

## **American Society for Reproductive Medicine (ASRM) Patient Management and Clinical Recommendations During the Coronavirus (COVID-19) Pandemic**

**UPDATE No. 16 – July 23, 2021**

### **Reproductive Facts Regarding COVID-19 Vaccination**

- As of July 16, 2021, the 7-day moving average of daily new cases of COVID-19 in the United States (U.S.) increased by nearly 70% compared with the previous 7-day moving average.<sup>1</sup>
- The current status of the COVID-19 pandemic in the U.S. has been called “a pandemic of the unvaccinated”<sup>2</sup>. The incidence of COVID-19 hospitalizations and deaths fell precipitously as COVID-19 vaccinations became widely available. Unfortunately, hospitalization rates are rising again, due to the highly contagious delta variant, especially in states with low vaccination rates. Nearly all (97%) recently hospitalized patients are unvaccinated.<sup>2-5</sup>
- Current CDC data suggest only 16.3% of pregnant women included in CDC’s Vaccine Safety Data link have received >1 dose of a COVID-19 vaccine during pregnancy.<sup>6</sup> This low rate of vaccination is particularly concerning given the known increased risk of adverse outcomes for women infected with COVID-19 during pregnancy.<sup>7,8</sup>
- Reproductive endocrinologists should discuss COVID-19 vaccination with all patients and encourage vaccination for all patients during evaluation and treatment for infertility. Vaccination either pre-conception or early during pregnancy is the best way to reduce maternal/fetal complications. Physician counseling has been shown to have significant positive impact on patient willingness to consider vaccination.<sup>9</sup>
- None of the currently available COVID-19 vaccines reach or cross the placenta. The intramuscularly administered vaccine mRNA remains in the deltoid muscle cell cytoplasm for just a few days before it is destroyed.<sup>10,11</sup> However, protective antibodies to COVID19 have been shown to cross the placenta and confer protection to the baby after delivery.<sup>12,13</sup>
- COVID19 vaccination does not induce antibodies against the placenta.<sup>14</sup>
- Existing data suggest COVID19 vaccination during pregnancy does not increase risk of miscarriage.<sup>15</sup>
- COVID19 vaccination does not impact male or female fertility or fertility treatment

## ACOG and SMFM Recommend COVID-19 Vaccination for Pregnant Individuals

July 30, 2021

**Washington, D.C.** – The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM), the two leading organizations representing specialists in obstetric care, recommend that all pregnant individuals be vaccinated against COVID-19. The organizations' recommendations in support of vaccination during pregnancy reflect evidence demonstrating the safe use of the COVID-19 vaccines during pregnancy from tens of thousands of reporting individuals over the last several months, as well as the current low vaccination rates and concerning increase in cases.

Data have shown that COVID-19 infection puts pregnant people at increased risk of severe complications and even death; yet only about 22% of pregnant individuals have received one or more doses of the COVID-19 vaccine, according to the U.S. Centers for Disease Control and Prevention.

In making the strong recommendation in support of vaccination during pregnancy, both national organizations emphasize concerns about significant increases in COVID-19 cases due to the Delta variant and the regional low rates of vaccination in states across the country. Recent data have shown that more than 95% of those who are hospitalized and/or dying from COVID-19 are those who have remained unvaccinated. Pregnant individuals who have decided to wait until after delivery to be vaccinated may be inadvertently exposing themselves to an increased risk of severe illness or death. Those who have recently delivered and were not vaccinated during pregnancy are also strongly encouraged to get vaccinated as soon as possible.

"ACOG encourages its members to enthusiastically recommend vaccination to their patients. This means emphasizing the known safety of the vaccines and the increased risk of severe complications associated with COVID-19 infection, including death, during pregnancy," said J. Martin Tucker, MD, FACOG, president of ACOG. "It is clear that pregnant people need to feel confident in the decision to choose vaccination, and a strong recommendation from their obstetrician–gynecologist could make a meaningful difference for many pregnant people."

"COVID-19 vaccination is the best method to reduce maternal and fetal complications of COVID-19 infection among pregnant people," said William Grobman, MD, MBA, president of SMFM. Maternal-fetal medicine subspecialists—experts in high-risk pregnancy—strongly recommend that

pregnant people get vaccinated. Vaccination is safe before, during, or after pregnancy.

“ACOG is recommending vaccination of pregnant individuals because we have evidence of the safe and effective use of the vaccine during pregnancy from many tens of thousands of reporting individuals, because we know that COVID-19 infection puts pregnant people at increased risk of severe complications, and because it is clear from the current vaccination rates that people need to feel confident in the safety and protective value of the COVID-19 vaccines,” added ACOG president Dr. Tucker. “Pregnant individuals should feel confident that choosing COVID-19 vaccination not only protects them but also protects their families and communities.”

Vaccines are our single most effective tool against preventable viruses or diseases, including COVID-19. ACOG and SMFM encourage pregnant individuals to get vaccinated without delay because widespread uptake of the vaccines is the best chance we have to save lives and end this pandemic.