

Confident COVID Vaccine Conversations: Pregnancy and Fertility (women and men)

**Don't wait until baby
arrives. Get vaccinated
or boosted now.**

nhs.uk/covidbooster



"COVID-19 vaccines are strongly recommended in pregnancy as this is the best way to protect against the known risks of COVID-19 in pregnancy for both women and babies, including admission of the woman to intensive care and premature birth of the baby."

Royal College of Obstetricians and Gynaecologists

"We recommend vaccination in pregnancy. The key role of midwives and maternity staff is to provide the best support and guidance to the pregnant women in their care and this includes information on the COVID vaccine."

Royal College of Midwives

"We advise pregnant women and everyone wishing to start a family (including those who are undergoing fertility treatment) **to have the COVID-19 vaccine.**"

British Fertility Society

**And reduces the risk of
my baby being born
prematurely.**



Pregnancy and Fertility – Vaccination risks and benefits

Taken from the [Royal College of Obstetricians and Gynaecologists and Royal College of Midwives](#) information for UK healthcare professionals resource 'Coronavirus (COVID-19) Infection in Pregnancy' (V14.3 published 11 January 2022)

The benefits of vaccination:

- Reduction in severe disease for a pregnant woman.
- Potential reduction in the risk of preterm birth associated with COVID-19.
- Potential reduction in transmission of COVID-19 to vulnerable household members.
- Potential reduction in the risk of stillbirth associated with COVID-19.
- Potential protection of the newborn from COVID-19 by transferring antibodies passively.

Effectiveness

- Vaccination in pregnancy against COVID-19 is strongly recommended
- Those who have had two doses and a booster (or three doses) of COVID vaccine are 88% less likely to be admitted to hospital with the omicron variant.

The risks of vaccination:

Side effects

- Mild systemic adverse effects like fatigue, headache or myalgia, typically short lived (less than a few days).
- Adverse side effects and reactions are extremely rare.

No evidence of risk

- There has been no evidence to suggest harm to the unborn baby following vaccination against COVID-19, and other non-live vaccines (such as flu and whooping cough) have been given to women in pregnancy for many years without any safety concerns

The risks of NOT getting vaccinated:

Maternal risks

- Most women with COVID-19 in pregnancy will have mild or no symptoms. However, some women will develop critical illness from COVID-19
- Being infected with COVID-19 for some has damaged both male and female fertility

Maternal risks with symptomatic COVID-19

- higher rates of preeclampsia
- an increased risk of complications during labour and less likely to have a 'normal' delivery
- There is consistent evidence that pregnant women are more likely to be admitted to an intensive care unit

Foetal risks from symptomatic maternal COVID-19 is associated with

- a two to three times greater risk of preterm birth
- an approximately doubled risk of stillbirth
- an increased incidence of babies with delayed growth

Pregnancy and Fertility – Key facts to share

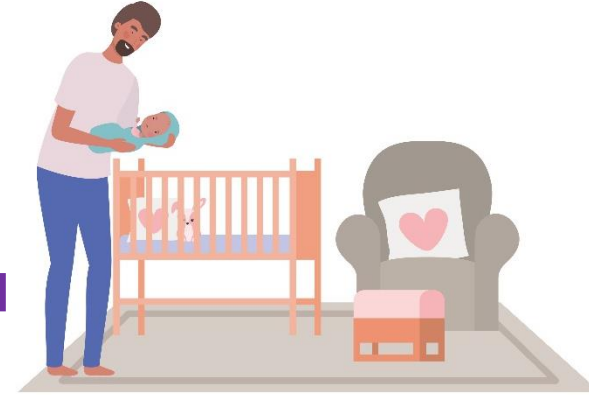
Right choice for mum



Right choice for baby



Right choice for dad



Over 275,000 pregnant women in the UK and USA have had a vaccine with **no safety concerns**



98% of pregnant women in hospital in England with symptomatic COVID-19 **are unvaccinated**



Pregnant women with COVID-19 at the time of birth is associated with

- **preeclampsia**
- **emergency caesarean delivery**



COVID-19 at the time of birth is associated with

- **higher rates of foetal death**
- **preterm birth**



COVID-19 vaccination does **NOT** increase the risk of

- **miscarriage**
- **preterm birth**
- **still birth**
- **small for age babies**



Being **infected with COVID-19** may **affect** both male and female **fertility**

[The Impact of COVID Infection on Fertility and Female and Male Reproductive Systems \(nih.gov\)](#)



NO evidence the **COVID-19 vaccine** harms a man's reproductive system or **affects fertility**

*[COVID-19 in pregnancy-Royal College of Midwives](#)
[Covid19 Vaccines FAQs.pdf \(britishfertilitysociety.org.uk\)](#)*

Pregnancy and Fertility – FAQs

Is the vaccine safe for me and my baby?

COVID vaccination is the safest and most effective way for women to protect themselves and their babies against severe COVID-19 disease.

- The vaccines do not contain live coronavirus so cannot infect a mother or baby in the womb.
- Pregnant women and women who are breastfeeding are already routinely and safely offered vaccines in pregnancy, for example to protect against influenza (flu) and whooping cough.
- Several hundred thousand pregnant women across the world including in the UK, have had a vaccine without raising safety concerns.

Will having the vaccine affect my ability to have children?

There is no evidence or reason that any of the vaccines can affect the fertility of men or women.

- The World Health Organisation (WHO) say that those who are donating their eggs or sperm for the use of others and those undergoing fertility treatment can still have a COVID-19 vaccine.
- They also recommend, along with the Royal College of Obstetricians and Gynaecologists, that people of reproductive age should get a COVID-19 vaccine when they receive their invitation, including people who are trying to have a baby or thinking about having a baby in the future.

However, catching the COVID-19 virus can affect male fertility.

- There is evidence to suggest that COVID-19 may affect the male genital system in direct or indirect ways and shows a negative impact on male reproductive health.
- A systematic review of the literature provides evidence that male gonads may be potentially vulnerable to COVID infections.

Is COVID-19 a problem for pregnant women?

We know that pregnant women are at greater risk of getting seriously ill if they get the COVID-19 virus, and pregnant women who have COVID-19 have double the risk of both stillbirth and preterm birth.

Since the start of the pandemic one in five pregnant women admitted to hospital with symptomatic COVID have had a premature baby.

Does the vaccine alter periods?

From over 93 million vaccines given in the UK (half to women), 99.97% of women haven't reported any change in their periods.

Dr Jo Mountfield, Vice President of the Royal College of Obstetricians and Gynaecologists, said:

“We want to reassure women that any changes (to periods) generally revert back to normal after one or two cycles and there is no evidence to suggest that these temporary changes will have any impact on a person's future fertility, or their ability to have children.”

Can the COVID vaccine cause preterm births or stillbirths?

Studies have found no increase in stillbirths or premature births, no anomalies with development and no evidence of babies being smaller or bigger following the vaccine.

Is it safe to breastfeed after the COVID vaccine?

YES. No vaccine or its ingredients can pass to your baby through breast milk.

Can I have my flu shot and COVID vaccine or booster at the same time?

Yes, you can have the COVID-19 vaccine or booster [at the same time as other vaccines such as the flu jab or the whooping cough vaccine.](#)

What is known about the impact of COVID-19 vaccination on babies born to women who have been vaccinated in pregnancy?

Over 275,000 pregnant women in the UK and USA have had a vaccine with no safety concerns.

As COVID-19 vaccines are not 'live' vaccines they cannot cause infection, and other non-live vaccines (such as flu and whooping cough) have been given to women in pregnancy for many years without any safety concerns.

Can I have the vaccine during IVF treatment?

YES, you can have the COVID vaccine during IVF treatment. If you have the vaccine at this time, **you will help to protect yourself and your baby from the effects of COVID-19 infection in pregnancy.**

A minority of women are going through IVF receive immune suppressant therapy. None of the COVID-19 vaccines used in the UK are 'live' vaccines, and so cannot cause COVID-19 infection, even in women taking immune suppressing treatments.

Useful resources

Pregnancy and fertility

- [COVID-19 vaccines - rcog.org.uk](https://www.rcog.org.uk)
- [A guide to COVID-19 vaccination – Information on pregnancy and breastfeeding – UKHSA, available in community languages](#)
- [Should I get the COVID vaccine? pdf \(rcm.org.uk\)](#)
- [COVID-19 vaccination: a guide on pregnancy and Breastfeeding - UKHSA](#)
- [Pregnant? Have your COVID-19 vaccines social media cards – PHE & NHS Health Publications](#)
- [Pregnancy and coronavirus \(COVID-19\) - NHS](#)
- [Your Guide to Booster Vaccinations](#)
- [COVID Vaccination in Pregnancy 2021 Infographic - RCOG](#)

Webinars

- [Two recorded Q+A sessions with an expert panel of midwives, doctors and fertility specialists – PHE, GLA, NHS & Maternity Action](#)

How to book a COVID vaccination



[Book an appointment online on the NHS website](#)



If you can not book using the NHS website, you can call 119

Pregnancy and Fertility – quotes from professionals

Senior doctors and healthcare professionals from across the health system, including the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives strongly recommend COVID-19 vaccination in pregnancy.

“It is **clear from the data that pregnant women are more likely to become very unwell if they catch COVID-19** – with **one in 5 of the most critically ill coronavirus patients being unvaccinated expectant mothers**. New and encouraging research shows there are **no significant concerns about the safety of COVID-19 vaccines in pregnancy.**”

Dr Nikki Kanani, GP and Deputy Lead for the NHS COVID-19 Vaccination Programme



“I encourage you to **continue breastfeeding** as you **cannot pass COVID-19 vaccine ingredients on to your baby through your breast milk.**”

*Memuna Sowe, Clinical Matron/Midwife
Croydon Health services*



“I was working with an **unvaccinated pregnant lady with COVID infection who was on a ventilator** and you could see the **fear in her eyes**. I had to tell her that we needed to **plan for an early delivery** for the baby and that the **baby may have complications.**”

Dr Kate Wiles, Obstetric physician at Royal London Hospital



“There is **no evidence the COVID vaccine harms a man’s reproductive system**. However, being infected with **COVID-19 virus may affect fertility**. Having the **vaccine is the best way to protect yourself** against COVID-19 infection and long-term health complications.”

Dr Tehseen Khan, GP and Senior Clinical Advisor to London COVID-19 vaccination programme



“Scientific evidence reinforces our strong recommendation that **getting vaccinated before or during pregnancy is the best way to protect** against the known harms of developing COVID-19 while pregnant, **including admission to intensive care and premature birth.**”

Dr Edward Morris, President of the Royal College of Obstetricians and Gynaecologists



“This **pandemic has created a lot of fear** and uncertainty for those who are thinking about pregnancy or expecting a baby, with **COVID-19 being extremely dangerous for pregnant women in particular**. It is therefore **really important that they get their COVID-19 vaccine** - which has now **protected tens of millions of women** around the world.”

Professor Lucy Chappell, DHSC’s Chief Scientific Adviser and Honorary Consultant Obstetrician Professor



Pregnancy and Fertility – Tanviha’s, Christina’s and Kntrice’s stories

Tanviha caught COVID-19 during her second pregnancy at around 32 weeks. Tanviha, who works in anesthesiology and research, spent two months in hospital following an emergency C-section. Her family had to go through daily phone calls to say Tanviha may not survive.

“At the time, the vaccine wasn’t available to me, and I quickly took a turn for the worse.

I was rushed into hospital and went **straight into intensive care where my condition deteriorated, and my son was delivered by emergency C-section.**

I was **put to sleep and intubated, and my family were told it was unlikely I’d survive and to prepare for the worst.**

The first time I saw my son he was two months old. It’s the scariest experience of mine and my family’s life but I’m just grateful that me and my son are alive.

If you’re unsure about getting vaccinated please come forward and get your jab, not everyone’s as lucky as I am.”

[\(NHS\)](#)



Christina, a mental health therapist from Guildford who was hospitalised with COVID-19 in her third trimester and had to give birth via emergency C-section.

“I went into hospital in my third trimester, and I thought I was going to deliver a baby but the next thing I know, I was being **told I had COVID-19.**

Symptoms started and I quickly deteriorated. I was rushed in for a CT scan because the doctors feared I was having a pulmonary embolism.

I had to give birth via emergency C-section because there was concern that I could have a stillbirth.

It was terrifying.

I don’t know what the future holds for me and my baby; **I’m still suffering with symptoms now** along with the **anxiety of not knowing how or when I’ll recover.**

I would urge pregnant women to get vaccinated because I don’t want anyone to experience what I went through.”

[\(NHS\)](#)



Kntrice was seven month pregnant when she caught COVID-19 and had to receive intensive care treatment. She was unvaccinated and had to stay in hospital for eight weeks.

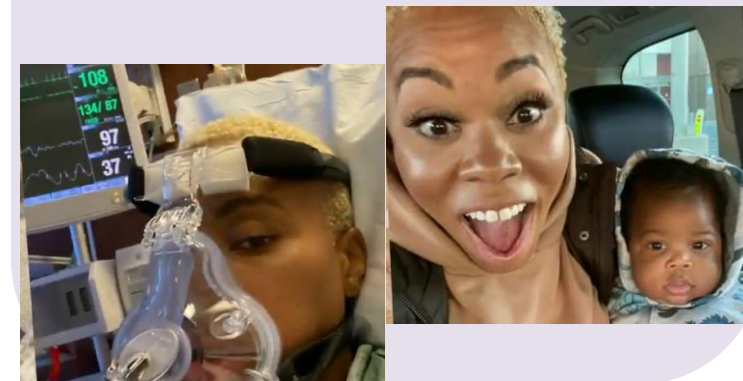
She gave birth to a healthy baby boy and is now vaccinated.

“I would wake up gasping for air and experiencing that night after night and I would sit and count my breaths because I didn’t know if I would survive the night.

I felt irresponsible because I had decided to skip the vaccine, and this put me and my baby at risk.

I am so incredibly grateful and so glad that I actually get to be here to mother him and love him and raise him. And I’m just honoured that we made it.”

[\(Newsweek\)](#)



Pregnancy and Fertility - Overcoming the barriers to vaccine confidence



Barriers



Actions

Concerns regarding affect on fertility in men and women

Discuss the **latest research** which suggests that there is **no evidence**, and no reason, that any of the vaccines can affect the **fertility of women or men**; and signpost them to [COVID-19 Vaccines FAQs from the British Fertility Society](#)

Concerns around the affect on an unborn child

Provide reassurance that these vaccines **do not contain live coronavirus** and it is a **non-live vaccine** and signpost them to trusted data: [Latest data reinforces the safety of COVID-19 vaccinations in pregnant women – UKHSA](#) or [COVID-19 pregnancy and women's health - RCOG](#)

Concerns around side effects

Explain that the side effects are usually mild and do not last long, but that they should **discuss the risks and benefits of vaccination with their clinician**, and show you understand they may be worried.

Concerns around safety and breastfeeding

Share [RCOG advice](#); which says that there is **no plausible mechanism** by which any vaccine ingredient could pass to a baby through breast milk. Women should therefore not stop breastfeeding in order to be vaccinated against COVID-19.



Have an open and honest conversation

– tips from *Dr Tehseen Khan, GP and Senior Clinical Advisor to London COVID-19 vaccination programme*



It is really important to be an ally and be on the side of the person you're talking to.

Start off by explaining that your **aim is to have a dialogue**, not to convince them to have the vaccine.

Show you **understand the hesitation** not to get vaccinated when you are growing a child inside you, and that it is natural to feel nervous or anxious.

Provide reassurance in a simple but honest way:

- the baby cannot get COVID-19 from the vaccine
- the vaccine does not harm the baby
- and that we have been protecting women and babies with other vaccines, such as flu and whooping cough vaccinations, safely for a long time.

Acknowledge that some people have **not been treated fairly in the past due to prejudice** and have felt unheard, and that **you are there to listen.**

Pregnancy and Fertility – Confident conversations tips from Chief Midwife



“We know that for people to make informed choices about the COVID-19 vaccine, they want to hear from trusted health and care professionals. You play a vital role in speaking to local people, communities and colleagues, listening to their perspectives and sharing unbiased information about the vaccine. We would like to share some tips that we have learned along the way. We hope they help you feel confident to have these essential, and sometimes difficult, conversations.”

Kate Brintworth, Chief Midwife for the NHS in London

Listen, without prejudice

Adopt the mindset of counsellor rather than salesperson. Seek to understand and support, rather than aiming for a “win”. Listen to their specific concerns and aim to present a balance.

Be person-centred

Let the conversation be led by the concerns and interests of the pregnant woman.

Respect language and cultural diversity

People may be engaging in their second or third language. Explain scientific or medical terms. Avoid abbreviations (CCG, JCVI etc) or explain them if they are helpful. Be clear, but not condescending, and give people the opportunity to seek clarity. Find out ahead of the session whether interpreters would be helpful for the audience.

Acknowledge past experiences

Acknowledge that people have not been treated fairly in the past. For example, experiences of racism; other forms of prejudice; not being taken seriously; not feeling heard.

Be transparent and honest

Point to trusted or verified sources of accessible information and let people know what to expect in terms of side effects. If you do not know the answer to a question, be honest, and find out the answer (if you can). Alternatively, signpost to credible sources of information.

Reassure women that the vaccine is safe

Emphasise that the baby cannot get COVID-19 from the vaccine, that the vaccine doesn't harm the baby and that we have been protecting women and babies with other vaccines safely for a long time, for example with the flu and whooping cough vaccines.

Share information about the vaccine development

Explain the development process, trials and total number of people vaccinated in the UK so far, and that the vaccine has been given to a range of people across ethnicities, age, and long-term conditions.

Give evidence-based information

Give evidence of the real-world data cited by [Royal College of Midwives](#) that 275,000 pregnant women in the UK and USA have had a COVID vaccine with no safety concerns.

Clearly explain the risks of contracting COVID-19 during pregnancy

The evidence shows that women in their third trimester (after 28 weeks) are more likely to be seriously unwell and have a higher risk of their baby being born prematurely if they develop COVID-19. Vaccination can help to reduce a pregnant woman's chance of becoming seriously ill with COVID-19.

Get familiar with answers to common questions

Get to know frequently asked questions and answers, and other sources of information to signpost to, for example NHS.uk or [RCOG.org.uk](#)

Recap the main points you gave to answer any questions

Summarise and address concerns at the end of the session to promote further understanding. Provide opportunities to check understanding or ask further questions.