Chief Medical Officer

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The Scottish Government
Riaghaltas na h-Alba

Dear Chief Executives,

COVID-19 IN PREGNANCY – VACCINATION

You will recall that I wrote to you in August to highlight the change in vaccination policy for pregnant women, and we are now strongly advising pregnant women to get the COVID-19 vaccination as the best way to protect themselves and their baby from serious illness. The JCVI have also advised that pregnant women can get the COVID-19 booster.

Recent data on vaccine uptake in pregnant women, published on 3 November by Public Health Scotland, showed that from the start of the vaccination programme to 30 September, 16,229 pregnant women have been vaccinated. The uptake of the vaccine amongst pregnant women is consistently lower than uptake among the general female population in the same age groups. Of the 3,992 women who delivered their baby in September 2021, 34% had received any COVID-19 vaccination prior to delivery. By age group comparison, 46% of women aged 35-39 who delivered their baby in September 2021 had received any COVID-19 vaccination compared to 87% of women aged 35-39 years in the general population. It is not possible to give a precise percentage of number of pregnant women who are vaccinated, as women who have entered maternity services recently may have been vaccinated prior to pregnancy, and we expect that by spring next year the majority of women using maternity services will be vaccinated before becoming pregnant, however as vaccine uptake rates are lower amongst younger people, there will be a continuous need to promote the uptake of the vaccine in pregnancy.

The Scottish Intensive Care Society Report, published on 13 October, highlighted that of the 89 COVID-19 positive pregnant women who were admitted to critical care between December 2020 and end September 2021, 88 were unvaccinated, 1 was partially vaccinated, and none were fully vaccinated. Wave 3 has seen increased numbers of pregnant women being admitted to hospital with moderate to severe COVID-19 symptoms requiring critical care, with clinicians reporting a particular peak in September.

From the Chief Medical Officer
Professor Gregor Smith

16 December 2021

SGHD/CMO(2021) 39 (Hyperlinks Updated)

Addresses

For action
Chief Executives, NHS Boards
Medical Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midw ifery, NHS Boards Chief Officers of Integration Authorities Chief Executives, Local Authorities
Directors of Pharmacy Directors of Public Health General Practitioners
Practice Nurses Immunisation CoordinatorsOperational Leads

For information
Obstetric Clinical Directors, Heads of Midwifery, Board Vaccination coordinators
Chairs, NHS Boards Infectious Disease Consultants Consultant Physicians Chief Executive, Public Health Scotland NHS 24

Further Enquiries to:

Kirstie Campbell, Unit Head, Maternal and Infant Health

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I ask you to take forward the following actions, which are aimed at ensuring we are maximising opportunities to recommend vaccination to pregnant women and increase take up.

1. Please remind healthcare workers including GPs, midwives, obstetricians and any other healthcare staff meeting pregnant women to **make each contact count**. This means recommending vaccination in pregnancy and providing information on the risks to the women and their babies from not being vaccinated (RCOG provide a decision aid to support these conversations which has been distributed in hard copy to all maternity units in Scotland).
2. Please provide advice around vaccine delivery **in antenatal settings** – for example a bespoke vaccination clinic in a maternity unit in Newcastle saw 100 pregnant women vaccinated within their maternity unit in 1 week, compared to the local vaccination centre who vaccinated only 30 pregnant women in 1 month.
3. Clarify with your vaccinators the advice that if first dose was AZ pre-pregnancy, then **second dose should be AZ** to counteract mixed messaging about use of only Pfizer or Moderna during pregnancy, which is leaving many pregnant women only partially vaccinated.
4. JCVI have recently advised that pregnant women should now be considered as a **clinical risk group and part of priority group 6** within the vaccination programme.
5. They have also advised that those aged under 18 who are pregnant, should receive **primary vaccination in line with other groups at high risk** (two doses at an eight-week interval.
6. All pregnant women are eligible for **boosting from 3 months** after completion of their primary course.
7. Vaccination should be deferred for four weeks after COVID-19 infection.

The Royal College of Obstetricians and Gynaecologists have recently updated their Guidance for healthcare professionals on COVID-19 infection in pregnancy https://www.rcog.org.uk/globalassets/documents/guidelines/2021-12-06-coronavirus-covid-19-infection-in-pregnancy-v14.2.pdf including guidance on vaccination in pregnancy (published 6 December). This guidance highlights that more than 275 000 women in UK and US have had a COVID-19 vaccine in pregnancy with no concerning safety signals. In light of the latest UKOSS figures which suggest only a small number of pregnant women are receiving the correct medical treatment including when they are in hospital, even when critically unwell, UKTIS and RCOG have developed an information sheet/infographic (published 7 December) to supplement the RCOG guidance above. I would be grateful if you could

circulate this guidance to all health professionals who have contact with pregnant women, including maternity staff, GPs and vaccination staff.

The Scottish Government, Public Health Scotland and NES have developed a range of guidance and training materials for clinicians and staff, and online and hard copy guidance for pregnant women. Messaging about vaccination during pregnancy is being promoted through media campaigns and by Ministers and clinical leads.

I welcome your continued support on this issue.

Yours sincerely

Gregor Smith

Professor Gregor Smith
Chief Medical Officer

Chief Medical Officer

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The Scottish Government
Riaghaltas na h-Alba

Dear Colleague

DEFERRAL OF FERTILITY TREATMENT FOR PATIENTS WHO ARE NOT VACCINATED AGAINST COVID-19

Following clinical concerns raised by the lead Clinicians in the NHS Assisted Conception Units (ACUs) in Scotland, consideration of the evidence of increased levels of morbidity and risk of severe illness amongst unvaccinated pregnant women, which I discuss further below, and taking account of ongoing uncertainty around the impact of the Omicron variant on pregnant women, I recommend a temporary deferral of fertility treatment for patients who are not fully vaccinated against COVID-19 as set out later in this letter.

As you will be aware my letter to Chief Executives of 16 December (SGHD/CMO(2021) 39) (attached), highlighted recent updates to JCVI advice on vaccinating pregnant women, namely that pregnant women should now be considered as a clinical risk group and part of priority group 6 within the vaccination programme.

The latest evidence from the UK Obstetric Surveillance System (UKOSS) and the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) showed that unvaccinated pregnant women and their babies have died after admission to hospital with COVID-19 and 98% of pregnant women in ICU with COVID-19 were unvaccinated. According to recent data reported by Public Health Scotland, pregnant women with COVID-19 have a higher risk of severe disease requiring admission to critical care than non-pregnant women of a similar age.

With the arrival of the Delta variant increased numbers of pregnant women have been admitted to hospital with moderate to severe COVID-19 symptoms requiring critical care. The Scottish Intensive Care Society Report (SICSAG) Report, published on 13 October, highlighted that of the 89 COVID-19 positive pregnant women who were admitted to critical care between December 2020 and end September 2021, 88 were unvaccinated, 1 was partially vaccinated, and none was fully vaccinated.

From the Chief Medical Officer
Professor Sir Gregor Smith

7 January 2022

SGHD/CMO(2022)1

Addresses

For action
Chief Executives, NHS Boards
Medical Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Chief Officers of Integration Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
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For information
Clinical Directors
Heads of Midwifery
Obstetric Clinical Directors
Heads of Midwifery
Board Vaccination coordinators
Chairs, NHS Boards
Infectious Disease Consultants
Consultant Physicians
Chief Executive, Public Health Scotland
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As advised by the JCVI, COVID-19 continues to pose a significant risk to unvaccinated pregnant women and their babies, therefore I recommend that fertility treatment should be deferred for patients who are not fully vaccinated against COVID-19. This applies to NHS services providing any fertility treatment (with the exception of Fertility Preservation) aimed at creating a pregnancy.

To summarise, this recommendation takes account of: the JCVI advice that pregnant women should be considered as a clinical risk group within the COVID-19 vaccination programme due to growing evidence that they are at increased risk of serious consequences from COVID-19; data from UKOSS and MBRRACE-UK revealing that clinical outcomes following COVID-19 in pregnant women have worsened over the course of the pandemic, with the UKOSS study and SICSAG report both finding that the vast majority of pregnant women who were admitted to hospital with COVID-19 were unvaccinated; and of course the concerns raised with me directly by the lead Clinicians in the NHS Assisted Conception Units.

We are now seeing an exponential rise in cases of Omicron, with increased transmissibility. As there is still uncertainty around the impact of this variant on pregnant women, and whilst the Delta variant continues to account for a significant number of cases in the UK, a more cautious approach to fertility treatment in unvaccinated women is now recommended. This overall approach is a protective one and based on the robust published evidence.

I recommend that women who have had their first and second COVID-19 vaccinations and who have had or (in the event that it is less than 3 months since their second dose) who are waiting for their booster dose should continue their treatment as normal, in line with advice. It should be noted that access to boosters will be delayed in the event of a positive PCR test. Clinicians can get further guidance in the Green Book on this type of post infection scenario COVID-19: the green book, chapter 14a - GOV.UK (www.gov.uk).

The COVID-19 vaccines are safe and effective and NHS Scotland strongly recommends people get the vaccine when offered. There is no evidence to suggest that the COVID-19 vaccines will affect fertility in women or men. More information is available on this at NHS Inform Pregnancy, breastfeeding and the coronavirus vaccine | The coronavirus (COVID-19) vaccine (nhsinform.scot).

There will be a small number of women for whom vaccination may be clinically contraindicated – guidance on this is also set out in the Green Book Chapter 14a COVID-19 greenbook chapter 14a (publishing.service.gov.uk). Treatment for those women should be risk assessed on a case by case basis by treating clinicians who can take further advice, including from their local immunisation coordinator, as well as Green Book chapter 14a.

All patients having treatment temporarily deferred should have the deferral time added back on to their treatment journey to ensure that no patient loses out on treatment, for example by reason of age.

This recommendation will be kept under review. It will be reviewed alongside emerging evidence of risk as well as the prevailing levels of COVID-19 during January and February 2022 to ascertain whether treatment of unvaccinated women should recommence, or whether a further deferral is necessary. I shall of course keep you updated.

Thank you for your continuing support and valued input.

Yours sincerely

Gregor Smith

Professor Sir Gregor Smith
Chief Medical Officer