



A DOSE OF TRUTH

INFOVAX

BULLETIN FOR HEALTHCARE PROFESSIONALS

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INFOVAX is a community education and awareness series on Covid-19 vaccines brought to you by:

- Malaysian Medical Association Public Health Society (MMA PHS)
- National Cancer Society Malaysia (NCSM)
- NCD Malaysia.

This bulletin summarises the key points from our discussions with experts.

Watch the session at
bit.ly/infovaxpreg

Feel free to ask questions and clear your doubts about Covid-19 vaccines by emailing us at **infovax21@gmail.com**

Your questions and answers will be collated and answered in the following sessions.

COVID-19 VACCINATION IN PREGNANCY & FERTILITY

CRITICAL INSIGHTS FOR HEALTHCARE PROFESSIONALS

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Disclaimer: This information is accurate and updated as of the date of this publication

Highlights

For pregnant women

- All pregnant mothers are vulnerable and are considered a high-risk group. The risk is highest in the late second and third trimester of pregnancy. They should therefore be prioritised for vaccination.
- Pregnant women are at an increased risk for severe illness if they contract Covid-19. They may be associated with higher rates of admission to intensive care units (ICU) requirements for ventilation and maternal mortality apart from the need for preterm deliveries compared with non-pregnant women with Covid-19.
- Covid-19 vaccines benefit pregnant women by providing protection against Covid-19, including:
 - reduced risk of developing severe illness from Covid-19
 - reduction of hospitalisation and death due to Covid-19
- According to updated MOH guidelines, non-live vaccines such as mRNA and vector-based vaccines are not contraindicated in pregnant and breastfeeding mothers although the Pfizer-BioNTech mRNA vaccine has the best available safety profile in pregnancy based on real world data.
- All women should ideally be vaccinated pre-pregnancy. The recommended timing of vaccination in pregnancy is after 12 weeks of gestation despite the evidence that vaccination is not associated with miscarriages, fetal anomalies or stillbirths. All pregnant mothers should be provided these information and should be counselled on the risk of COVID-19 and the benefits of vaccinations apart from practising other preventive measures such as double masking, hand hygiene and testing for COVID-19 if they are unwell.
- The vaccine has been proven to be efficacious in pregnancy while the fetal benefits continues to be evaluated.
- Common side effects from the vaccine are similar to non-pregnant patients, such as pain or tenderness on the injection site, fatigue, headache, muscle pain, fever and chills (usually for 1 to 2 days). These are often transient , self limiting and easily treatable. Medications such as paracetamol are safe to be used in pregnancy if required.

For breastfeeding mothers

- All vaccines available in Malaysia are safe for breastfeeding mothers. There is no need to cease breast feeding following vaccination.
- Although antibodies can pass from mother to child through breastmilk, this does not confer additional immunity or increased risk of Covid-19 infection to the newborn.

For women on fertility treatments or starting fertility treatment for conceiving.

- There is currently no evidence that any Covid-19 vaccines lead to fertility problems.
- It is recommended that all women complete their vaccinations before embarking on a pregnancy. After completing their vaccination, there is no need to delay pregnancy for people who are trying to conceive.

Frequently Asked Questions (FAQs)

Pregnancy & Breastfeeding

1. Is the Covid-19 vaccine safe for pregnant women? Will it complicate the pregnancy or harm the baby?

Pregnancy alone is not a contraindication to get vaccinated. According to the World Health Organisation (WHO), the benefit of vaccinating against Covid-19 outweighs the potential risks for pregnant women.

2. When during the pregnancy is it safest to vaccinate?

All women should ideally be vaccinated pre-pregnancy. However, during pregnancy, it is recommended for pregnant mothers to get vaccinated after 12 weeks of gestation.

3. Is the Covid-19 vaccine safe for lactating mothers?

Yes. Breastfeeding alone is not a contraindication to get vaccinated. Although antibodies can pass from mother to child through the breastmilk and/or the placenta, this does not confer any immunity or risk of Covid-19 infection to the baby.

4. How long should a mother wait after delivering a child to get vaccinated?

Mothers can take their vaccinations at any time following delivery provided they have made an uncomplicated recovery.

5. Is it safe to vaccinate in the postpartum and antenatal period?

Yes, it is safe for both mother and child.

6. Is the Covid-19 vaccine effective in pregnant and breastfeeding mothers?

Vaccine effectiveness in pregnant and breastfeeding mothers has been shown to be similar to that of non-pregnant women.

7. What are the common side effects in pregnant and breastfeeding mothers after vaccination?

Side effects include fatigue, headache, myalgia, chills, nausea, and fever. The symptoms are usually resolved after a few doses of paracetamol as they are usually mild, transient and self-limiting.

8. Is the current Covid-19 vaccine effective against new variants of the virus? Should people wait for newer, better vaccines to be produced in the next 1-2 years?

The recommendation is to get vaccinated as soon as possible as all available vaccines offer effective protection against the known strains at the moment. Delaying vaccination may be more detrimental.

9. What is the recommended dosing interval between the first and second dose of a two (2) dose vaccine?

An interval of three (3) to six (6) weeks is recommended.

10. What if a woman finds out she is pregnant after getting the first dose of vaccine?

There are three options:

- a) Delay and take the second dose after 14 weeks of gestation;
- b) Only take 1 dose of the vaccine; or
- c) get the second dose as scheduled in the first trimester as evidence does suggest that it is not contraindicated.

11. How effective is it if only a single dose of two-series vaccines is given?

Just a single dose helps prevent hospitalisation and death due to Covid-19 by 89% for the Pfizer-BioNTech and Oxford AstraZeneca vaccines. The second dose increases efficacy to about 95%.

12. Should a pregnant woman vaccinate if her allocated vaccine schedule is at 35 weeks of pregnancy?

Although all pregnant mothers should ideally complete their vaccination schedule before the late second trimester for optimal protection, they should not be denied the benefits of the vaccination in pregnancy.

13. Can pregnant women get vaccinated with the TDAP and influenza vaccine after getting the Covid-19 vaccine?

Yes they can without a need for delay or interval in between vaccinations.

14. Do pregnant women need a Urine Pregnancy Test (UPT) before the vaccine or a detailed scan after the vaccine?

No, neither is necessary.

Fertility

15. Does the Covid-19 vaccination cause infertility?

No, there is no evidence or theoretical basis for vaccines causing infertility in men or women.

16. Is it critical that both expecting parents (man and woman) to get vaccinated if it is available? Are there any issues for continuing with conception if only one half of the couple is vaccinated?

It is important to vaccinate as a protection against severe Covid-19 infection. In terms of fertility, there is no difference between one or both halves of the couple getting their vaccinations.

17. Should men and women attempting to conceive get the Covid-19 vaccination?

According to World Health Organisation (WHO) recommendations, people trying to conceive are advised to complete their vaccinations before trying to conceive. The European Society of Human Reproduction and Embryology (ESHRE) however, does not provide any recommendations on this, but advises women with comorbidities and at increased risk of getting Covid-19 or pregnancy complications to vaccinate before attempting conception.

18. How long after the vaccination can people start trying to conceive?

As soon as both doses of the vaccine are completed.

Key Points

- All pregnant mothers are vulnerable to severe COVID-19 infections and should be prioritized for vaccination. There should be vaccinated pre-pregnancy or after 12 weeks of gestation.
- All non-live vaccines are safe in pregnancy and breastfeeding mothers although the mRNA based vaccine has the best safety profile in pregnancy.
- Covid-19 vaccines do not cause infertility in men and women. Covid-19 vaccines do not cause disruptions in fertility treatment for those undergoing such treatments. They should ideally be offered the vaccination before pregnancy.



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