

Latest data reinforces the safety of COVID-19 vaccinations in pregnant women

The latest data from UKHSA shows that vaccinated women who gave birth between January and October 2021 had a very similar low risk of stillbirth, low birthweight and premature birth compared to women who were not vaccinated in pregnancy.

Previous studies have shown the risk of being severely ill with coronavirus (COVID-19) is higher for unvaccinated women. Out of 235 [pregnant women who were admitted to intensive care with COVID-19](#) between January and September 2021, none had received 2 doses of vaccine.

The latest analysis shows that women who had received at least one dose of COVID-19 vaccine during their pregnancy and gave birth between April and October 2021 were more likely to give birth without any of the reported adverse outcomes than women who had not been vaccinated in pregnancy (92.9% compared with 91.6%). This difference was more apparent in those aged 30 years and older.

The stillbirth rate for vaccinated women who gave birth was approximately 3.6 per 1,000, a similar rate for women who were not vaccinated in pregnancy (3.9 per 1,000).

The proportion of vaccinated women giving birth to babies with low birthweight (5.01%) was lower than the proportion for women who were not vaccinated in pregnancy (5.33%).

The proportion of premature births was 5.97% for vaccinated women, similar to the 5.88% in women who were not vaccinated in pregnancy.

Vaccine coverage has been increasing overall – in August 2021, 22.5% of women giving birth had received at least one dose of vaccine. This increased to 32.1% of women who gave birth in September, and 41.3% in October 2021, almost doubling in 2 months. Of women who gave birth in October 2021, 29.4% had received 2 doses of the vaccine.

Despite the marked increase in coverage in recent months, women of black ethnicity and women living in the most deprived areas in England were least likely to have been vaccinated in pregnancy. A total of 13.3% of pregnant black women and 18.3% of pregnant women living in more deprived areas of England had a first dose of a COVID-19 vaccine by time of delivery – up from 5.5% and 7.8% respectively in the last published statistics in November.

However, just 6.8% of pregnant black women and only 10.2% of pregnant women living in more deprived areas of England had 2 doses, compared with 23.4% of white women and 34.8% living in less deprived areas.

Dr Gayatri Amirthalingam, Consultant Epidemiologist at UKHSA, said:

There is growing evidence indicating that if you are pregnant, you are at increased risk of serious illness from COVID-19, especially in late pregnancy.

We know that the COVID-19 vaccines used in the UK are highly effective at protecting against hospitalisation and our ongoing monitoring of the vaccine programme continues to provide reassuring evidence on the safety of COVID-19 vaccines in pregnant women.

I would urge all pregnant women to come forward and get their vaccine without delay. This is the best way to protect you and your baby.

Professor Lucy Chappell, Chief Scientific Adviser at the Department of Health and Social Care and a consultant obstetrician, said:

It's really promising to see the number of pregnant women who were vaccinated at time of birth almost doubling in just 2 months and should be hugely reassuring for other women thinking about getting the jab.

The data also show that outcomes for babies continue to be reassuringly similar for vaccinated pregnant women compared to unvaccinated pregnant women.

The vaccines are the best possible way for a pregnant women to protect herself and her baby – we urge pregnant women to get their vaccine, whether it's their first dose, second dose, or booster, as soon as you can.

Dr Alison Cave, MHRA Chief Safety Officer, said:

The latest data from the UKHSA support the findings of our own rigorous and ongoing safety monitoring of the COVID-19 vaccines in pregnancy – that these vaccines are safe and that there is no increased risk of pregnancy complications. There is no evidence to suggest that COVID-19 vaccines affect fertility and the vaccines can be taken at any time in pregnancy.

COVID-19 infections can be very severe in pregnancy, particularly if women get infected in the third trimester of pregnancy or if they have underlying medical problems. This can lead to increased rates of stillbirth as well as complications for the mother.

Our advice remains that the benefits of vaccination against COVID-19 and flu outweigh the risks for those who are pregnant. We

encourage all pregnant women to take up the COVID-19 and flu vaccines as soon as possible to boost immunity and protect themselves, their baby and others from further infection.

Dr Mary Ross-Davie, Director for Professional Midwifery at the Royal College Of Midwives, said:

All the evidence is showing that having the vaccine is safe for you and your baby and is the best way to protect you both against this potentially serious, and deadly, virus. Hundreds of thousands of pregnant women across the USA, the UK and elsewhere have had the vaccine with no harms to them or their baby reported.

I urge pregnant women who have not yet been jabbed to go to trusted sources for their information about the vaccination such as the RCM or NHS websites, midwives and doctors, and not to be influenced by the mass of incorrect misinformation swirling around the internet and social media.

It is also particularly important that we work to increase levels of vaccination in pregnant women in communities where the uptake is low. A concerted effort is needed to engage with these women, and to support them with advice and information about the vaccine, about its safety and about its benefits.

Dr Edward Morris, President of the Royal College of Obstetricians and Gynaecologists, said:

It is encouraging to see the number of women who gave birth in October 2021 who had received the COVID-19 vaccine has nearly doubled from previous figures from August 2021.

We hope that this increase in uptake will reassure and encourage other pregnant women who have not yet been vaccinated to come forward for their first, second or booster doses.

We know that pregnant women are more vulnerable of becoming seriously ill with COVID-19, which can lead to an increased risk of giving birth prematurely, and stillbirth. We have high-quality evidence that the COVID-19 vaccine is the best way to protect both pregnant women and their babies against COVID-19.

We remain concerned that those living in the most deprived areas of England and women of black ethnicity were the least likely to be vaccinated before giving birth, and we continue to advocate for concerted efforts to support these women to feel more confident about having the vaccine.