



UK Health
Security
Agency



A guide on COVID-19 vaccine for women who are pregnant or breastfeeding

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A leaflet from the UK Health Security Agency.

COVID-19 vaccine is strongly recommended for pregnant and breastfeeding women by the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives. The coronavirus (COVID-19) vaccines available in the UK are the safest and most effective way to protect you and your baby.

Further information can found at: qrco.de/pregnhs

COVID-19 vaccine in pregnancy advice

The Joint Committee on Vaccination and Immunisation (JCVI) advice is that pregnant women are more at risk of severe COVID-19 disease. The autumn booster is being offered to those at high risk of the complications from COVID-19 infection, who may not have been boosted for a few months. This includes pregnant women. As the number of COVID-19 infections increases over the winter, this booster should help to reduce your risk of being admitted to hospital with COVID-19. The booster may also provide some protection against mild Omicron infection but such protection does not last for long.

You are being offered the vaccine to protect you and your baby. In the UK, over 250,000 women have been vaccinated before giving birth, mainly with Pfizer and Moderna vaccines.

These vaccines have a good safety profile in pregnant women and their babies. COVID-19 vaccines do not contain live coronavirus and cannot infect a pregnant woman or her unborn baby in the womb.

Evidence on COVID-19 vaccines is being continuously reviewed by the World Health Organization (WHO) and the regulatory bodies in the UK, US, Canada and Europe.

COVID-19 vaccine is the safest and most effective way for women to protect themselves and their babies against severe COVID-19 disease. Unvaccinated women who become pregnant are strongly encouraged to come forward for their vaccine.

Women who are pregnant and have previously been vaccinated should have a booster dose this autumn.

Why you need the vaccine if you are pregnant

If you have COVID-19 disease in later pregnancy, both you and your unborn baby are at increased risk of serious disease needing hospital treatment, and intensive care support.

The overall risk from COVID-19 disease for you and your new baby is low but has increased in different waves of COVID-19. The chance of infection can also change very rapidly and is expected to increase over the winter.

COVID-19 vaccines give you high levels of protection against disease but the level of protection falls over time. Even if you have already had COVID-19 vaccines or disease, the autumn booster is important to help you and your baby stay safe over the coming winter months when disease levels are expected to increase.

There is reassuring information on the safety of COVID-19 vaccines given to pregnant women in the UK, where over 250,000 women have been vaccinated before giving birth, and in many other countries including the US and Australia.

Timing of the autumn booster

You should be offered an appointment between September and December, with those at highest risk being called in first.

You should have your booster at least 3 months after your last dose of vaccine.

You may be able to have your flu vaccine at the same time. It is important that you are protected during your pregnancy to keep you and your baby safe. Don't wait until after you have given birth.

Risk factors for pregnant women

Pregnant women with underlying clinical conditions are at higher risk of suffering serious complications from COVID-19.

You are at more risk from COVID-19 than women of the same age who are not pregnant if you have underlying medical conditions such as:

- immune problems
- asthma
- high blood pressure
- heart disease
- diabetes

You are also more at risk from COVID-19 than women of the same age who are not pregnant if you are:

- overweight
- over the age of 35
- in your third trimester of pregnancy (over 28 weeks)
- of black and Asian minority ethnic background
- remain unvaccinated or partially vaccinated

If you are pregnant

The risks from COVID-19 disease for pregnant women and their unborn babies and how easy it is to get infected have changed with different strains of COVID-19. We cannot predict which new strains will emerge, so it is important to ensure you are well-protected if you are pregnant. There is evidence that vaccination in pregnancy may help prevent COVID-19 hospital admissions of babies in the first 6 months of life. This is because immunity in the mother can be passed on to the baby in the womb and this offers short-term protection after birth.

Women who are pregnant are classed as in a clinical risk group within the COVID-19 vaccine programme. Unvaccinated women who become pregnant are strongly encouraged to have their first 2 doses of the vaccine. Women who are pregnant and have previously been vaccinated should have a booster dose this autumn.

Getting pregnant

There is no need to avoid getting pregnant after COVID-19 vaccine. Different scientific studies have found that COVID-19 vaccines have no effect on male or female fertility, your chances of becoming pregnant or on your risk of suffering a miscarriage. Over 120,000 women in England had COVID-19 vaccine before they became pregnant and went on to have their baby.

Breastfeeding

The benefits of breastfeeding are well-known.

The JCVI has recommended that the vaccines can be received whilst breastfeeding. This is in line with recommendations from the WHO and countries like the US and Australia. Vaccinated women produce antibodies which help protect them against COVID-19 disease. These antibodies are also found in breast milk and may help protect breast fed babies. Minute traces of vaccine have been found in the breast milk of some vaccinated women but they disappear after a few days. There is no evidence of harm to the baby and any traces are expected to be broken down with breast milk in the baby's stomach.

Which vaccine will you be offered?

You will be given a booster dose of a vaccine made by Pfizer or Moderna. You may be offered an updated combination version of these booster vaccines – the combination vaccines include a half-dose of the previous vaccine combined with a half-dose of a vaccine against the Omicron variant. For a very small number of people another vaccine product may be advised by your doctor.

Both the previous and the combination vaccines boost protection very well, although the combination vaccines produce slightly higher levels of antibody against some strains of Omicron.

As we cannot predict which variants of COVID-19 will be circulating this winter, the JCVI has concluded that both types of vaccine can be used in adults, and that no one should delay vaccination to receive combination vaccines. So you will be offered the right vaccine for you at the right time.

Please accept the vaccination that is offered to you as soon as you are able to – it is important to have your booster and build up your protection against severe illness before the winter.

Other vaccines offered in pregnancy

Vaccines to protect you and your baby against flu and to protect your baby against pertussis (whooping cough) from birth are also recommended in pregnancy. These different vaccines can be safely given together or may be given separately and will still provide protection.

Your flu and COVID-19 vaccines may be given together as they are given at the same time of year at any stage of pregnancy.

It is important to have pertussis vaccine after you have reached 16 weeks of pregnancy to make sure your baby has high enough levels of protection when they are born. This vaccine is usually given after your scan at 18 to 20 weeks of pregnancy and so you may have this vaccine at a different appointment, depending on when you become pregnant.

Can you still catch COVID-19 after having the vaccine?

The COVID-19 booster will reduce the chance of you becoming severely unwell from COVID-19 this winter. It may take a few days for your body to build up some extra protection from the booster.

Like all medicines, no vaccine is completely effective – some people may still get COVID-19 despite having a vaccination, but any infection should be less severe.

As well as being vaccinated there are simple things you can do in your daily life that will help reduce the spread of COVID-19 and other respiratory infections and protect those at highest risk. For more information visit: **nhs.uk/coronavirus**

Side effects

Like all medicines, vaccines can cause common side effects. COVID-19 vaccine side effects are similar in pregnant and non-pregnant women. No specific risks have been identified for pregnant women, their pregnancies or their babies. It may be helpful to make sure you know what to expect after you have the vaccine, especially if you have had your baby or have other children to look after.

Please visit: **qrco.de/expect**

Common side effects:

As with your previous dose, the common side effects are the same for all COVID-19 vaccines, including the combination vaccines being used this autumn, and include:

- having a painful, heavy feeling and tenderness in the arm where you had your injection – this tends to be worst around 1 to 2 days after the vaccine
- feeling tired
- headache
- general aches or mild flu-like symptoms

You can rest and take paracetamol (follow the dose advice in the packaging) to help you feel better.

Although a fever can occur within a day or two of vaccination, if you have any other COVID-19 symptoms or your fever lasts longer, stay at home and you may need to have a test. Symptoms following vaccination normally last less than a week.

If your symptoms seem to get worse or if you are concerned, you can contact NHS 111 by phone, online at **111.nhs.uk**, by **NHS 111 British Sign Language (BSL) interpreter service** via **www.nhs.uk/111** or by textphone on **18001 111**.

You can also report suspected side effects of vaccines and medicines through the Yellow Card scheme. Details at the end of this leaflet.

Serious side effects:

Cases of inflammation of the heart (called myocarditis or pericarditis) have been reported very rarely after both the Pfizer and Moderna COVID-19 vaccines. These cases have been seen mostly in younger men and within several days of vaccination. Most of the people affected have felt better and recovered quickly following rest and simple treatments.

You should seek medical advice urgently if, after vaccination, you experience:

- chest pain
- shortness of breath
- feelings of having a fast-beating, fluttering or pounding heart

If you had serious side effects after any previous dose you may be advised to avoid or delay further vaccination. You should discuss this with your doctor or specialist.

Please see the next section for information on how to report side effects.

Reporting side effects

You can also report suspected side effects of vaccines and medicines through the Yellow Card scheme at:

www.mhra.gov.uk/yellowcard,

by calling: **0800 731 6789** (lines are open 9am to 5pm Monday to Friday) or by downloading the Yellow Card app for Apple or Android.



Further information

The Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM) have other information you may find helpful on COVID-19 at:

[qrco.de/rcog](https://www.rcog.org.uk/qrcode/rcog)

The NHS have pregnancy, breastfeeding, fertility and COVID-19 vaccine information at: **[qrco.de/nhs](https://www.nhs.uk/qrcode/nhs)**

If you would like to discuss COVID-19 vaccination please contact your midwife, doctor, or nurse.

This large print leaflet and a standard version is also available in braille, easy read, BSL and audio.

The leaflet can be ordered or downloaded from:

www.healthpublications.gov.uk,

by calling: **0300 123 1002** or by textphone: **0300 123 1003**
(lines are open 8am to 6pm Monday to Friday).

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