

## COVID-19 Vaccination in Pregnant and Breastfeeding Women and those planning pregnancy

Updated Wednesday 18 August 2021

**Fertility SA endorses the Covid-19 Vaccination response of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and acknowledges the risk posed to the community, healthcare workers, and all patients, due to the COVID-19 pandemic.**

The purpose of this communiqué is to provide updated advice on the issue of vaccination for pregnant and breastfeeding women, and those planning pregnancy in Australia, in line with updated advice from The Australian Technical Advisory Group on Immunisation (ATAGI).

### Key points

- Pregnant women are a priority group for COVID-19 vaccination, and should be routinely offered the Pfizer vaccine (Comirnaty) or Spikevax (Moderna) at any stage of pregnancy.
- Pfizer (Comirnaty) and Spikevax (Moderna) are mRNA vaccines
- Women who are trying to become pregnant do not need to delay vaccination or avoid becoming pregnant after vaccination.
- There is no evidence of increased risk of miscarriage or risk of cancer with mRNA or viral vector vaccines.
- Global evidence has shown the Pfizer and Moderna vaccines are safe for pregnant women.
- Pregnant women have a higher risk of severe illness from COVID-19.
- Their babies also have a higher risk of being born prematurely.
- COVID-19 vaccination may provide indirect protection to babies by transferring antibodies through the placenta (for pregnant women) or through breastmilk (for breastfeeding women).
- All healthcare workers, including midwives and doctors, are encouraged to be vaccinated, to protect themselves, pregnant women, and their babies. The vaccine does not cause “shedding” and vaccinated people are far less likely to transmit COVID.

### What are the current recommendations for COVID-19 vaccine in pregnant women?

Pregnant women are a priority group for COVID-19 vaccination, and should be routinely offered Pfizer mRNA vaccine (Comirnaty) or Spikevax (Moderna) at any stage of pregnancy.

Pregnant women with COVID-19 have a higher risk of severe illness compared to non-pregnant women with COVID-19 of the same age. This includes an increased risk of:

- hospitalisation
- admission to an intensive care unit
- invasive ventilation.

COVID-19 during pregnancy also increases the risk of complications for the baby including a higher risk of stillbirth and of being born prematurely.

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Vaccination is the best way to reduce these risks.

Women who are trying to become pregnant can receive either Pfizer, Moderna or AstraZeneca vaccines and do not need to delay vaccination or avoid becoming pregnant after vaccination.

### **When is the best time to have a COVID-19 vaccine if I am pregnant?**

It is recommended to have a COVID-19 vaccine as soon as you are offered one. Pfizer or Moderna vaccines can be given at any stage of pregnancy. Two doses of Pfizer or Moderna vaccine provides good protection against COVID-19, including against the Delta strain. It is recommended to have 2 doses of the vaccine, 3-6 weeks apart.

Recommendations for women who have already received a dose of AstraZeneca Vaccine.

Pregnant women who have already received a first dose of AstraZeneca vaccine can receive either the Pfizer vaccine or Moderna or the AstraZeneca vaccine for their second dose.

- Research has shown that mRNA vaccines (e.g Pfizer or Moderna) are safe for pregnant women.
- \*There is less available data on the safety of viral vector vaccines (e.g Astra Zeneca) in pregnancy, hence the current advice for Pfizer or Moderna.

\*This advice is likely to change as more data on AstraZeneca becomes available.

### **What are the recommendations for breastfeeding women?**

Vaccination is recommended for breastfeeding women.

You do not need to stop breastfeeding before or after vaccination.

Either Pfizer, Moderna or AstraZeneca vaccine is considered safe.

The mRNA in Pfizer or Moderna is rapidly broken down in the body and does not appear to pass into breastmilk.

The viral vector in AstraZeneca cannot cause infection.

### **Other treatments in pregnancy**

Pregnant women should continue to receive pertussis and influenza vaccination during pregnancy, noting the advice to space vaccine injections by at least one week.

The administration of Anti-D should continue as per usual indications and timing is not affected by vaccination.

A National coronavirus Hotline (1800 020 080) is available to find relevant vaccination clinics.

Eligibility for vaccination is determined by the Australian Government and the New Zealand Ministry of Health.