

TALKING COVID-19 VACCINES

INFORMATION FOR MIDWIVES



Talking to women about COVID-19 vaccination

We know that starting a conversation with a pregnant woman about COVID-19 vaccination may be difficult, but as a midwives WE are the best placed professionals to have this conversation. Here are some talking points to get started.

How to start the conversation

Where are you up to with the decision about COVID-19 vaccination? What do you need to know to help you decide? How can I help as your midwife? I have been talking to many women and have read all the guidance, recommendations and advice from the Department of Health and I can discuss these with you today.

Outline the current recommendations

Pregnant women are a priority group for the COVID-19 vaccination rollout. That means you are eligible to access the recommended Pfizer or Moderna vaccine at any stage of your pregnancy.

Originally, we were not able to recommend vaccination but now there is a lot more information about the safety and effectiveness available to us that has helped change this advice. There is a lot of information from countries, like the US and the UK, showing that pregnant women have a higher risk of severe illness from COVID-19 and that their babies have a higher risk of being born prematurely.

Vaccination is proving to be the best way to reduce the risks associated with COVID-19 for pregnant women. In Australia, after reviewing evidence from over 200,000 women vaccinated in pregnancy from the USA and the UK, the Department of Health is recommending vaccination.

If you had your initial two doses of COVID-19 vaccine (called the primary course) at least five months ago, you should consider a booster dose. Pfizer and Moderna (half dose) are the approved vaccines for booster dose for all people regardless of which primary course vaccine you received.

Talking about the reasons why it's recommended

Pregnant women with COVID-19 have a higher risk of complications compared to non-pregnant women with COVID-19 of the same age. Some of the risks you can discuss with the woman are:

- Five times more likely to need to be admitted to hospital because of being unwell compared to that of a non-pregnant person.
- Two to three times more likely to need admission to an intensive care unit to that of a non-pregnant person.
- Three times more likely to need help with breathing (assisted ventilation) to that of a non-pregnant person.

Contracting COVID-19 during pregnancy can also increase the risk of complications for²the baby including:

- An increased risk of about 1.5 times higher of prematurity (born before 37 weeks).
- A three times higher risk of babies needing to be admitted to a special care nursery.

In addition to the above, some pregnant women who have pre-existing health conditions or concerns are more likely to become severely unwell from COVID-19 compared to pregnant women who don't have these conditions:

- Being older than 35 years
- Having a body mass index above 30 kg/m²
- Pre-existing high blood pressure
- Pre-existing diabetes (type 1 or type 2)

QUESTIONS AND ANSWERS

Why have the recommendations changed?

Pregnant women weren't originally included in the first clinical trials for COVID-19 vaccine, so there wasn't a large amount of robust evidence to confirm the safety of COVID-19 vaccines during pregnancy. As such, the initial advice from immunisation expert groups was conservative. Since then 'real-world'/research informed evidence from the US, UK and other countries now shows us that COVID-19 vaccines, like Pfizer (Comirnaty) and Moderna (Spikevax) are safe in pregnant women.

2

Is it safe?

The data from many hundreds of thousands of women who have received Pfizer (Comirnaty) and Moderna (Spikevax) vaccine shows that it is a safe vaccine. The risk of complications or significant problems for you or your baby if you were infected with COVID-19 is higher than the risk of complications from the vaccine. Pregnant and breastfeeding women are already being offered, routinely and safely, other vaccines in pregnancy to protect against influenza and whooping cough. Many of these vaccines also protect their babies from infection. These vaccines, like Pfizer (Comirnaty) and Moderna (Spikevax) are non-live vaccines and are considered safe in pregnancy.

3

My partner doesn't want to catch COVID from me if I have the vaccine

Pfizer (Comirnaty) and Moderna (Spikevax) are not live vaccines. Nobody can catch COVID-19 from you when you get vaccinated. In simple terms the vaccine is a protein that kickstarts your immune system to make antibodies. These antibodies will lie in wait to attack COVID-19 if you're exposed to the virus and do not produce, or cause, any other effect within your body.

4

Is my baby protected?

Research shows that mRNA vaccines, like Pfizer (Comirnaty) and Moderna (Spikevax) provide passive immunity in a similar way to most other vaccines and that antibodies produced by vaccination and made in your body can cross the placenta and may provide some protection to newborn babies. You may also pass antibodies to your baby if you are immunised and your baby is breastfed. The vaccine itself does not cross the placenta to your baby.

5

When should I get the vaccine?

It is currently recommended to have a COVID-19 vaccine as soon as you are offered one and aim to complete 2 doses of Pfizer (Comirnaty), 3 weeks apart or 2 doses of Moderna (Spikevax) 4 weeks apart. Most of the complications with COVID-19 seem to happen in the last 3 months of pregnancy (third trimester) so it is best to try and get both doses of the vaccine before this last trimester.

6

I'm in late pregnancy and can only fit in one dose before my baby is born, should I bother?

Yes, absolutely. Even having only one dose will provide some protection against COVID-19. Having the second dose is vital to gaining the best protection against COVID-19 for you and your baby. If you have your first dose while you are pregnant, and then your baby is born, you should still plan to get your second dose. It is recommended to have 2 doses of Pfizer (Comirnaty), 3 weeks apart, or Moderna (Spikevax), 4 weeks apart, it is a good idea to try to book your second dose when you book in for your first.

7

Can I choose to wait until after my baby is born?

Yes, of course, it is your choice to get the vaccine or to wait, but we have seen experiences from the US and UK, and even now Australia, that show that more and more pregnant women being admitted to hospitals are experiencing severe side effects of COVID-19 and of these women, none have been fully vaccinated.

It really is best to follow current recommendations and get vaccinated as soon as you can access the vaccine.

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