



# Antenatal Vaccination against COVID-19: Uptake and Documentation at a Tertiary Centre. A retrospective audit.

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## INTRODUCTION:

Readers will be familiar with the wide-reaching implications of the COVID-19 pandemic, and the many resulting challenges for our pregnant population (1). The introduction of a vaccine was a significant public health event, providing a safe means of disease prevention and morbidity and mortality reduction. RANZCOG has endorsed vaccination in pregnancy (2). Significant patient vaccination hesitance was observed post this endorsement.

## AIMS:

Assess the proportion of patients receiving the recommended COVID-19 vaccines antenatally.

## METHODS:

A retrospective audit of electronic records of 1570 women who delivered at our tertiary centre from 1/9/2021 – 28/2/22, including singleton and multiple births. Evidence of vaccination against COVID-19 during pregnancy was obtained from the Medicare system via Sunrise electronic medical records system. Ethics approval was obtained.

## RESULTS:

590 of the 1570 women were fully vaccinated (2 or more vaccines) (38%). 4% were partially vaccinated. 35% were unvaccinated, and we were unable to access data for 24%. The vaccination rate increased over time –the proportion of fully vaccinated women after 30/11/21 rises to 57% (from as low as 8%) compared to unvaccinated falling to 19% (from as high as 63%). (Figure 1)

## DISCUSSION:

This data suggests inadequate rates of vaccination in pregnancy. The uptake increased each month, which suggests improved acceptance as community uptake increases. Nonetheless, these rates are below recommended targets, and differ from those found in other larger studies (3). Strategies in antenatal clinics should be implemented to: **survey women and staff about barriers to vaccination, implement changes based on qualitative findings, and subsequently complete the audit cycle.** Limitations of this audit include the level of inaccessible data, attributable to non-Medicare patients and those with additional privacy settings. Another limitation is the inability to qualitatively assess barriers to vaccination uptake.

## REFERENCES:

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3. Dahlen HG, Homer C, Boyle J, et al. Vaccine intention and hesitancy among Australian women who are currently pregnant or have recently given birth: the Birth in the Time of COVID-19 (BITOC) national online survey. *BMJ Open* 2023;13:e063632. doi: 10.1136/bmjopen-2022-063632

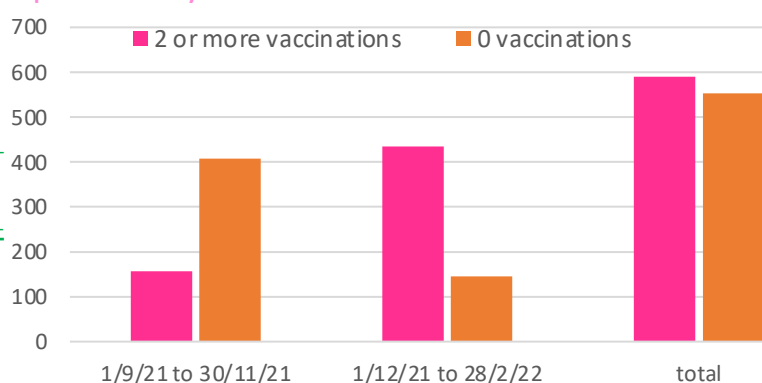


FIGURE 1: Number of patients fully vaccinated compared to not vaccinated during period of audit