

December 15, 2020

Dear Valued Colleague,

On Sunday, ACIP (Advisory Committee on Immunization Practices) voted to recommend the use of the Pfizer-BioNtech COVID-19 vaccine in individuals age 16 years and older under emergency use authorization. In its preliminary wording, ACIP's clinical consideration language advises that pregnant women in prioritized groups may choose to get Pfizer-BioNtech's COVID-19 vaccine. Prioritized groups include the following:

- Healthcare personnel
- Workers in essential and critical industries
- People at high risk for severe COVID-19 illness due to underlying medical conditions
- People 65 years and older

As of now, ISDH holds the keys to scheduling COVID-19 vaccine appointments and despite our limited experience with scheduling at this point, it does not appear that there are any hard stops for pregnant patients built in to the scheduling system.

SMFM released a statement on 12/01/2020 strongly recommending that pregnant women have access to COVID-19 vaccines in all phases of future vaccine campaigns and that pregnant and breastfeeding patients engage in shared decision-making regarding their receipt of the vaccine. Counseling should balance available data on vaccine safety, risks to pregnant women from SARS-CoV-2 infection and a woman's individual risk for infection and severe disease. It is important to remember that this situation is fluid and as data emerges, counseling will likely shift as some vaccines may be more suitable for pregnant women.

ACOG initially voiced reservations regarding pregnant and lactating patients receiving the vaccine, but has since encouraged ACIP to include pregnant women in the current vaccine campaign.

It is important to remember that at the start of the pandemic, it was unclear whether or not pregnancy represented a high-risk condition for severe COVID-19. As the pandemic has progressed, pregnancy has been categorized as a high-risk condition for severe COVID-19, hospitalization, and mortality. As such, withholding the vaccine from pregnant patients may leave them at increased risk for poor outcomes related to SARS-CoV-2 infection. Despite the absence of definitive data with respect to potential risks of vaccination in pregnant and breastfeeding women, the risk of severe disease from COVID-19 likely outweighs any theoretical risks associated with vaccination.

While ACOG does not mandate a conversation with an obstetric provider prior to a pregnant or breastfeeding woman receiving the vaccine, we encourage open dialogue between patients and providers regarding risks, benefits, and alternatives to vaccination.

We will continue to monitor this situation very closely and make recommendations as necessary.

Sincerely,

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