work in partnership to **publish an action plan in the coming weeks to meet the above targets with regards to pregnant women**.
- RCOG and RCM are continuing to call for COVID-19 vaccines to be delivered wherever possible where they can be within or in close proximity to antenatal clinics in hospitals and in the community. The NHS across all four nations should rapidly develop UK-wide guidance for vaccine delivery in antenatal clinics.
- We encourage the Government to consider all options available to them to ensure pregnant women are given priority when booking their COVID-19 vaccinations. In particular, looking at ways in which the current system can prioritise pregnant women coming forward to access their first or second dose. This could include considering an approach that would allow pregnant women to skip queues at walk-in centres, as well as considering how both booking through GPs and through the national booking system could accommodate prioritisation of pregnant women as a group.
- The Government and the NHS should work closely with the RCM and RCOG to ensure their decision aid on vaccination and pregnancy is distributed as widely as possible. We recommend the NHS sends a letter to every pregnant woman living in the UK encouraging them to take up the offer of a COVID-19 vaccine, with a copy of, or a link or QR code that leads to, the most recent version of the decision aid.
- The UK Government must also ensure that participants on its Community Champions scheme are receiving up-to-date, evidence-based information about the benefits and risks of COVID-19 vaccination in pregnancy. The Government should also outline how pregnant women will be explicitly considered in future messaging and projects within this scheme.

Background

When the COVID-19 vaccination programme launched in the UK in December 2020, the Joint Committee on Vaccination and Immunisation (JCVI) advised that until more information became available, those who are pregnant should not have the vaccine.

Following this, on 30 December 2020, the JCVI announced that pregnant women who met the definition of being clinically extremely vulnerable, or were frontline health or social care workers,

could 'discuss the option of vaccination' with a health professional and make an individual decision to accept the vaccine based on the known benefits and risks.

Based on real world data from the United States and following a recommendation from the RCOG and RCM COVID-19 vaccine subgroup, the JCVI announced on 16 April 2021 that it would offer all pregnant women the COVID-19 vaccine, in line with the vaccine roll out plan for the UK. By June 2021, at least one dose of COVID-19 vaccination had been offered to all pregnant women in the UK over the age of 18.

As more data was published about the safety of the vaccine in pregnancy and the harm from developing COVID-19, on 16 July 2021 the RCOG and RCM updated its advice from 'strongly consider' to 'strongly recommend' the vaccine in pregnancy.

Evidence of the risks and benefits of the COVID-19 vaccine for pregnant women

RCOG and RCM have published [clinical guidance](#) (Version 14.2, Chapter 2 – COVID-19 vaccination in pregnancy) and regularly updated an [information sheet](#) and [decision aid](#) that supports pregnant women with up-to-date evidence-based information about the COVID-19 vaccine. Evidence clearly demonstrates the risk to maternal and neonatal outcomes of contracting COVID-19 in pregnancy. Evidence also demonstrates the safety of the COVID-19 vaccination for pregnant women and their babies.

The risk of COVID-19 in pregnancy

Hospital admission and severe illness (including admission to intensive care, ventilation, or death) are more common in pregnant women, compared to those that are not pregnant, especially for those in the third trimester of pregnancy. Data published in October 2021 showed that nearly 20% of the most critically ill COVID-19 patients are unvaccinated pregnant women¹, and 99% of pregnant women admitted to hospital with symptomatic COVID-19 are unvaccinated². Studies have also shown that the severity of pregnant women's illness appears to have become worse over the duration of the pandemic, with only 24% of women admitted in the first wave with moderate or severe disease, compared with 36% with the Alpha Variant and 45% with the Delta variant³. It is sensible to take a precautionary approach that assumes Omicron will be at least as severe to pregnant women as the Delta variant.

There is evidence to show that COVID-19 at the time of birth is associated with higher rates of stillbirth, preterm birth, preeclampsia and emergency caesarean delivery.⁴

Alongside known risks of contracting COVID-19 during pregnancy, there are data that support the safety of COVID-19 vaccination in pregnancy. Data from the United States⁵, where more than

¹ [News: NHS encourages pregnant women to get COVID-19 vaccine, NHS England \(October 2021\)](#)

² [News: New data show rise in hospital admissions for unvaccinated pregnant women, University of Oxford \(July 2021\)](#)

³ [Ibid](#)

⁴ [Maternal and perinatal outcomes of pregnant women with SARS-CoV-2 infection at the time of birth in England: national cohort study, AJOG \(May 2021\)](#)

⁵ [V-safe Pregnancy Registry, Centre for Disease Control and Prevention \(November 2021\)](#)

177,000 pregnant women have had a COVID-19 vaccine (either Pfizer BioNTech or Moderna) have not raised any safety concerns, and over 100,000 pregnant women in England and Scotland have also received a COVID-19 vaccine (almost all mRNA) with no adverse effects recorded.

Research from across six studies in four countries, involving more than 40,000 pregnant women, shows having the COVID-19 vaccine during pregnancy does not increase the risk of miscarriage, preterm birth or stillbirth, nor does it increase the risk of a small-for-gestational age baby, or the risk of congenital abnormalities⁶. Preliminary data from the UK also show this⁷, with the stillbirth rate, proportion of babies with low birthweight, and proportion of premature births, being similar for women who are vaccinated and those who are unvaccinated, demonstrating the safety of the COVID-19 vaccine on birth outcomes.

Current uptake

In July 2021, Public Health England (now the UKHSA) began publishing figures for vaccine uptake in pregnant women in England in its surveillance reports. The number of pregnant women vaccinated is calculated in response to a self-reported pre-screening question.

Published monthly, the most recent data showed that as of the 31 October 2021, 84,674 pregnant women had received their first dose, and 80,728 had received both doses⁸. Public health data in Scotland showed that 19,000 women had received their first dose.

More recent data from UKHSA confirm that, as of August 2021, only 22.2% of women giving birth had received at least 1 dose of the COVID-19 vaccine. This has grown from 2.8% in May 2021, when less pregnant women would have been eligible for the vaccine.

These data also showed very concerning ethnic and socioeconomic disparities in the proportions of women giving birth who had received at least one dose of the COVID-19 vaccine. Data showed that between June and August 2021, where 17.5% of white women had been vaccinated, only 5.5% of Black women and 13.5% of Asian women had been vaccinated. Data also showed that for women giving birth between June and August 2021, only 7.8% of those from the most deprived quintile of the population, compared to 26.5% of those from the least deprived quintile, had been vaccinated. Given that we know that disparities in both maternal and neonatal outcomes between women of different ethnic backgrounds, and women living in the most and least deprived areas, this disparity in vaccine uptake is alarming.

Vaccine hesitancy among women of childbearing age is also higher than in the general adult population. The latest data published in August 2021 show 4% of adults reported vaccine hesitancy in the UK⁹. In females aged between 16 to 29 years old, hesitancy increased to 9%, whilst for females aged between 30 to 49 years old vaccine hesitancy was at 6%. This is compared to 19% in females aged 16 to 29 years old and 14% for those aged 20 to 49 years old in February 2021.

Action must be taken to rapidly increase the number of pregnant women and women of childbearing age taking up the offer of a COVID-19 vaccination, as well as to reduce and eliminate the disparity in uptake as quickly as possible. **Governments across the UK must work together to set**

⁶ [Information sheet and decision aid, RCOG, RCM, UKTIS, MOMS \(October 2021\)](#)

⁷ [Press release: New UKHSA study provides more safety data on COVID-19 vaccines in pregnancy \(November 2021\)](#)

⁸ [COVID-19 vaccine surveillance report Week 46, UKHSA \(November 2021\)](#)

⁹ [Coronavirus and vaccine hesitancy, Great Britain, ONS \(August 2021\)](#)

a target to increase vaccine uptake in the pregnant population to equal that of the population as a whole, which as of 02 December 2021 stood at 88.7%. In addition to this, a target should also be set to reduce and eliminate the disparities in uptake. We are calling on the Government to publish an action plan which sets out how it will strive to increase vaccination in pregnancy.

Ensuring there are no barriers to access for pregnant women

Low uptake of the vaccine in people who are pregnant means it is paramount that there are no barriers to access for pregnant women who are considering taking up the offer of a COVID-19 vaccine, or those who have been double-vaccinated accessing a booster vaccine... RCOG and RCM encourage pregnant women who have already received their first and second doses of vaccine to take up their third booster vaccine as soon as they can. Currently pregnant women are not prioritised for booster vaccination and are being called alongside non-pregnant people in their age group.

We are supportive of the JCVI's recent decision to include pregnant women in group 6 (those with underlying health conditions that put them at higher risk of severe disease). Due to the emerging situation with Omicron, however, this decision has been made once all age groups are now eligible for booster vaccinations, making it more challenging for pregnant women to be able to access. We are very concerned that despite now being defined as at higher risk of severe disease, as well as being a group with low levels of vaccine uptake, there is no clear route for pregnant women to now be prioritised for vaccination, in particular those who are yet to have taken up the offer of a first or second dose. **We encourage the Government to consider all options available to them to ensure pregnant women are given priority when booking their COVID-19 vaccinations. In particular, looking at ways in which the current system can prioritise pregnant women coming forward to access their first or second dose.** This could include considering an approach that would allow pregnant women to skip queues at walk-in centres, as well as considering how both booking through GPs and through the national booking system could accommodate prioritisation of pregnant women as a group.

Many pregnant women who are unsure whether or not to take up a COVID-19 vaccine may be having conversations with trusted healthcare professionals within antenatal settings. It is vital that where a pregnant woman has made an informed choice to have their vaccine, there are no barriers for them to access it. **RCOG and RCM are continuing to call for COVID-19 vaccines to be delivered wherever possible where they can be within or in close proximity to antenatal clinics in hospitals and in the community. The NHS across all four nations should rapidly develop UK-wide guidance for vaccine delivery in antenatal clinics.**

There are currently some barriers to the successful delivery of COVID-19 vaccinations in antenatal settings. One of these barriers is staffing shortages across maternity care but most acutely in midwifery, therefore any vaccination clinics running alongside antenatal clinics would benefit from additional workforce capacity through the national vaccination programme. Where there is staffing capacity in antenatal clinics, the length of training to deliver the COVID-19 vaccination has reportedly also been a barrier. Where staff are already trained to provide other vaccinations in pregnancy, we recommend consideration is given to reducing the vaccination preparation training burden.

Access to current, evidence-based information about the benefits and risks of COVID-19 vaccination in pregnancy

Access to current, evidence-based information about the benefits and risks of COVID-19 vaccination in pregnancy is essential for women who are deciding whether or not to take up the offer of a vaccine. There is growing evidence on the risks of contracting COVID-19 during pregnancy, as well as

strong evidence on the safety profile of the vaccine for pregnant women, their babies and pregnancy outcomes.

There is evidence¹⁰ to show that women are sometimes not being given up-to-date, evidence-based information about the benefits and risks of COVID-19 vaccination in pregnancy by their healthcare professionals.

RCOG and RCM have published an updated version of their decision aid [xx December 2021) to support pregnant women to make an informed decision about vaccination in pregnancy. **Once this is published, we strongly encourage the NHS and Governments across all four nations to distribute it as widely as possible to both women and healthcare professionals, to ensure the right information is in the right hands. As part of this push, we recommend the NHS sends a letter to every pregnant woman living in the UK encouraging them to take up the offer of a COVID-19 vaccine, with a copy of, or a link or QR code that leads to, the most recent version of the RCOG and RCM decision aid.** The RCOG and RCM offer their support in the development of this letter.

As the evidence base developed around the safety and benefits of COVID-19 vaccination during pregnancy, as outlined in the background to this statement, the guidance for women and the healthcare professionals supporting them has changed. RCOG and RCM are concerned that out-of-date information and advice is still present in information leaflets and posters, on intranets and online, which is causing unnecessary concern and confusion for pregnant women. This risks healthcare professionals and women not having access to up-to-date evidence to support them to make the most informed decision possible in relation to vaccination in pregnancy. **We are calling on the UK Government to write to key stakeholders at every level of the NHS (including NHS Trusts, Primary Care Networks, CCGs and ICSs) and regional/local governments across the four nations and British Isles to encourage them to ensure that all information around COVID-19 vaccination in pregnancy that is available to women and healthcare professionals in their area contains only the most current evidence and advice. Links to the [national poster from the UKHSA](#) and the [RCOG COVID-19 landing page](#) should be the primary sources of information.**

The UK Government must also ensure that participants on its Community Champions scheme are receiving up-to-date, evidence-based information about the benefits and risks of COVID-19 vaccination in pregnancy. The Department of Health and Social Care and the Department for Levelling Up, Housing and Communities should agree how pregnant women will be explicitly considered in future messaging and projects within this scheme, which engages local partners to promote vaccine uptake and tackle misinformation among groups most at risk of COVID-19.

¹⁰ [Pregnant women at risk from NHS workers' mixed messages over safety of jab, The Guardian \(October 2021\)](#)