



I am pregnant Should I get the COVID-19 vaccine?



For most people, getting the COVID-19 vaccine as soon as it is available is the safest choice. Although pregnant women are not specifically classified among the higher priority vaccine allocation groups, it may be available to you for other reasons, for example, if you are a healthcare or social care worker. For those who are pregnant, or considering pregnancy, this can be a difficult decision as COVID-19 vaccines have not yet been studied in pregnant and breastfeeding people

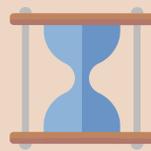
This decision aid is intended to help you make an informed choice about whether or not to get the COVID-19 vaccine before, during or after pregnancy.

What are my options?

Get the COVID-19 vaccine as soon as it is available to you



VS



Wait until more information is available about the vaccine in pregnancy

Summary

If you are pregnant and the COVID-19 vaccine is available to you, your options include:

- 1 Get the COVID-19 vaccine as soon as it is available to you**
 - 2 Wait until more information is available about the COVID-19 vaccine in pregnancy**
- It is your choice whether or not you get the COVID-19 vaccine during pregnancy.
 - COVID-19 may cause more harm in pregnant people than in people of the same age who are not pregnant.
 - The COVID-19 vaccine, which is **not** a live vaccine, has not been studied in pregnant women and the risks are therefore not fully known. However, the risks of taking the vaccine when you are pregnant are thought to be small.
 - When thinking about whether to get the vaccine or not, you should think about your own personal risk of getting COVID-19. If your personal risk is high, or there are many cases of COVID-19 in your community, it might make sense for you to get the vaccine when you are pregnant.
 - If you choose to get the COVID-19 vaccine in pregnancy, you should get it when you are between 14 and 33 weeks pregnant.

What are the risks to a pregnant woman from COVID-19 infection?

- The risk of getting COVID-19 is similar in pregnant and non-pregnant women. Most pregnant women who are infected with COVID-19 will only experience mild to moderate symptoms.
- COVID-19 can be more dangerous for pregnant women. Pregnant women with symptomatic COVID-19 may be more likely to be admitted to hospital, to need care in an ICU, and to die when compared with non-pregnant women.
- There may be an increased rate of preterm birth and stillbirth among pregnant patients with COVID-19, whether or not they have symptoms.



**Irish Medicines in
Pregnancy Service**
**ROTUNDA
HOSPITAL**
DUBLIN



**National
Women & Infants
Health Programme**

**National Immunisation
Advisory Committee
(NIAC)**



**INSTITUTE OF
OBSTETRICIANS &
GYNAECOLOGISTS**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

I am pregnant

Should I get the COVID-19 vaccine?

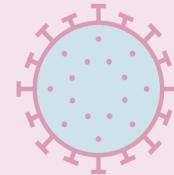
Option 1: Get the COVID-19 vaccine as soon as it is available to you

About this option: This option includes getting the vaccine as soon as it is available to you and in line with the national immunisation guidelines for Ireland. This option could be considered by pregnant women who have a high personal risk of COVID-19.

What are the positives of this option?

1. Getting the vaccine will reduce your risk of getting infected with COVID-19. This may:

- Reduce your risk of getting severely unwell from COVID-19.
- Reduce your risk of pregnancy complications, such as preterm birth.
- Reduce the risk of you transmitting COVID-19 to others around you, like your family or work colleagues.



2. Other non-live vaccines are routinely recommended in pregnancy with good information on safety

- Many vaccines are given in pregnancy, e.g. flu and pertussis (whooping cough) vaccines. These vaccines cannot cause infection in you or your unborn infant and do not contain ingredients which are known to be harmful.
- The COVID-19 vaccine has been tested in over 20,000 people and no serious side effects related to the vaccine have been reported to date. A small number of people had allergic reactions.
- Available data from studies in animals do not indicate harmful effects or any safety concerns from the COVID-19 vaccine in pregnancy.

What are the negatives of this option?

1. COVID-19 vaccines have not been studied in pregnant and breastfeeding people

- We do not know for sure if there are negative impacts of giving the vaccine in pregnancy.
- However available information is reassuring and there are no current safety concerns about the use of the vaccine in pregnancy.



2. You may get some side-effects from getting the vaccine.

- Common side effects are reported in more than 1 in 10 people and include fatigue, headache, sore arm, fever and muscle or joint pains. These are more common after the second dose and usually resolve within 2 days.



Who should consider this option?

You should consider your own personal risk. If you are at higher risk of getting COVID-19 or you are at higher risk of becoming unwell from COVID-19, it might make sense to get the vaccine. For example, if:

- You have medical problems such as severe respiratory or lung conditions, diabetes, high blood pressure, heart disease, kidney disease or if you are on immunosuppressant therapy
- You are a health or social care worker
- You have regular contact with people outside your house who don't wear masks
- You are 35 years or older
- You are overweight
- You are a smoker
- You are from a Black, Asian or other minority ethnic background or your community has a high rate of COVID-19
- You live in crowded housing or live in an area with a high rate of COVID-19 infection.



14  33



For pregnant women, the first dose should be at or after 14 weeks and the second dose ideally by 33 completed weeks. If you receive the first dose before becoming pregnant the second dose can be given after 14 weeks. If the second dose is not given by 33 completed weeks it should be delayed until after you have had your baby.

Are there any precautions I should take if I choose this option?

1 in 100 people who get the vaccine will get a high fever (over 38.8°C). A persistent high fever during the first trimester might increase the risk of fetal abnormalities or miscarriage. If you are pregnant, the first dose of the COVID-19 vaccine should be given at or after 14 weeks' gestation. The second dose should be completed by 33 weeks' gestation. If you get the vaccine and develop a fever, paracetamol can be used safely during pregnancy. If you cannot take paracetamol speak to your doctor or midwife about other options.

If you do get the COVID-19 vaccine and later discover you are pregnant there is no need to be overly concerned. Some women included in the initial vaccine trials became pregnant. None of the women who received the COVID-19 vaccine had a miscarriage.

If you do receive the COVID-19 vaccine when pregnant, please inform your maternity unit so it can be recorded in your maternity record.



Option 2: Wait until more information is available about the vaccines in pregnancy

About this option: This option could be considered by pregnant women who have a low personal risk of COVID-19. This option includes not getting the vaccine for now and maintaining strict compliance with other measures to reduce the risk of COVID-19, such as maintaining a social distance, limiting your close contacts, wearing a mask and washing your hands.

What are the positives of this option:

1. Not getting the vaccine means you will not experience any side effects or other adverse effects from receiving the COVID-19 vaccine

What are the negatives of this option:

1. Not getting the vaccine means you will still be at risk of getting COVID-19.

- COVID-19 is dangerous. It can be more dangerous for pregnant women.
- Pregnant people with symptomatic COVID-19 may be more likely to be admitted to hospital, to need care in an ICU, and to die when compared with non-pregnant women.
- There may be an increased rate of preterm birth and stillbirth among pregnant patients with COVID-19, whether or not they have symptoms.



Who should consider this option?

You should think about your own personal risk. It might make sense for you to wait for more information if:

- You are not at higher risk of getting COVID-19
- You think getting the vaccine will make you very nervous
- You are more worried about the unknown risks of the vaccine compared with the risks of getting COVID-19
- You have had a severe allergic reaction or anaphylaxis with injected medicines.



Are there any precautions I should take if I choose this option?

You should only choose this option if:

- You can always wear a mask according to public health advice
- You and the people you live with can socially distance from others for your whole pregnancy
- You working from home is an option
- Your community does not have a high or increasing rate of COVID-19.



What about COVID-19 vaccines when breastfeeding?

COVID-19 vaccines have not been studied in breastfeeding. However, there is no known risk in giving COVID-19 vaccines to those who are breastfeeding. Even if remnants of the vaccine get into your breastmilk they will get digested in the baby's stomach. The HSE recommends that breastfeeding mothers should be vaccinated according to their risk grouping. If you were vaccinated while pregnant, antibodies against COVID-19 may pass into your breastmilk and give your baby some protection.

What do the experts recommend?

The HSE and the National Immunisation Advisory Committee (NIAC), a group of independent experts in Ireland, recommends that pregnant women who are at high risk of severe COVID-19 and healthcare workers should talk to their care provider about their personal risk of getting COVID-19. Based on this, they can consider getting the vaccine, balancing the positives and negatives of each option. Pregnant women in a high priority group may decide to get the vaccine if the risk of getting COVID-19 outweighs the theoretical or unknown risk from the vaccine.

The Institute of Obstetricians and Gynaecologists in Ireland, and other international experts including The Royal College of Obstetricians and Gynaecologists in the UK and the Society of Maternal-Fetal Medicine and American College of Obstetricians and Gynecologists in the US also recommend a similar approach to the COVID-19 vaccine in pregnancy.



What do other pregnant and breastfeeding women say?

"I look after sick patients. I also try to look after my family and myself. I am also 28 weeks pregnant. I look forward to our work force and our patients being safe from COVID-19. I was vaccinated." **Dr Laura Durcan, Consultant Rheumatologist**

"As a breastfeeding mother one potential benefit of getting the COVID-19 vaccine is the passage of antibodies to my 11 month old which may provide additional protection to her. While I know the vaccine isn't a silver bullet I am hopeful that this will be the beginning of a return to some normality for us all." **Dr Sorcha O'Brien, SpR in Obstetrics and Gynaecology**

Where can I find out more information?

A Q&A document produced by the Institute of Obstetricians and Gynaecologists and NIAC is available on the HSE website [here](#). This includes additional information for those planning a pregnancy or undergoing fertility treatment. If you require further information or support, please speak with a health care professional.

About this decision aid

This decision aid is for people who are pregnant and who are eligible to receive the COVID-19 vaccine in line with the national COVID-19 vaccination programme. This decision aid is intended to help you make an informed choice about whether or not to get the COVID-19 vaccine before, during or after pregnancy.

This decision aid was produced by the Irish Medicines in Pregnancy Service (IMPS) at the Rotunda Hospital and The Institute of Obstetrics and Gynaecology (IOG), and was endorsed by the National Immunisation Advisory Committee (NIAC) and the National Women and Infants Health Programme (NWIHP). This decision aid has been modified from the decision aid produced by the Massachusetts Shared Decision Making: COVID Vaccination in Pregnancy working group at the University of Massachusetts Medical School – Baystate. This decision aid was updated on 13/01/2021. The information presented here is based on the Comirnaty® vaccine developed by Pfizer/BioNTech. The decision aid will be updated to include additional COVID-19 vaccines when they are available in Ireland.

Selected references:

1. Department of Health. Provisional Vaccine Allocation Groups. Published: 8/12/20. Last updated: 13/12/20. Accessed 05/01/21. Accessed at: <https://www.gov.ie/en/publication/39038-provisional-vaccine-allocation-groups/>
2. Clinical Guidance for COVID-19 Vaccination. Version 1.0. 28/12/20. Accessed 05/01/21. Accessed at: <https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/clinicalguidance.pdf>
3. European Medicines Agency. Human Medicine European Public report (EPAR): Comirnaty. Accessed 05/01/21. Accessed at: <https://www.ema.europa.eu/en/medicines/human/EPAR/comirnaty>
4. DeBolt CA, et al. Pregnant women with severe or critical Corona virus disease 2019 have increased composite morbidity compared to non-pregnant matched controls. Am J Obstet 2020 Nov. doi:10.1016/j.ajog.2020.11.022
5. Adhikari EH, et al. Pregnancy outcomes among women with and without severe acute respiratory syndrome coronavirus infection. JAMA Network Open 2020 Nov 3(11):e2029256. doi:10.1001/jamanetworkopen.2020.29256
6. DiMascio D, WAPM working group on COVID-19. Maternal and Perinatal Outcomes of Pregnancy Women with SARS-CoV-2 infection. Ultrasound Obstet Gynecol. 2020 Sept. doi: 10.1002/uog.23107. doi.org/10.1002/uog.23107
7. Knight M, Bunch K, Vousden N, Morris E, Simpson N, Gale C, O'Brien P, Quigley M, Brocklehurst P, Kurinczuk JJ. Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study. bmj. 2020 Jun 8;369. doi.org/10.1136/bmj.m2107