

LETTER TO EDITOR

COVID-19 vaccination for pregnant women: strategies for enhanced coverageJennifer Britto John¹, Vinoth Gnana Chellaiyan Devanbu², Vijayalakshmi Kandaswamy³

Assistant Professor, Department of Obstetrics & Gynecology, Chettinad Hospital & Research Institute, Chettinad Academy of Research & Education, OMR- Kelambakkam, Chennai; ²Associate Professor, Department of Community Medicine, Chettinad Hospital & Research Institute, Chettinad Academy of Research & Education, OMR- Kelambakkam, Chennai; ³Professor, Department of Obstetrics & Gynecology; Chettinad Hospital & Research Institute; Chettinad Academy of Research & Education, OMR- Kelambakkam, Chennai.

Corresponding Author

Dr Vinoth Gnana Chellaiyan D, Associate Professor, Department of Community Medicine, Chettinad Hospital & Research Institute, Chettinad Academy of Research & Education, OMR- Kelambakkam, Chennai-603103
E Mail ID: drchellaiyan@gmail.com

**Citation**

John JB, Devanbu VGC, Kandaswamy V. COVID-19 vaccination for pregnant women: strategies for enhanced coverage. Indian J Comm Health. 2021;33(3):539-540. <https://doi.org/10.47203/IJCH.2021.v33i03.025>

Source of Funding: Nil **Conflict of Interest:** None declared

Article Cycle

Received: 17/08/2021; **Revision:** 05/09/2021; **Accepted:** 16/09/2021; **Published:** 30/09/2021

This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

Following the recommendations from the National Technical Advisory Group (NTAG) on Immunization, the Government of India approved three vaccines – an inactivated vaccine, Covaxin and two non-replicating vector-based vaccines, Covishield and Sputnik V for restricted use in an emergency for pregnant women.(1) The late approval of vaccination of pregnant women was due to a lack of evidence, because pregnant women were excluded from previous COVID vaccination trials. The restricted use of this vaccine recommended by NTAG also complies with the regulations of the Centers for Disease Control and Prevention (CDC), the American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics. (2,3,4)

Though pregnant women have an informed choice for vaccination, the awareness on the increased risk for adverse pregnancy outcomes such as preterm birth, labour related complications with Covid-19 infection should be imparted. Evidently, there is a high risk of disease course such as admission to intensive care unit and mechanical ventilation and death compared to non-pregnant women.(5,6) A trial of Covid vaccination on pregnant women by Shimabukuro et al(7) reported a coverage of 28.6% in the first trimester, 43.3% in the second trimester, and 25.7% in the third trimester resulted in 12.6% spontaneous abortion and 0.1% stillbirth. These outcomes were comparable to normal non-covid scenario. In addition the side effects of vaccines were minimal that included injection-site pain, myalgia, headache, fatigue and fever.

To achieve universal coverage of vaccination for pregnant women, the following five strategies could be considered. First, the capacity building of infrastructure and health manpower-vaccinators should be executed. The pre-existing facilities of the healthcare delivery system could be utilised and further strengthening can be done in the lacking areas. Sensitization and training of health care providers at all levels of the health system to identify, counsel and administer the vaccine to the beneficiaries. Involvement of private healthcare sector and professional societies is the need of the hour for reaching out to all pregnant women.

Second, sensitisation of pregnant women for vaccination at the time of registration as a beneficiary of state or central health schemes could be carried out. Inclusion of incentives for COVID-19 vaccination in the existing maternity cash benefit schemes could be motivational to the beneficiaries. Third, The Government may consider including special allocation of vaccines at all centres and exclusive booking slots in the COWIN web portal. A hassle-free booking and process of administration of vaccines would have a positive effect on the beneficiaries towards vaccination.

Fourth, any notification of adverse events following immunization (AEFI) of pregnant women through the existing COWIN web portal and to local health authorities should result in immediate investigation of cases. A careful investigation that identifies vaccine-related side effects could avoid misconceptions and myths on vaccination among the beneficiaries. Fifth, a phone-based surveillance system to carry out monitoring of pregnant

women post-vaccination is very crucial and can be supportive. Pregnant women identified by the health worker, is offered to be enrolled in a pregnant women vaccination registry. Details such as clinical history, maternal and fetal outcomes should be collected to monitor the safety of mother and child post-vaccination of covid. Such a system implemented by CDC is ongoing and successful in the USA.(8) More than 415 million total vaccine doses were administered to the Indian population >18 years of age till June 20th since January 16th 2021.(9) Now, is the right time to include pregnant women in the vaccination drive , to avert maternal mortality rates raising due to COVID-19.

References

1. Government of India. Ministry of Health and family welfare. Operational Guidance for COVID-19 Vaccination of Pregnant Women. July 2021. Available from: <https://www.mohfw.gov.in/pdf/OperationalGuidanceforCOVID19vaccinationofPregnantWoman.pdf>. (Accessed on 25/09/2021)
2. Centres for Disease Control and Prevention. COVID-19 vaccines: interim clinical considerations for use of COVID-19 vaccines currently authorized in the United States. 2021 <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>. (Accessed on 25/09/2021)
3. American College of Obstetricians and Gynecologists. Vaccinating pregnant and lactating patients against COVID-19: practice advisory. December 2020 <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-pregnant-and-lactating-patients-against-covid-19>. (Accessed on 25/09/2021)
4. American Academy of Pediatrics. Interim guidance for COVID-19 vaccination in children and adolescents. 2021 <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-covid-19-vaccination-in-children-and-adolescents/>. (Accessed on 25/09/2021)
5. Allotey J, Stallings E, Bonet M. Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis. *BMJ* 2020;370:m3320.
6. Zambrano LD, Ellington S, Strid P. Update: characteristics of symptomatic women of reproductive age with laboratory-confirmed SARS-CoV-2 infection by pregnancy status — United States, January 22– October 3, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1641-
7. Shimabukuro TT, Kim SY, Myers TR. Preliminary findings of mRNA Covid-19 vaccine safety in pregnant persons. *N Engl J Med* 2021;384:2273-82
8. V-safe COVID-19 vaccine pregnancy registry. Atlanta: Centers for Disease Control and Prevention. May 3, 2021 <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafepregnancyregistry.html>. (Accessed on 25/09/2021)
9. Statista research Department, 2021. Available: Cumulative number of COVID-19 vaccine doses administered across states and union territories in India as of July 21, 2021 (Accessed on 25/09/2021)