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To:

- Chief Nurses, Chief Midwives, Medical Directors
- All GP and pharmacy contractors

Copy to:

- ICS leads
- CCG Accountable Officers
- PCN Led Local Vaccination Sites
- Community Pharmacy Led LVS
- Chief Executives of all NHS trusts and foundation trusts
- Regional Directors
- Regional Directors of Commissioning
- Directors of Public Health and Primary Care

1 December 2021

Dear colleague

FOR ACTION: COVID-19 and seasonal flu vaccination for pregnant women

We write to ask all healthcare colleagues to make every contact count this winter with pregnant women – and those planning pregnancy – to advise them of the benefits of COVID-19 and flu vaccination; and to signpost acute physicians to best practice guidance on the management of COVID-19 infection in pregnancy, including medication.

[New data published by the UK Health Security Agency \(UKHSA\)](#) has provided further evidence for the safety of COVID-19 vaccination in pregnancy, with good birth outcomes in vaccinated women who had their babies between January and August this year.

This is in contrast with growing evidence that pregnant women are at increased risk of severe illness from COVID-19 compared with non-pregnant women, particularly in the third trimester. Recent data shows that between July and October, nearly 20% of the most critically ill patients receiving Extracorporeal Membrane Oxygenation (ECMO) support in England were unvaccinated pregnant women. Around one in three women who are hospitalised with the virus need to be delivered preterm to help them recover and one in five of their babies need care in the neonatal unit. On Monday the [JCVI also recommended that booster vaccinations are offered to all adults from 3 months after their second dose](#), in order to increase levels of public protection against the Omicron variant.

As COVID-19 infection rates and hospitalisations of pregnant women continue to rise, **it is more important than ever that all healthcare workers, including GPs, midwives, obstetricians, pharmacists and others continue to build vaccine confidence and make every contact count across both the flu and COVID-19 vaccination programmes.** This means recommending both COVID-19 and flu vaccination and providing evidence-based advice and support to women on the benefits for them and their babies; as well as information on the risks of not being vaccinated. This also means encouraging all double-vaccinated women to take up the offer of a booster as soon as they are called forward.

Work is ongoing regionally with system-level vaccination leads to facilitate access to vaccination antenatally. This includes supporting vaccination sites and maternity services to deliver a range of approaches, such as making vaccinations available in antenatal clinics, pop-up sites, or vaccination teams in other parts of the hospital.

We ask you to support these efforts, by ensuring that your clinical teams are up to date on the advice for this group:

COVID-19 vaccination

- For the latest bite-sized advice for use with women, please see the [UKHSA leaflet for all women of childbearing age, pregnant or breastfeeding](#) and the [RCOG/RCM information leaflet and decision aid](#).
- Women can receive the vaccine at any point in pregnancy, and are encouraged to do so as soon as possible, to ensure maximum protection in the third trimester.
- Women who already received a first dose of AstraZeneca vaccine and didn't experience any serious side effects, should continue to receive a second dose. Serious side effects from this vaccine are very rare and even less likely in the second dose.
- In line with the [JCVI advice of 29 November](#), double-vaccinated women eligible for a booster will be called forward in order of descending age groups, with priority given to the vaccination of older adults and those in a COVID-19 at-risk group.
- More detailed guidance and evidence on vaccination in pregnancy for clinicians can be found [in chapter 14a of the Green Book](#) and [on the RCOG website](#).

Flu vaccination

- At this time, pregnant women are also being offered seasonal flu vaccination and it is therefore important that, as for COVID -19 vaccination, seasonal flu vaccination is supported and recommended by all healthcare workers over the winter period. The COVID-19 vaccines or booster can be given at the same time as the flu vaccine or the whooping cough vaccine.
- Information for healthcare workers on the seasonal flu programme for pregnant women is [here](#).

While the overall risk of mortality from COVID-19 infection remains low for pregnant women, MBRRACE-UK [rapid reviews](#) of maternal deaths in the pandemic and UKOSS analysis of hospital admissions highlight the importance of timely best-practice management of infection, including correct medical treatment. We would like to draw acute physicians' attention to RCOG/RCM [guidance](#) for healthcare professionals caring for pregnant women with COVID-19 in the antenatal, intrapartum and postnatal periods. This includes guidance on what medicines are appropriate for use in pregnancy.

Thank you for your continued efforts. We are grateful for everything you are doing to ensure that women receive the information and support they need to make the right decision for them and their babies.

Yours sincerely



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