COVID-19 vaccination during pregnancy: coverage and safety, a comment

TO THE EDITORS: We read with great interest the study by Blakeway et al on factors that influence COVID-19 vaccination among pregnant women. We recently performed a similar survey composed of 202 pregnant women from a multiethnic North London population and would like to share some findings of factors that may determine uptake of the COVID-19 vaccine in this group. In our study, 87 pregnant women (43.1%) had received at least 1 dose of the COVID-19 vaccine, and 72 pregnant women (35.6%) had received 2 doses of the COVID-19 vaccine; however, vaccination hesitancy was reported in 115 pregnant women (56.9%). The determinants associated with vaccine acceptance included (1) age >25 years old (57.6% vs 17.2% for <25 years old; \( P < .0001 \)), (2) Asian ethnicity (69.4% vs 41.2% for White ethnicity and 27.5% for Black, Caribbean, African, or Black-British ethnicity), and (3) living in a vaccinated household (63.7% vs 9.7% for living in an unvaccinated household; \( P < .0001 \)). Pregnant women who relied on formal medical advice as their main source of information were more likely to be vaccinated than pregnant women who relied on other sources of information (59.0% from formal medical advice vs 37.5% from friends and family, 30.4% from the news, and 21.4% from social media). Only 35.1% of pregnant women received information about the vaccine at their antenatal booking appointment, and these pregnant women reported higher vaccination rates (57.7%) than those who received no information at booking (36.2%). The Royal College of Obstetricians and Gynaecologists strongly recommends COVID-19 vaccination in pregnancy to reduce the rates of admission to the intensive care unit and premature delivery; however, 97.4% of our unvaccinated mothers had no plan to receive the vaccine during pregnancy, and 33.9% did not wish to be vaccinated in the future, citing “lack of evidence in pregnancy,” “conflicting professional advice,” “potential effects on the fetus,” and “uncertain efficacy” as reasons. Our pregnancy COVID vaccination rate of 43.0% was higher than the 30.5% reported in the Blakeway et al study (which had been completed 4 months earlier) but remained significantly lower than the 70% to 90% observed in nonpregnant individuals aged 18 to 44 years old. Moreover, our data corroborated previous findings of particularly low vaccine uptake in pregnant women from ethnic minorities and younger age groups.

It is interesting to note that in addition to age and ethnicity, household vaccination status and provision of information regarding the vaccine seemed to be determinants of vaccination in our pregnant population. Because vaccine acceptance is crucial to the success of the COVID-19 immunization program, these findings highlighted the urgent need to tackle vaccine mistrust and disseminate pregnancy-specific vaccine safety data to pregnant women and healthcare providers.

Dorothy Davies, MBBS
Anna McDougall, MRCOG
Wai Yoong, FRCOG
Department of Obstetrics and Gynaecology
North Middlesex University Hospital
London, United Kingdom
waiyoong@nhs.net

The authors report no conflict of interest.

REFERENCES

© 2022 Elsevier Inc. All rights reserved. https://doi.org/10.1016/j.ajog.2022.04.027