

Dear Chief Executives,

COVID-19 IN PREGNANCY – VACCINATION

You will recall that I wrote to you in August to highlight the change in vaccination policy for pregnant women, and we are now strongly advising pregnant women to get the COVID-19 vaccination as the best way to protect themselves and their baby from serious illness. The JCVI have also advised that pregnant women can get the COVID-19 booster.

Recent data on vaccine uptake in pregnant women, published on 3 November by Public Health Scotland, showed that from the start of the vaccination programme to 30 September, 16,229 pregnant women have been vaccinated. The uptake of the vaccine amongst pregnant women is consistently lower than uptake among the general female population in the same age groups. Of the 3,992 women who delivered their baby in September 2021, 34% had received any COVID-19 vaccination prior to delivery. By age group comparison, 46% of women aged 35-39 who delivered their baby in September 2021 had received any COVID-19 vaccination compared to 87% of women aged 35-39 years in the general population. It is not possible to give a precise percentage of number of pregnant women who are vaccinated, as women who have entered maternity services recently may have been vaccinated prior to pregnancy, and we expect that by spring next year the majority of women using maternity services will be vaccinated before becoming pregnant, however as vaccine uptake rates are lower amongst younger people, there will be a continuous need to promote the uptake of the vaccine in pregnancy.

The Scottish Intensive Care Society Report, published on 13 October, highlighted that of the 89 COVID-19 positive pregnant women who were admitted to critical care between December 2020 and end September 2021, 88 were unvaccinated, 1 was partially vaccinated, and none were fully vaccinated. Wave 3 has seen increased numbers of pregnant women being admitted to hospital with moderate to severe COVID-19 symptoms requiring critical care, with clinicians reporting a particular peak in September.

**From the Chief Medical
Officer
Professor Gregor Smith**

16 December 2021

SGHD/CMO(2021) 39

Addresses

For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery,
NHS Boards Chief Officers of
Integration Authorities Chief
Executives, Local Authorities
Directors of Pharmacy Directors of
Public Health General Practitioners
Practice Nurses Immunisation
Coordinators Operational Leads

For information

Obstetric Clinical Directors, Heads
of Midwifery, Board Vaccination
coordinators
Chairs, NHS Boards Infectious
Disease Consultants Consultant
Physicians Chief Executive, Public
Health Scotland NHS 24

Further Enquiries to:

Kirstie Campbell, Unit Head,
Maternal and Infant Health

kirstie.campbell@gov.scot

I ask you to take forward the following actions, which are aimed at ensuring we are maximising opportunities to recommend vaccination to pregnant women and increase take up.

1. Please remind healthcare workers including GPs, midwives, obstetricians and any other healthcare staff meeting pregnant women to **make each contact count**. This means recommending vaccination in pregnancy and providing information on the risks to the women and their babies from not being vaccinated (RCOG provide a [decision aid](#) to support these conversations which has been distributed in hard copy to all maternity units in Scotland).
2. Please provide advice around vaccine delivery **in antenatal settings** – for example a bespoke vaccination clinic in a maternity unit in Newcastle saw 100 pregnant women vaccinated within their maternity unit in 1 week, compared to the local vaccination centre who vaccinated only 30 pregnant women in 1 month.
3. Clarify with your vaccinators the advice that if first dose was AZ pre-pregnancy, then **second dose should be AZ** to counteract mixed messaging about use of only Pfizer or Moderna during pregnancy, which is leaving many pregnant women only partially vaccinated.
4. JCVI have recently advised that pregnant women should now be considered as a **clinical risk group and part of priority group 6** within the vaccination programme.
5. They have also advised that those aged under 18 who are pregnant, should receive **primary vaccination in line with other groups at high risk** (two doses at an eight-week interval).
6. All pregnant women are eligible for **boosting from 3 months** after completion of their primary course.
7. Vaccination should be deferred for four weeks after COVID-19 infection.

The Royal College of Obstetricians and Gynaecologists have recently updated their Guidance for healthcare professionals on COVID-19 infection in pregnancy <https://www.rcog.org.uk/globalassets/documents/guidelines/2021-12-06-coronavirus-covid-19-infection-in-pregnancy-v14.2.pdf> including guidance on vaccination in pregnancy (published 6 December). This guidance highlights that more than 275 000 women in UK and US have had a COVID-19 vaccine in pregnancy with no concerning safety signals. In light of the latest UKOSS figures which suggest only a small number of pregnant women are receiving the correct medical treatment including when they are in hospital, even when critically unwell, UKTIS and RCOG have developed an [information sheet/infographic](#) (published 7 December) to supplement the RCOG guidance above. I would be grateful if you could

circulate this guidance to all health professionals who have contact with pregnant women, including maternity staff, GPs and vaccination staff.

The Scottish Government, Public Health Scotland and NES have developed a range of guidance and training materials for clinicians and staff, and online and hard copy [guidance for pregnant women](#). Messaging about vaccination during pregnancy is being promoted through media campaigns and by Ministers and clinical leads.

I welcome your continued support on this issue.

Yours sincerely

Gregor Smith

Professor Gregor Smith
Chief Medical Officer