

- To:
- Provider directors of nursing
 - Provider heads of midwifery
 - Provider medical directors
 - Provider clinical directors
 - All GP and pharmacy contractors
 - CCG accountable officers
 - CCG directors of primary care commissioning
 - ICS accountable officers
 - ICS directors of primary care commissioning

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

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- cc.
- Regional chief nurses
 - Regional chief midwives
 - Regional directors of primary care and public health
 - Regional heads of primary care

Dear Colleagues,

Recent internal data from the UK Obstetric Surveillance Service (UKOSS) shows that pregnant women are among week-on-week increases in the numbers of hospital admissions for COVID-19, linked with rising infection rates and the emergence of the Delta variant across England.

All healthcare professionals have a responsibility to proactively encourage pregnant women to get vaccinated against COVID-19. [Public Health England reported last week](#) that 51,724 pregnant women in England have received at least one dose of the vaccine. While this is encouraging to see, hundreds of thousands of pregnant women remain unvaccinated.

COVID-19 infection in pregnancy carries a significant risk of hospital admission and a higher risk of severe illness than for the non-pregnant population – especially so in the third trimester – and a higher risk of preterm birth. Research [published on 25 July by UKOSS](#)¹ suggests that the Delta variant is associated with an increased risk of severe illness among hospitalised pregnant women, compared with the Alpha and ‘wildtype’ variants of previous waves.

The research also shows that of 171 pregnant women admitted to hospital between 16 May and 11 July, none had been fully vaccinated. Three (1.8%) had received a single dose of vaccine. Two doses of vaccine are important to achieve high levels of protection against

severe illness and these figures highlight the importance of increasing uptake in pregnant women.

Since 16 April, the Joint Committee on Vaccination and Immunisation has recommended that [pregnant women should be offered the Pfizer or Moderna COVID-19 vaccines alongside the general population](#). The Royal College of Obstetrics and Gynaecology (RCOG) and the Royal College of Midwives (RCM) now recommend vaccination as one of the best defences against severe infection. In spite of this, vaccine hesitancy has been high among pregnant women.²

This is why the NHS needs to make every contact count in providing evidence-based advice to women on the benefits of vaccination in pregnancy for them and their babies. In particular, maternity and primary care services are asked to take the following immediate actions:

1. Support all GPs, practice nurses, midwives and obstetricians to advise women on vaccination in pregnancy at every antenatal contact.

- As a matter of effective practice, all health care professionals must give objective advice on vaccination – as with any treatment – based on the best available evidence.
- For the latest bite-sized advice for use with women, please see the [Public Health England leaflet for all women of childbearing age, pregnant or breastfeeding](#), and the [RCOG/RCM information leaflet and decision aid](#).
- Women can receive vaccine at any point in pregnancy, but are encouraged to do so as early as possible, to ensure maximum protection in the third trimester. Recent research supports Government advice to receive a follow-up vaccination eight weeks after the first.³
- More detailed guidance and evidence on vaccination in pregnancy for clinicians can be found in [chapter 14a of the Green Book](#), and on the [RCOG website](#).

2. Ensure information and materials are available for women in all antenatal and primary care settings.

- The PHE and RCOG/RCM leaflets should be given to all women in routine antenatal care, and available in all settings. The PHE leaflet is available in a wide range of formats and languages.
- A PHE poster for use in maternity settings can be found at <https://www.gov.uk/government/collections/covid-19-vaccination-programme> under 'leaflets, posters and resources', along with other vaccination-related resources.

- Services should, in partnership with Maternity Voices Partnerships, consider opportunities for communications to encourage vaccine uptake for all women, noting higher rates of hesitancy among a number of groups. Promotional material for use on social media is also available on the PHE website at the link above.

3. Encourage all maternity staff to receive the protections offered by vaccination.

- May data from the SIREN study suggested that while generally high (84.5%), midwives had the lowest rate of vaccination among health care professional groups.⁴
- Vaccination rates across the service should be reviewed, with leadership continuing supportive conversations with staff who have not yet been vaccinated.
- We will be hosting a webinar for healthcare professionals in August to discuss the COVID-19 vaccines and common concerns. Details to all providers will follow though the national COVID-19 SPOC.

Maternity providers will be asked to confirm in the weekly SitRep that advice is being offered antenatally, and that materials and information are available across settings.

Thank you for carrying out these important actions, and for everything you and your teams are doing to ensure good outcomes for women, families and babies during the pandemic. We know that midwives, obstetricians, GPs and practice nurses will take all necessary steps to make sure pregnant women are aware of the benefits of the vaccine, and are empowered to take action to protect themselves and their babies.



Matthew Jolly
National Clinical Director
for Maternity and Women's
Health



**Professor Jacqueline
Dunkley-Bent**
Chief Midwifery Officer



Dr Jonathan Leach
Medical Director for
COVID-19 Immunisation
and General Practitioner

¹ Vousden N et al. *Impact of SARS-CoV-2 variant on the severity of maternal infection and perinatal outcomes: Data from the UK Obstetric Surveillance System national cohort*, MedRxiv 2021.07.22.21261000; doi: <https://doi.org/10.1101/2021.07.22.21261000>

² <https://www.rcog.org.uk/en/news/maternity-colleges-express-concern-over-vaccine-hesitancy-in-pregnant-women/>

³ Sustained T cell immunity, protection and boosting using extended dosing intervals of BNT162b2 mRNA vaccine, PITCH Consortium, 23 July

⁴ Hall VJ, Foulkes S, Saei A, et al. COVID-19 vaccine coverage in health-care workers in England and effectiveness of BNT162b2 mRNA vaccine against infection (SIREN): a prospective, multicentre, cohort study. *Lancet*. 2021;397(10286):1725-1735. doi:10.1016/S0140-6736(21)00790-X