

HKCOG advice on COVID-19 vaccination in pregnant and lactating women (interim; updated on 5 May 2021)

Data shows that vaccines are effective in protecting people from serious illness from COVID-19. Pregnant women are at a higher risk of developing severe adverse outcomes following SARS-CoV-2 infection, when compared with non-pregnant population. Though uncommon, severe illness due to COVID-19 is more likely to occur during the third trimester of pregnancy. Symptomatic COVID-19 also increases the risk of preterm birth by 2-3 fold.

Pregnant women should be offered the mRNA COVID-19 vaccine at the same time as the rest of the population, based on their age and clinical risk group.

Women who are planning pregnancy, are in the immediate postpartum, or are breastfeeding can be vaccinated with mRNA COVID-19 vaccine, depending on their age and clinical risk group.

Our consensus is based on robust real-world data from the United States showing that around 90,000 pregnant women have been vaccinated, mainly with mRNA vaccines including Pfizer-BioNTech and Moderna, without any safety concerns being raised. Our consensus is in line with the advice provided by the Joint Committee on Vaccination and Immunisation (JCVI) in the United Kingdom that it is preferable for pregnant women to be offered the mRNA vaccines where available. There is no evidence to suggest that other vaccines are unsafe for pregnant women, but more research is needed.

The other currently available vaccine in Hong Kong, CoronaVac is an inactivated SARS-CoV-2 vaccine and its safety data in pregnant and lactating women have not been published in the medical literature so far. Hence, CoronaVac is not recommended for use in pregnancy and during breastfeeding at present.

Pregnant women should discuss the risks and benefits of vaccination with their clinician, including the latest evidence on safety and which vaccines they should receive.

The HKCOG COVID-19 Vaccination Committee will continue to closely monitor the evidence on COVID-19 vaccination in pregnancy and will update its advice as required.

## **FAQ**

**Q:** Do I need to take a pregnancy test before receiving the vaccine?

**A:** There is no need to take a pregnancy test before receiving the vaccine. However, if you wish to avoid being pregnant while receiving the full course of vaccination then you should consider appropriate contraception. If you are unsure whether you are pregnant, you may wish to wait for your period before receiving the first dose of the vaccine.

**Q:** I am trying to become pregnant, can I be vaccinated?

**A:** You are recommended to complete the course of vaccination (2 doses received) before you become pregnant. This will reduce your risk of contracting the virus during pregnancy and therefore severe COVID-19-associated complications such as preterm birth.

**Q:** What do I do if I become pregnant after receiving one dose of the vaccine?

**A:** You can have the second dose after the recommended interval (3 weeks). However, if one is still concerned with the safety issue of the vaccine in early pregnancy or in pregnancy, one can defer until after pregnancy. Decision should be taken into account your personal exposure to and risks from COVID-19.

Q: Does COVID-19 vaccine affects fertility?

A: There is no evidence to suggest that COVID-19 vaccines will affect fertility.

Q: After completing the course of vaccination, do I need to wait for a few months before becoming pregnant?

A: No, there is no need to wait to try to become pregnant.

Q: I am pregnant, should I be vaccinated against SARS-CoV-2?

A: Yes, you are advised to be vaccinated against SARS-CoV-2 at the same time as the rest of the population, based on age and clinical risk group.

Q: Which vaccine is recommended for pregnant women?

A: mRNA vaccine (Current option in Hong Kong is Comirnaty).

Q: Do I need extra medical care if I get vaccinated during pregnancy?

A: You will be given one day sick leave or attendance for the day you receive the vaccine. If you feel unwell following vaccination, you are advised to seek medical attention.

Q: Do I need to tell the vaccination center or the attending nurse/ doctor that I am pregnant before the vaccination?

A: Yes.

Q: When should I get vaccinated during pregnancy?

A: You are advised to be vaccinated at the earliest opportunity. As symptomatic COVID-19 is associated with an increased risk of preterm birth, vaccination during the first or second trimester is advisable. However, if you are already in your third trimester, you can still be vaccinated to minimise your risk of severe COVID-19.

Q: Does COVID-19 vaccine increase the risk of miscarriage?

A: There is no evidence to suggest that COVID-19 vaccine increases the risk of miscarriage. If you are concerned about the baby's development during the first 12 weeks of pregnancy, you may wish to be vaccinated after 12 weeks' gestation.

Q: What are the side effects from the vaccine?

A: Non-pregnant specific side effects from the vaccine are common, such as injection site reactions, headache, muscle pain, fever, chills, fatigue and joint pain. You are advised to seek medical attention if you feel unwell following vaccination in order to rule out other causes of your symptoms.

Q: Do I need to stop breastfeeding in order to be vaccinated?

A: There is no need to stop breastfeeding while being vaccinated.

Q: Are there any contraindications with maternal Pertussis vaccination?

A: COVID-19 vaccines are recommended not to be administered within 14 days of receipt of another vaccine. So DTaP vaccination should be deferred for 14 days after the administration of COVID-19 vaccines.