Updated Guidelines on COVID-19 Vaccination for pregnant and breastfeeding mothers

Addendum to MOH Guidelines Version 2, Dated 23rd June 2021

Appreciating the national and global impact of COVID-19 infections, especially among pregnant mothers and in light with the evolving evidence with regards to the safety of COVID-19 vaccination in pregnancy, this updated statement is timely to optimize vaccination uptake among pregnant and breastfeeding mothers.

Pregnant mothers in Malaysia have been prioritized to be vaccinated in the Phase II of the National COVID-19 Immunization Programme since April 2021.

1) Pre-pregnancy

Women are encouraged to complete their vaccinations as per schedule before embarking on a pregnancy. All available vaccines are safe and have not been associated with infertility or sexual dysfunction. All types of contraceptives are safe and are recommended in between vaccinations. There is no evidence to delay pregnancy once they have completed their vaccination schedule.

2) Assisted Reproductive Technology (ART)

Couples should be encouraged to complete their COVID-19 vaccinations before embarking on ART. There is no evidence to delay fertility treatment as long as they have completed the vaccination schedule. Real-world data has not demonstrated any negative effects on either male or female fertility.

3) Vaccination during pregnancy

Pregnant mothers are most vulnerable in the late second and third trimester. The principle is to ensure pregnant mothers complete their vaccination schedule before this vulnerable period. Balancing the benefits of vaccination against the risks, pregnant mothers should not be denied the benefits of vaccination at any gestation. Vaccination should be offered at any gestation following an informed decision.

Non-live vaccines, such as mRNA, vector-based and inactivated vaccines are not contraindicated in pregnancy and the evidence continues to evolve. The mRNA vaccines have the best available safety data in pregnancy and remains the preferred option, when available. Vector-based and inactivated vaccines are not contraindicated in pregnancy.

However, based on the V-Safe Data Registry and the NEJM preliminary findings of mRNA vaccine safety, only a small minority of mothers (1132) received their vaccination in the first trimester while majority of them were vaccinated in the second trimester. Thus, it is optimal to offer the vaccination after 12 weeks of pregnancy, as to ensure organogenesis has completed, while we await long-term safety data among those vaccinated in the first trimester. However, pregnant mothers should be encouraged to make informed decisions if they choose to receive the vaccine before 12 weeks of gestation.
4) COVID-19 vaccination among breastfeeding mothers

There is no specific interval on when one should be offered the vaccination, provided the mother has made an uncomplicated recovery following her delivery. All available types of COVID-19 vaccines are safe in breastfeeding.

5) Adolescent mothers

As the evidence continues to evolve with regards to vaccinating adolescents, healthcare professionals should balance the benefits of vaccinating these mothers as compared to the small risk of myocarditis and pericarditis. Current data from the CDC suggests this risk to be in the region of 9 in 1,000,000, in non-pregnant girls aged 12-17 years, which is much lower than boys of the same age. Vaccination in this cohort is not an absolute contraindicated, especially if the mother is pregnant and has additional medical co-morbidities. Parents or guardians should be involved in the conversation and consent process as per standard guidelines.

6) Heterozygous vaccines & boosters

Although there is increasing evidence on the benefits of mixing vaccines and boosters among vaccinated adults, it is not yet a standard of practice in pregnancy. However, additional vaccines such as influenza and anti-tetanus vaccines can be administered concurrently.

7) Antibody testing post-vaccination

Presently monitoring of antibodies after vaccination to assess immunity or protection is not recommended by the FDA. This applies to all forms of tests such as qualitative, semi-quantitative, or quantitative SARS-CoV-2 antibody tests. Vaccines induce antibodies to specific viral protein targets, therefore post-vaccination antibody test results may be negative in persons without history of previous natural infection if the test used does not detect the antibodies induced by the vaccine.

8) Other safety advice for pregnant mothers

COVID-19 vaccination reduces death and hospitalization but it does not prevent COVID-19 infections. Measures to prevent infections such as double masking, wearing a face shield, maintaining physical distancing and personal hygiene remains essential and should be emphasized. Their partners should be encouraged to be vaccinated as well.

COVID-19 Vaccination In Pregnancy Working Committee