



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

January 31, 2021

Dear Dr. Shah and Ms. Roberts

In the United States COVID-19 vaccines are being distributed based on a phased approach with each state determining the composition of the phases. Most states are now in Phase 1B which can include essential workers and either an age-based approach (65 years old or older) or a risk factor-based approach based on comorbidities. A few states have identified pregnancy as a risk factor for a higher risk for morbidity and mortality and thus have moved them into Phase 1B.

Texas chose to focus their phase 1B for people for whom there is strong and consistent data that COVID-19 makes them more likely to become sick or die. They have identified pregnancy in this category:

<https://www.dshs.texas.gov/coronavirus/immunize/vaccine/EVAP-Phase1B.pdf>.

Other states include pregnancy if there is at least one additional comorbidity.

A recent JAMA publication:

(<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2775396>) confirms previously reported higher risk for mortality in pregnant COVID 19 positive patients. This research letter confirms a higher risk for ICU admissions and death for pregnant women with COVID-19. Risk for VTE, preeclampsia and death were higher for pregnant women with COVID 19 than without.

Last week, the American Journal of Obstetrics and Gynecology published a study from the University of Washington analyzing data from Washington State:

[https://www.ajog.org/article/S0002-9378\(21\)00033-8/fulltext](https://www.ajog.org/article/S0002-9378(21)00033-8/fulltext)

Our own Drs. Lokken and Adams Waldorf found that pregnant patients were at increased risk for death and hospitalization compared to the general population of a similar age (20-39 year olds) in Washington state.

Based on the available data and on behalf of pregnant individuals and maternity care providers in our state, we would like to ask Department of Health to specifically include pregnant individuals in the defined tiers of vaccine phases. **We ask DOH to prioritize pregnancy in phase 1B3 with pregnancy clearly defined as one of two co-morbidities required for this phase.** Pregnancy is a finite condition and delaying the vaccine would withhold clear benefit from pregnant individuals who face increasing risk with advancing gestational age. *There is also wide consensus among the American College of Obstetricians & Gynecologists, the Society for Maternal and Fetal Medicine and the World Health Organization that COVID-19 vaccination of pregnant patients should be the choice of pregnant woman and that fetal risks are extremely unlikely.*

Thank you for considering this request. If needed, we are happy to be a resource for you.

Respectfully submitted,

Alisa Kachikis, MD, University of Washington, ACIP, WA DOH Vaccine Advisory Committee

Judy Kimelman, MD, ACOG Washington Section and ACOG District VIII President-Elect

Rita Hsu, MD, WA State Perinatal Collaborative Chair and WA State OB Assoc Past President

Kristina Adams Waldorf, MD, Professor, University of Washington Department of OB/Gyn and Global Health, Member of Centers for Emerging and Reemerging Infectious Diseases and Center for Innate Immunity and Immune Disease

Sarah Prager, MD, Professor, University of Washington Department of OB/Gyn, Past President, ACOG, Washington Section