Denise Jamieson, MD, MPH, on COVID-19 vaccines during pregnancy

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Featured topic and speakers

In today's COVID-19 Update, as part of National Women’s Health Week, Denise Jamieson, MD, MPH, professor and chair of the Department of Gynecology & Obstetrics at the Emory University School of Medicine, as well as an author and member of the American College of Obstetricians and Gynecologists (ACOG) Practice Advisory on COVID-19 Vaccines and Pregnancy, joins to answer questions women have about COVID vaccines.

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Speaker

- Denise J. Jamieson, MD, MPH, professor and chair, Department of Gynecology & Obstetrics, Emory University School of Medicine; member, ACOG Practice Advisory on COVID-19 Vaccines and Pregnancy

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. It's National Women's Health week. And as part of that, we're getting answers to common questions women have about the COVID-19 vaccine. I'm joined today by Dr. Denise Jamieson, professor and chair of the Department of Gynecology and Obstetrics at the Emory University School of Medicine in Atlanta, Georgia. Dr. Jamieson is also an author and member of the American College of Obstetricians and Gynecologists, or ACOG, Practice Advisory on COVID-19 Vaccines and Pregnancy. I'm Todd Unger, AMA's chief


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experience officer in Chicago.

Dr. Jamieson, thanks for joining us today. Many pregnant individuals are calling their doctors with questions about getting vaccinated. Can you briefly recap ACOG’s guidance for pregnant individuals in COVID-19 vaccines? And has this evolved over time?

**Dr. Jamieson:** Of course. ACOG recommends that pregnant individuals have access to COVID-19 vaccines and that vaccine shouldn't be withheld based on your pregnancy status. This guidance has really not changed since the vaccines were approved although there's sometimes been a bit of confusion. But I anticipate that as we learn more, we will more strongly recommend the vaccine rather than what we do now, which is offering the vaccine.

**Unger:** Since more people are getting vaccinated now, have we been able to gather kind of any additional safety data on pregnant individuals?

**Dr. Jamieson:** It's actually amazing how much information we've gathered very quickly. The largest source of information is v-safe, which is a surveillance system that uses smartphone technology. And greater than 100,000 pregnant persons have enrolled in v-safe and said that they are currently pregnant at time of vaccination. We now know that the side effects in pregnant persons are very similar to non-pregnant persons. And we also have some reassuring information about pregnancy outcomes, that outcomes such as miscarriage, stillbirth, preterm birth, congenital anomalies, neonatal death are similar in vaccinated women compared to national baseline rates. So this is all very reassuring.

**Unger:** That is reassuring. There was a great deal of conversation about the Janssen vaccine. Several weeks ago, there was a pause on that. And now, it does come with a warning about the possibility of rare but serious blood clots, which largely seem to affect women. What is ACOG's guidance around the vaccine for pregnant individuals now? That particular one.

**Dr. Jamieson:** There's no preference for either pregnant persons or non-pregnant women of reproductive age. Both vaccine types, the mRNA vaccine as well as the adenovirus vaccine are safe and effective. But there are some subtle differences between vaccine types. As you mentioned, this thrombosis with thrombocytopenia syndrome or TTS is very rare, but it's more common among women 18 to 49 years of age. And then, the other question that people ask as well, "Since the risk of thrombosis is increased during pregnancy and postpartum and with certain types of hormonal use, does that put me at increased risk?" And the answer is we think they're different mechanisms. So it's really important that women get the vaccine that's available and right for them.
Unger: I want to ask you a number of questions now about other concerns that are out there from patients. One is around fertility. What kind of guidance can you give to, or should physicians be providing patients who have concerns around fertility and for that reason might want to, "Hold off. I'm getting vaccinated."

Dr. Jamieson: There is this myth out there that the vaccines can affect fertility in both men and in women. This seems to be based on a blog post that was posted quite a while ago by a retired British doctor who was previously at Pfizer. And the claim was based on the notion that syncytin-1, which is a protein that’s important for the development of the placenta, was similar to the corona spike protein. And this is actually not true. They share only a very small stretch of material. And there’s no evidence or even biologic plausibility that COVID vaccines cause infertility in either men or women. But I really think it’s an unfortunate testament to the power of social media in propagating harmful myths.

Unger: It is. I just want to ... for our viewers out there, those issues that you talked about, that's a misconception and it's a myth. I suppose that the answer to this question is moot then, because people undergoing fertility treatments, any reason they can’t receive the vaccine?

Dr. Jamieson: There’s actually a great reason why they should receive the vaccine. Whenever we counsel women prior to fertility treatment or prior to natural conception, it’s really important that they be up-to-date on all their vaccines. So undergoing fertility treatment or planning to undergo fertility treatment is a great time to get vaccinated against COVID and to make sure all your vaccines are up-to-date.

Unger: All right. Well, on the subject of misconceptions and myths, let’s talk about another concern which is about menstrual cycles. Is there any data evidence to support concern in this arena?

Dr. Jamieson: There have been some false claims that COVID vaccines can cause menstrual problems. I’ve even heard that there have been people saying that even someone nearby who has been vaccinated can disrupt a woman’s menstrual cycle. And certainly, vaccine ingredients are not capable of leaving the body that they were injected into so they cannot spread, for example, the way viruses can spread from person to person. However, menstrual irregularities in vaccinated women are harder to study because there are so many factors that affect menstrual cycle: stress, sleep, changes in weight, infections, many diseases. Cycles can vary and length and change over time. And so, these issues are really hard to study and would require women keeping daily diaries and being randomized to a vaccine group in a non-vaccinated group. So, in order to know definitively, we would need a very carefully done study. But there is no current evidence that vaccines cause any menstrual irregularities.
Unger: You're right. It’s so important to consult the science on these things and as it develops the questions around adolescent daughters, for instance. Any concerns that folks should have out there as we think about vaccinating younger folks?

Dr. Jamieson: My concern is that adolescents remain a group at risk, substantial risk, for COVID. And so I think it's really important to vaccinate for male and female adolescents. And hopefully, we'll have some good news this week or next week about the Pfizer vaccine being approved for 12- to 15-year-olds. I think there’s a real good indication that adolescent girls should be vaccinated.

Unger: In terms of even younger on that spectrum then, we've seen some, I guess, positive side effects with reports emerging, the babies who have been born with antibodies. Can you talk about what we know in this area?

Dr. Jamieson: Yes. We have some information from a number of studies that antibodies can cross the placenta and get to the fetus, which is good news. We hope that this means that babies too young to be vaccinated will get some degree of protection from their mothers being vaccinated during pregnancy. Similar to what we see with TDF and flu, but we don't have definitive data yet, but certainly some suggestion.

Unger: The last question, what are some of the messaging tips for physicians who are communicating with individuals who have concerns about getting vaccinated? What should they be telling these patients about weighing the risks of COVID versus getting the vaccine?

Dr. Jamieson: I think it's really important to remind people that over 260 million people in the U.S. have received the vaccine, and that our safety systems that are in place are working. For example, that issue about blood clots with the J&J vaccine that you mentioned, out of all the people vaccinated, the CDC and the FDA were able to pick up a very small safety signal of around 10 people who had that side effect. So I think we are rapidly accumulating safety data. There's also some limited evidence that long COVID, so COVID symptoms more than four weeks after infection is common and is more common in women. For example, 25% of pregnant women had persistent symptoms at eight weeks in one study that looked at persistence of symptoms.

I think the decision to get vaccinated, what I tell my patients is it's a really critical decision, not only for you, but for your family, perhaps some members of your family who can't be vaccinated and for your community, ensuring that it's safe for kids to go back to school, for example. There are serious risks of not getting vaccinated. I just hope that patients have the best available evidence to base their decisions.

Unger: Well, Dr. Jamieson, thank you so much for sharing your perspective and setting the record straight on a number of these different topics. That's it for today’s COVID-19 Update. We'll be back with another segment shortly. In the meantime, for resources on COVID-19, visit ama-assn.org/COVID-19


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