The vaccine dilemma for expectant mothers

Around a third of pregnant women in the U.S. remain unvaccinated. Doctors are trying to increase uptake, but say misinformation and exclusion from clinical trials creates difficulties.
Medical experts are combating misinformation and hesitation to get more pregnant women vaccinated in the U.S.

A third of expectant in the U.S. remain unvaccinated for COVID-19, resulting in severe cases of the disease and hospitalizations. Not only are pregnant women at increased risk for a severe COVID-19 infection, but the disease can also lead to preterm births and potentially stillbirths.

When the highly infectious omicron variant spread across Connecticut in early January, Yale New Haven Hospital’s Katherine Campbell said she was seeing many pregnant individuals get sick. People who were vaccinated tended to develop just the symptoms of a bad cold.

“If there was severe disease it was in our unvaccinated population,” said Campbell, who is the medical director of Labor and Birth and the Maternal Special Care Unit at the hospital.

“They should get vaccinated and they should get boosted. ... That really does seem to mitigate a lot of the risk around getting severe COVID, requiring hospitalization, and ICU care,” she added.

Convincing pregnant women to get vaccinated has been a challenge. Medical experts who spoke with National Journal said leaving pregnant people out of earlier vaccine clinical trials and pervasive misinformation are contributing to the problem.
The take-up of COVID-19 vaccines among pregnant people has improved. The level of fully vaccinated pregnant women ages 18-49 went from 50 percent at the end of August, when the delta variant was prominent, to more than 66 percent in January, according to the Centers for Disease Control and Prevention.

But racial disparities persist. Only around 52 percent of Black people who were pregnant, ages 18 to 49, were fully vaccinated by Jan. 22. Around 64 percent of pregnant white people and 87 percent of pregnant Asian people were vaccinated.

According to a Kaiser Family Foundation poll in November, less than half of people who were pregnant or planning to become pregnant were confident that the vaccine was safe.

“Pregnant women are still [having] a lower rate of immunization than non-pregnant individuals, and since this is such a highly infectious variant, a lot of people are getting it,” said Mark Turrentine, professor at the Baylor College of Medicine and cochair of the American College of Obstetricians and Gynecologists COVID-19 expert work group.

Multiple experts pointed to early exclusion of pregnant women in vaccine clinical trials as part of the problem. “We feel like we’re protecting them by not including them in research, but really we’re trying to protect the fetus, and we end up hurting pregnant individuals by excluding them,” said Sarah Cross, a maternal fetal medicine specialist and medical director of The Birthplace at the University of Minnesota Masonic Children’s Hospital.
Turrentine said that ACOG is in discussions with the Food and Drug Administration about developing a “playbook” to learn from the COVID-19 experience.

“I think pregnant women did have a difficult choice to make because [of] the lack of actual true data. ... I think moving forward, that really hindered our ability to very strongly speak up recommending vaccines,” said Naima Joseph, maternal-fetal medicine physician and a member of Society for Maternal-Fetal Medicine’s COVID-19 Task Force.

House lawmakers also want to ensure that pregnant women are included in research for therapies generally, not just for COVID-19. Leaders of the Democratic Women’s Caucus and the Congressional Caucus on Maternity Care wrote to Health and Human Services Secretary Xavier Becerra about extending the charter of a task force focused on improving research and knowledge around therapeutics for pregnant women.

“Without reliable data, those who are pregnant or nursing may decide to stop taking necessary medications, increasing risks for both mother and child,” the group of more than 60 lawmakers wrote on Jan. 21. They added that during COVID-19, by leaving pregnant women out of clinical trials for treatments and vaccines, it left them and their clinicians “without clear evidence on safety and efficacy to guide clinical decision-making.”

Jeanne Sheffield, a member of the task force, said that the health of pregnant women could be more at risk by not including them in trials.

“I think across the nation and fortunately across the world, people are starting to turn around and say it may be unethical not to include pregnant women in these trials because we’re putting our pregnant women at a disadvantage,” said
Sheffield, director of maternal-fetal medicine at Johns Hopkins.

Clinicians continue to hear misinformation and concerns around the safety of the vaccines in their office. Turrentine said he is hearing from patients that they think it was developed too quickly and not evaluated enough. He also continues to hear concerns around infertility. “It does come up quite a bit, especially in our preconceptual counseling,” he said.

On Thursday, the Kaiser Family Foundation announced the addition of more than 40 new videos discussing the COVID-19 vaccine for pregnant women and dispelling misinformation. The videos are part of KFF’s Greater Than COVID campaign.

“The COVID vaccine does not cause infertility,” said Joia Crear-Perry, a physician and founder of the National Birth Equity Collaborative in one of the videos.

“In fact, I have a 28-year-old daughter, and I was so excited that she got vaccinated,” she added. “I want to make sure that she preserves her future ability to maintain a pregnancy. And so the best way for me to protect my daughter was to ensure that she’s vaccinated.”

Misinformation, including rumors spread online, has made the job harder in discussing vaccinations with patients, said Tochi Iroku-Malize, president-elect of the American Academy of Family Physicians.

“It has made it more difficult but not insurmountable,” she said. “And then again, when you have the fact that everyone was isolated for a long period of time, so that was really their main form of interacting with others, and so it was easier for the misinformation to spread. ... But again, having to discount misinformation is not new to family physicians.”