



# COVID-19 + Pregnancy Webinar Q&A

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Below you will find our panelists' answers to questions submitted during the Oct. 21 COVID-19 + Pregnancy: How to Improve Outcomes During a Global Pandemic webinar hosted by *Count the Kicks* and Amerigroup Iowa.

**Can you discuss stillbirth rates? Is there an increase because women are getting COVID-19?**

**Dr. Deans-** There has been a reported increase in stillbirth rates related to the COVID-19 infection, particularly in unvaccinated women. The highest incidence has been seen in the Midwest and southeast, where uptake of vaccination is not robust. Around the world in places like Africa, Asia, and Europe, the same experience is being seen. Studies are underway to relate cause to effect.

**What is the recommendation for spreading out vaccines in pregnancy? (flu, COVID, and/or TDAP)?**

**Dr. Deans-** It is likely not necessary to spread out these vaccines except maybe to minimize some of the tenderness at the site from the injection. Often, one may experience flu-like symptoms- low grade fever, body aches and pain. This is not an allergic reaction to the vaccine, but rather the body starting the work to build antibodies in response to the vaccine.

**Ashley Smoots-** You can get a COVID-19 vaccine and other vaccines, including a flu vaccine, at the same visit. Experience with other vaccines has shown that the way our bodies develop protection, known as an immune response, and possible side effects after getting vaccinated are generally the same when given alone or with other vaccines. Learn more about the timing of other vaccines by visiting: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

**Will the COVID-19 vaccine conflict with Flu shot?**

**Dr. Deans-** No, not at all. It is best practice to receive both vaccines for protection against both flu and COVID-19 infection. Remember, the vaccines are protective against their respective infections. Vaccines are not expected to be 100% preventive. This is because the viruses themselves change genetically. So should you contract the flu or COVID-19, from a different strain of the virus, not covered by the current vaccine, the vaccine WILL decrease the level of severity of your symptoms, decrease the number of days you are sick, and prevent hospitalization and death related to the infection.

**My daughter was just married this month and she and her husband are planning on starting their family soon. She has previously had the flu shot and also the meningitis shot and had extreme side effects from both vaccinations. She is now worried about getting the COVID-19 vaccine. She did have COVID-19 about a year ago and is hoping it gave her some immunity, but that does wear off after awhile too. Any ideas?**

**Dr. Deans-** Your daughter would need to really assess the severity of her side effect symptoms with her doctor to determine whether or not her reaction was outside the normal of what is expected. After receiving the vaccine, one can experience flu-like symptoms including low grade fever, chills and muscle and joint aches and pains. This usually lasts about 24 hrs. This is a signal that the body is starting to develop antibodies in response to the vaccine.

**Ashley Smoots-** She should talk to a healthcare professional about her concerns and work with them on a plan of care. Information of the COVID-19 vaccine and allergies can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups/allergies.html>

**What is the recommendation for a pregnant woman who has had COVID-19 and when to get a vaccine?**

**Dr. Deans-** After recovery from the infection, a woman should receive the vaccine as soon as possible. If a woman was treated with Regeneron during the course of her illness, she should wait 90 days to receive the vaccine.

**Ashley Smoots-** The recommendation is to get vaccinated as soon as possible during pregnancy. One study showed that unvaccinated people who already had COVID-19 are more than two times as likely than fully vaccinated people to get COVID-19 again. If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your healthcare professional if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine. For more information visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/prepare-for-vaccination.html>





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**Is there any reason why a pregnant woman should not receive the vaccine? For instance, certain medical issues such as diabetes etc.**

**Dr. Deans-** Women who have medical conditions like asthma, diabetes, hypertension, etc., are more at risk for serious complications related to COVID-19 infection. These women are good candidates for the vaccine.

**Would you recommend pregnant people with natural immunity to still get the vaccine?**

**Dr. Deans-** Yes, as it is difficult to measure natural immunity or herd immunity.

**Ashley Smoots-** The recommendation is to get vaccinated as soon as possible during pregnancy. One study showed that unvaccinated people who already had COVID-19 are more than two times as likely than fully vaccinated people to get COVID-19 again.

If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your healthcare professional if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine. For more information visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/prepare-for-vaccination.html>

**Would you recommend nursing mothers get an mRNA booster, to pass the antibodies to unvaccinated 1-year-old? (I do not meet any of the other booster criteria.)**

**Dr. Deans-** Yes, breastfeeding mothers should receive a booster, in an effort to provide some passive immunity to their child.

**Would you recommend suggesting J&J to someone who is worried about the "newness" of the vaccine over the other two because it is not a new vaccine platform?**

**Ashley Smoots-** All currently authorized and recommended COVID-19 vaccines are safe, effective, and reduce your risk of severe illness. CDC does not recommend one vaccine over another.

**Are there any studies that show if any COVID-19 decreases breast milk supply (any interruption in breastfeeding)?**

**Dr. Deans-** There is no evidence of that so far.

**If a pregnant woman gets COVID-19, is baby Aspirin indicated for the remainder of pregnancy? (independent of any other risk factors for Preeclampsia)**

**Dr. Deans-** Yes, because in pregnancy, women are in an increased clotting state and COVID-19 infection is known to cause blood clots, aspirin can be used for the remainder of the pregnancy in a woman who has COVID-19 infection in pregnancy.

**Is there any data regarding severity (i.e. hospitalizations, deaths) of reinfection cases in pregnant patients who are unvaccinated but had COVID-19 prior to pregnancy?**

**Dr. Deans-** No data yet. As COVID-19 is new, and there are new and developing variants that behave differently, the health and science community are studying and learning about the behavior of COVID-19.

**Some individuals in our state believe that their natural immunity from prior covid infection is enough protection and they don't need the vaccine. What would you tell someone who asked you about this?**

**Dr. Deans-** Natural immunity is simply not reliable and not guaranteed, even if exposed. The vaccine is designed to help an individual mount antibodies against the specific infection.

**Ashley Smoots-** People who have previously had COVID-19 should still get the vaccine. Research has not yet shown how long you are protected from getting COVID-19 again after you recover from COVID-19, and vaccination helps protect you even if you've already had COVID-19. Evidence is emerging that people get better protection by being fully vaccinated compared with having had COVID-19. One study showed that unvaccinated people who already had COVID-19 are more than two times as likely than fully vaccinated people to get COVID-19 again. For more information visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/prepare-for-vaccination.html>





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**What do you say to patients who hear of people dying from COVID-19 even after being vaccinated? Thus making the patient even less willing to consider the risks of the vaccine.**

**Dr. Deans-** Often, on closer look, people who are dying despite vaccination often have other underlying, serious conditions which put them at risk of serious complications and death, should they contract COVID-19.

**I have family and friends that share reasons they do not want to get the vaccine because they have been reading you can still spread COVID-19 to others even if you have gotten the vaccine. What would you say to that person with this concern?**

**Dr. Deans-** Everyone has the potential to shed virus despite not having a full blown infection. This is true for all viruses, not just COVID-19. That is not a reason to avoid the vaccine. This is why, despite vaccination, the recommendation is still to wear masks, maintain 6 ft. of distance and practice frequent handwashing. All of these actions together are protective and help prevent the spread of COVID-19 infection.

**Ashley Smoots-** While you can spread COVID if you are vaccinated, the vaccine does have benefits. COVID-19 vaccines are safe and effective at preventing COVID-19, including severe illness and death and are effective against severe disease and death from variants of the virus that causes COVID-19 currently circulating in the United States, including the Delta variant.

For more information on guidance for those fully vaccinated visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>

**Did the "centering " (model of care) become impacted by covid-19? Are providers continuing to offer "centering" despite covid-19 to improve maternal and infant outcomes? Is it a virtual option?**

**Dr. Deans-** Centering pregnancy is a great group prenatal care delivery model. In many instances, it was likely disrupted, particularly in person, during COVID-19. Many practitioners were motivated and creative enough to attempt to maintain the group setting using communication technology.

**As a Homebirth Midwife, are there any recommendations for antenatal testing for patients who have had COVID-19 during pregnancy, or even before pregnancy?**

**Dr. Deans-** You might consider testing of yourself and your patients during pregnancy and prior to labor.

**Does a newborn get sick from COVID-19?**

**Dr. Deans-** Because newborns have a very immature immune system at birth, they are at significant risk of getting sick from COVID-19. Thus the need for stringent mask-wearing, handwashing, disinfecting, social distancing and avoiding crowded spaces with a newborn and as the parents of a newborn.

**How old will a baby be for a "new baby"? Meaning how old should the baby be to be strict with distancing and such?**

**Dr. Deans-** Babies are considered newborns until 28 days and are considered infants from 2 months to one year.

**Do we get CEUs?**

CEUs are not available for attending this webinar. For opportunities to earn CE credit for training on *Count the Kicks*, please contact Program Director Megan Aucutt at [Aucutt.Megan@healthybirthday.org](mailto:Aucutt.Megan@healthybirthday.org).

**Does *Count the Kicks* offer a COVID-19 Toolkit (free download for expectant and postpartum moms, and birthing people)?**

We do not currently have a COVID-19 toolkit. We recommend expectant and new parents visit the CDC for the latest information on COVID-19 and pregnancy. For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/pregnant-people-and-new-parents.html>

