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To:

- ICS Vaccination Programme leads
- ICS maternity leads
- NHS trust and foundation trust:
 - Chief nurses
 - Directors/heads of midwifery
 - Medical directors

CC:

- ICS leads
- CCG accountable officers
- PCN-led Local Vaccination Services
- Community Pharmacy-led Local Vaccination Services
- Chief Executives of all NHS trusts and foundation trusts
- Regional Directors
- Regional Directors of Commissioning
- Regional Chief Nurses
- Regional Heads of Midwifery
- Directors of Public Health and Primary Care

25 January 2022

Dear colleague

For action: Maximising access to COVID-19 vaccination in pregnancy

We want to thank you for your work encouraging women to take up the offer of vaccination against COVID-19 in pregnancy following [our letter](#) last month. There is still more to do to make sure every woman has access to vaccination both before and during pregnancy. Specifically, we ask for continued collaboration and leadership between maternity and vaccine leads to routinely hold vaccine confidence conversations and inform pregnant women where they can go, co-locating walk-in vaccination and maternity services wherever possible, so that it is as easy as possible to get vaccinated at any point in the maternity pathway.

Our letter [in December 2021](#) outlined the importance of access to flu and COVID-19 vaccination in pregnancy, following UKHSA data on the safety profile of their use in pregnancy, and data on the rate of hospitalised pregnant women who were unvaccinated. The Joint Committee on Vaccination and Immunisation (JCVI) has agreed that [pregnant women are at higher risk of severe COVID-19 disease](#).

Progress is being made each month, with the rates of women who have received at least two doses of vaccine before giving birth continuing to increase. Since December, all maternity services have had processes in place to Make Every Contact Count (MECC) in advising pregnant women about COVID-19 vaccination, as

requested in our letter. In a small number of systems, pregnant women reaching term had the same or even higher rates of vaccination than for all women of childbearing age, across both first and second doses.

There is much here to celebrate, but our estimates continue to suggest significant variation in uptake between regions and systems, and in every system, between women of different ethnicities, decile of deprivation in their local area, and age groups.

We shared with system Vaccine Programme leads a list of key actions that are necessary, following national assurance of activity to support vaccination in pregnancy, and these are summarised in Appendix A.

In line with these key actions, we ask that maternity service leads co-ordinate with Vaccination Programme leads so that every woman attending a maternity service has easy, timely access to vaccine confidence conversations and co-located vaccination offers:

- Maternity Services are asked to ensure that all unvaccinated or partially vaccinated women are offered vaccine confidence conversations and advised antenatally on the nearest available walk-in vaccinations, as part of Making Every Contact Count for COVID-19 vaccination in pregnancy.
- In line with our [letter of 1 December](#), all healthcare workers including midwives are encouraged to continue to build vaccine confidence for all vaccines (COVID, flu and pertussis) offered to pregnant women at this time and to make every contact count to initiate a vaccine confidence discussion and support timely access. Maternity providers offering pregnant women flu vaccination this season are encouraged to continue to vaccinate in the coming weeks. It is not too late for pregnant women to benefit from having a flu vaccine.
- To maximise uptake, vaccines should be available within antenatal clinics. Resource and funding is available to drive uptake among all at-risk groups (and specifically JCVI Cohort 6). Vaccination and maternity leads should discuss how this resource could be used to provide in-reach clinics within every maternity service, without creating additional burden on midwifery staff.
- Where it is not possible to provide vaccination co-located within maternity services, walk-in vaccinations should be available elsewhere on the same site¹.
- For the latest bite-sized advice on COVID-19 vaccination in pregnancy, please see the [UKHSA leaflet for all women of childbearing age, pregnant or breastfeeding](#) and [the RCOG/RCM information leaflet and decision aid](#). Pregnant women can receive their first two doses 8 weeks apart. All pregnant women are eligible for a booster dose, 12 weeks after their second dose.

¹ In some cases – such as smaller Freestanding Midwifery Units or community hubs – it may not be feasible to provide vaccination on-site. In such cases the nearest available walk-in vaccination sites should be identified and signposted to pregnant women.

Services should consider including this information in printed materials provided as early as possible in the pathway.

In the coming weeks, we will assess progress against these asks and the key actions set out in Appendix A through the vaccination programme assurance, and through the fortnightly maternity services COVID-19 SITREP.

Thank you for your continued efforts. We are grateful for everything you are doing to make it as easy as possible for women to protect themselves and their babies.

Yours sincerely



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Appendix A: What good looks like: Key actions for supporting vaccination in pregnancy

Local planning and oversight

- There is a named system-level lead within the COVID-19 vaccination programme, overseeing vaccination uptake in pregnant women.
- There is a system level working group overseeing vaccination uptake in pregnant women with input from all maternity providers, primary care and relevant stakeholders, i.e. pharmacy.

Communications and engagement

Consideration is given to health inequalities in the system communications approach, including targeted communications and engagement to encourage pregnant women to have their vaccination.

Antenatal information

Procedures are in place to provide pregnant women information and support on COVID-19 vaccination in all contacts and across all settings antenatally, including where women can receive a walk-in vaccination. This should include targeted outreach to communities identified as lower rate of uptake.

Staff awareness on current related guidance and information

Measures are in place to ensure a consistent staff awareness of current guidance and information on vaccination and pregnancy across the following settings:

- Maternity Services
- Vaccination centres
- Hospital Hubs
- PCNs / Pharmacy Sites

Facilitating antenatal vaccination

Processes or pathways are in place with all maternity providers to facilitate spontaneous antenatal vaccination, which should include a walk-in option on site (either in the antenatal ward, or elsewhere on the same site).

Data

As part of system-level oversight arrangements, there is a monthly review of data on vaccination uptake in pregnancy, including variation in uptake by age, ethnicity and socio-economic background.