

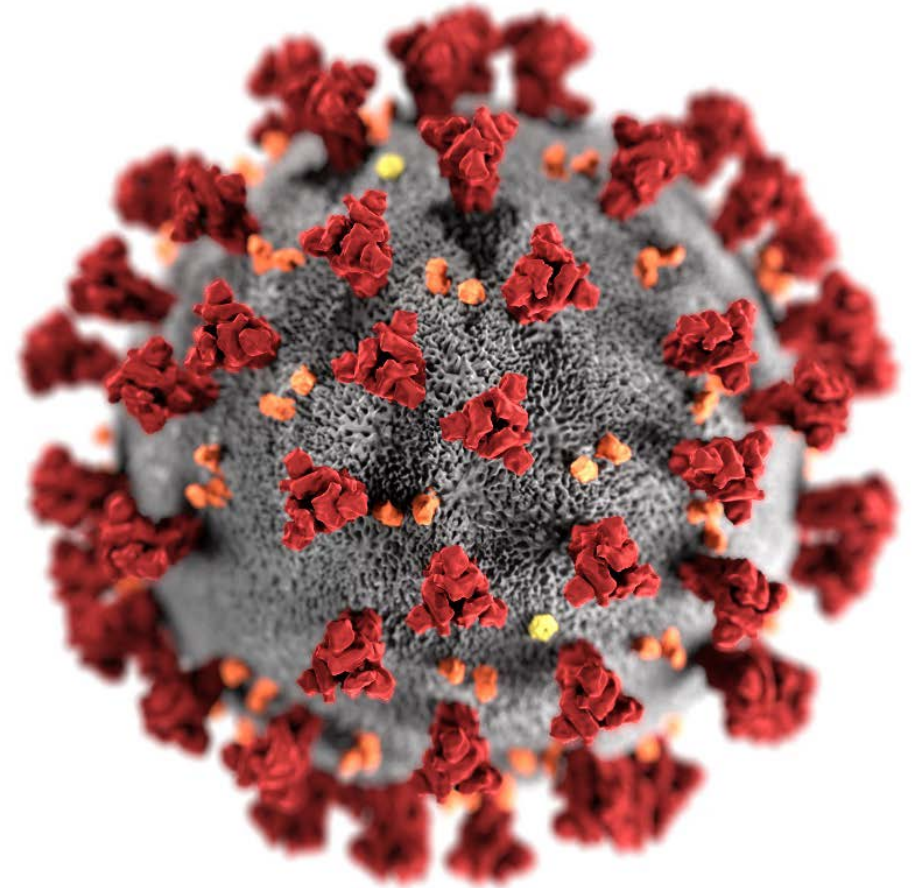
# COVID-19 vaccine safety in pregnancy: Updates from the v-safe COVID-19 vaccine pregnancy registry

Sep 22, 2021

**Christine Olson MD, MPH**

v-safe COVID-19 vaccine pregnancy registry

CDC COVID-19 Vaccine Task Force



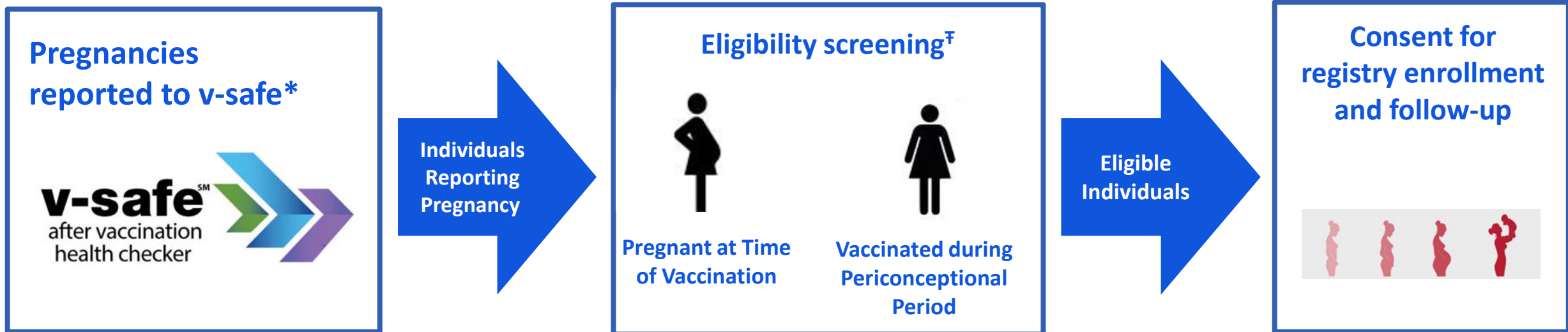
For more information: [www.cdc.gov/COVID19](https://www.cdc.gov/COVID19)

# Disclaimer

- The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC)
- Mention of a product or company name is for identification purposes only and does not constitute endorsement by CDC



# V-safe pregnancy registry enrollment

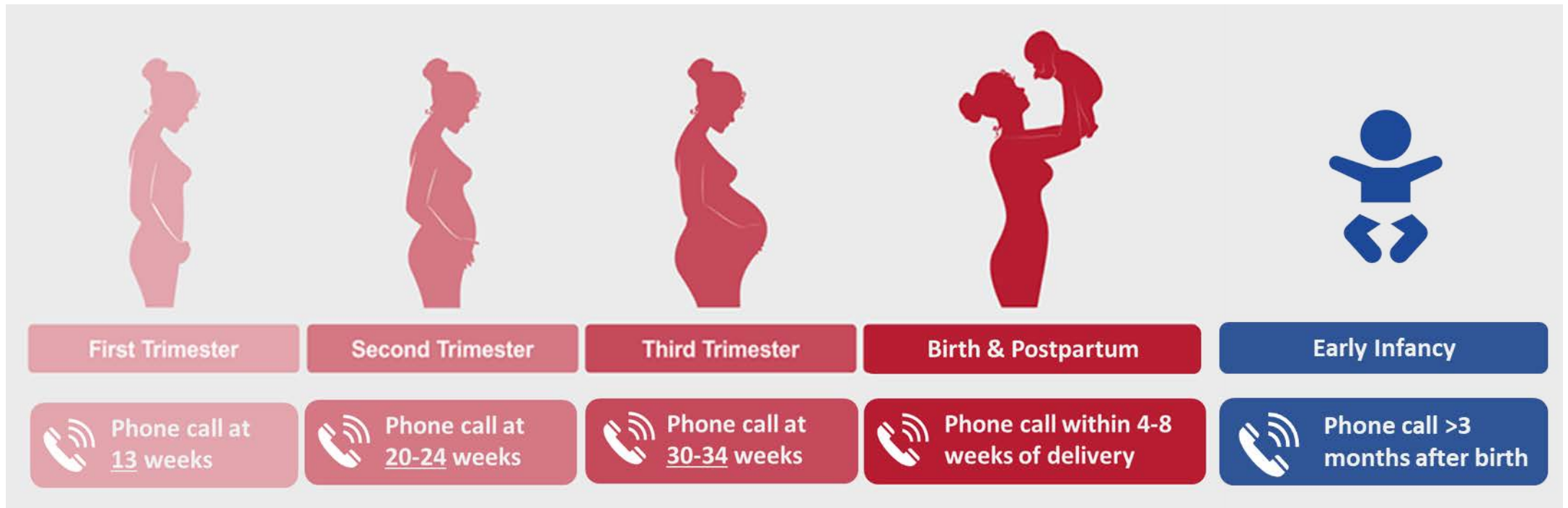


\*Pregnancy questions in v-safe assessments on first survey after each dose and on post-vaccination days 21 and 42 and months 3, 6, and 12

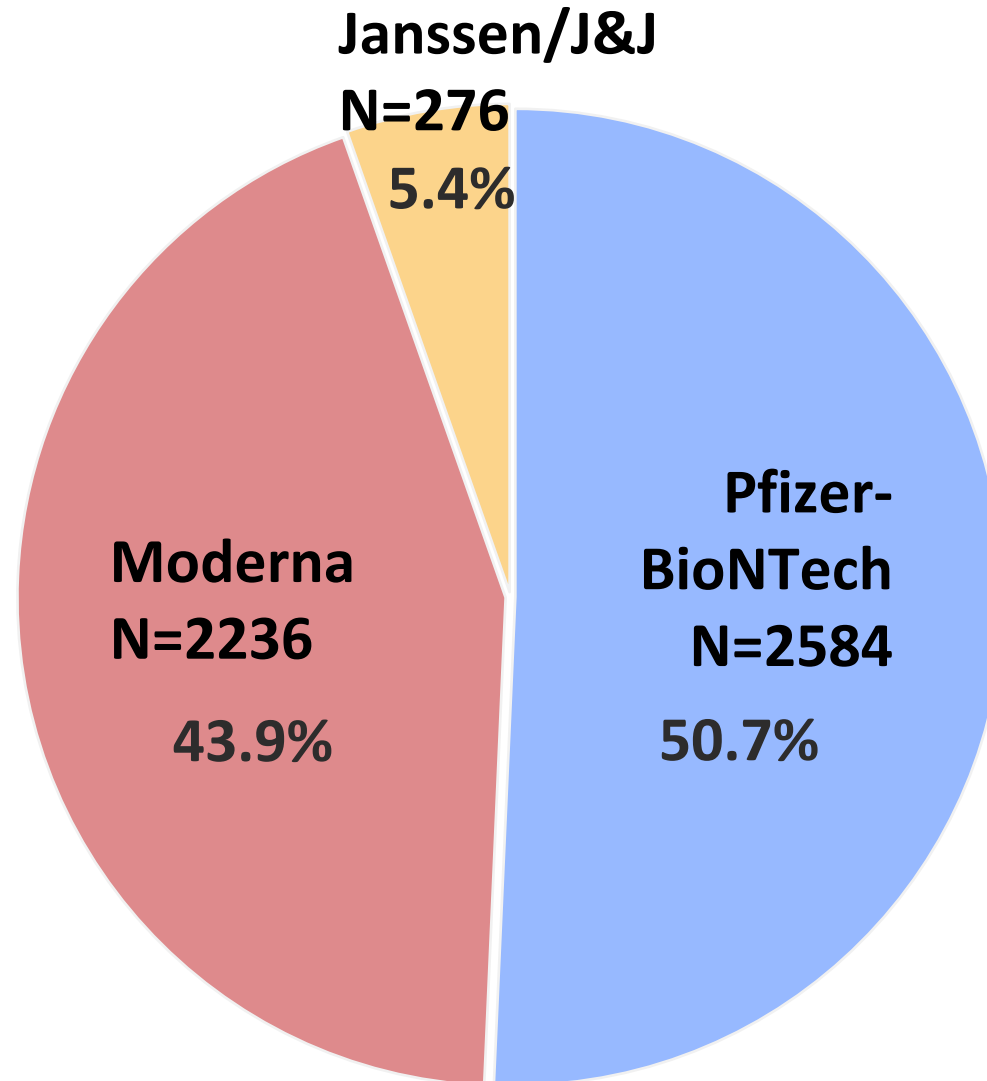
<sup>†</sup>Eligibility determined from verbal interviews and responses to 3-question web-based v-safe follow-up survey received prior to May 31, 2021. Eligible individuals received COVID-19 vaccination during pregnancy or periconceptional period ( $\leq 30$  days before the first day of the last menstrual period before pregnancy)

# V-safe pregnancy registry active follow-up

- Participants interviewed during each trimester, postpartum, and during early infancy

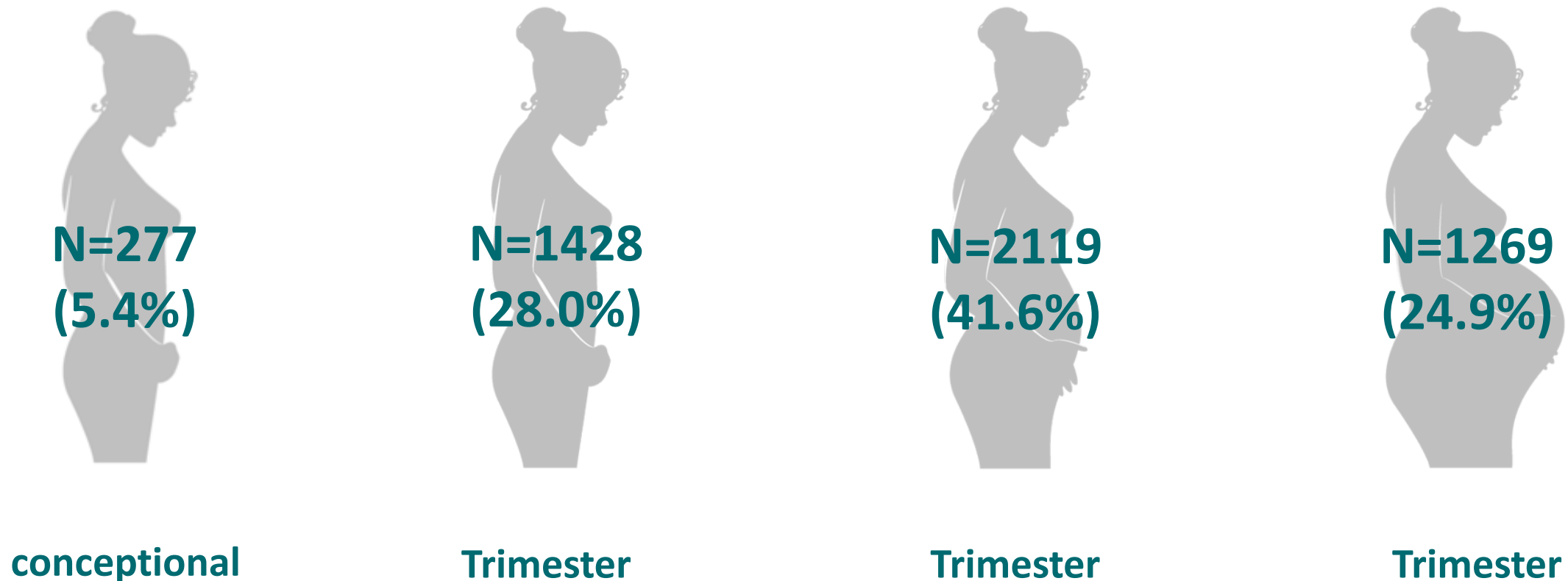


# V-safe pregnancy registry participants, by vaccine manufacturer as of September 13, 2021, N=5096



# Timing of first COVID-19 vaccination during periconception or pregnancy among v-safe pregnancy registry participants

Among 5093 participants\*



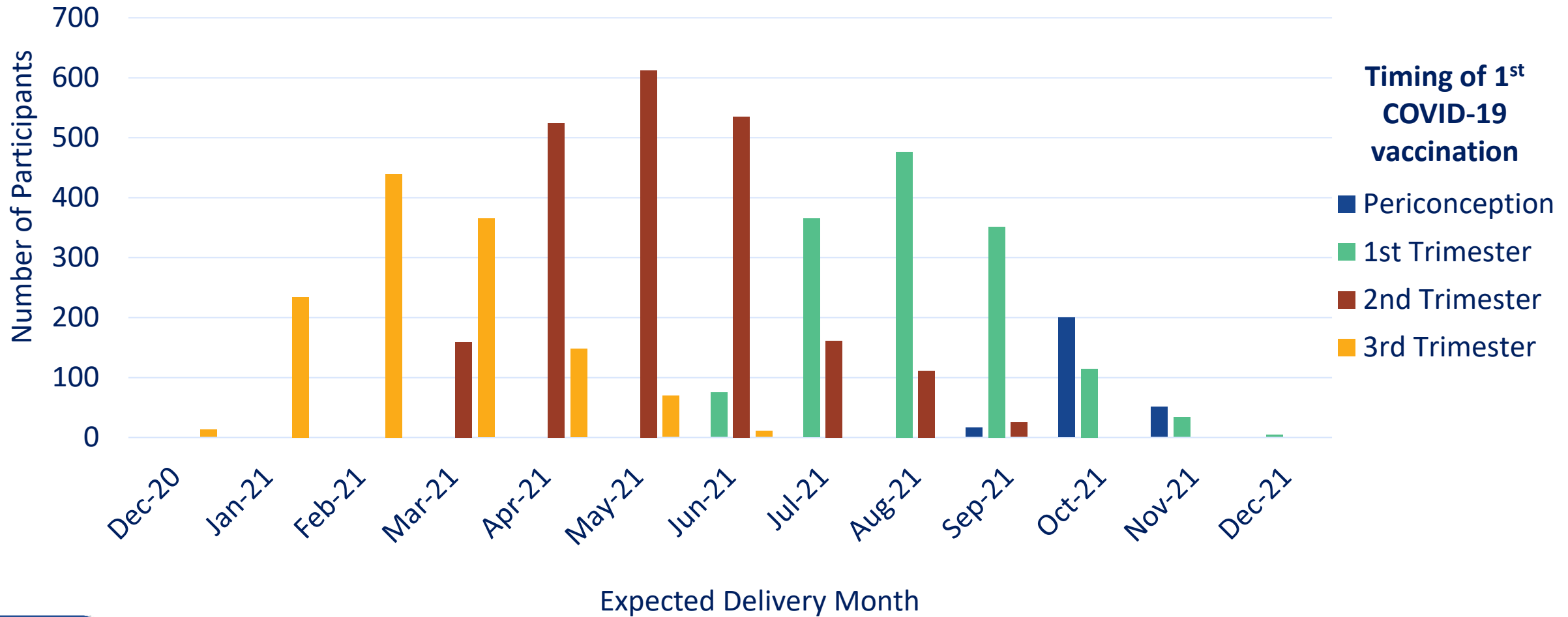
\*Eligibility dates missing for 3 participants

**Definitions:** Periconceptual:  $\leq 30$  days before the first day of the last menstrual period before pregnancy;

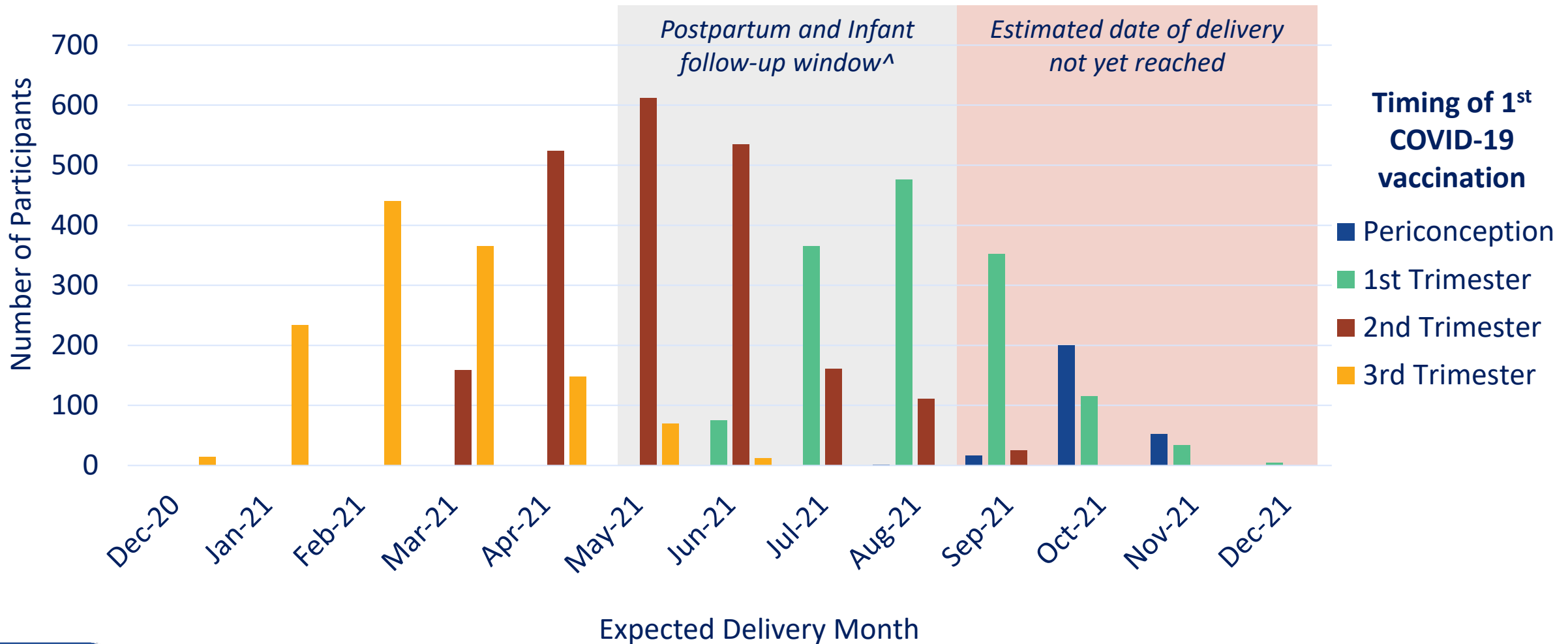
First trimester: 1<sup>st</sup> day of LMP to  $< 14$  weeks gestational age; Second trimester: 14-28 weeks; Third trimester:  $\geq 28$  weeks



# Estimated month of delivery among enrolled participants, by timing of 1<sup>st</sup> COVID-19 vaccination received during periconception or pregnancy



# Estimated month of delivery among enrolled participants, by timing of 1<sup>st</sup> COVID-19 vaccination during periconception or pregnancy



<sup>^</sup>Postpartum and infant follow-up interviews lag expected date of delivery by approximately 19 weeks





# V-safe pregnancy registry participant characteristics (N=5096 enrolled)

Age	Enrolled %
<20	0
20-24	1.1
25-34	65.3
35-44	33.3
>45	0.3

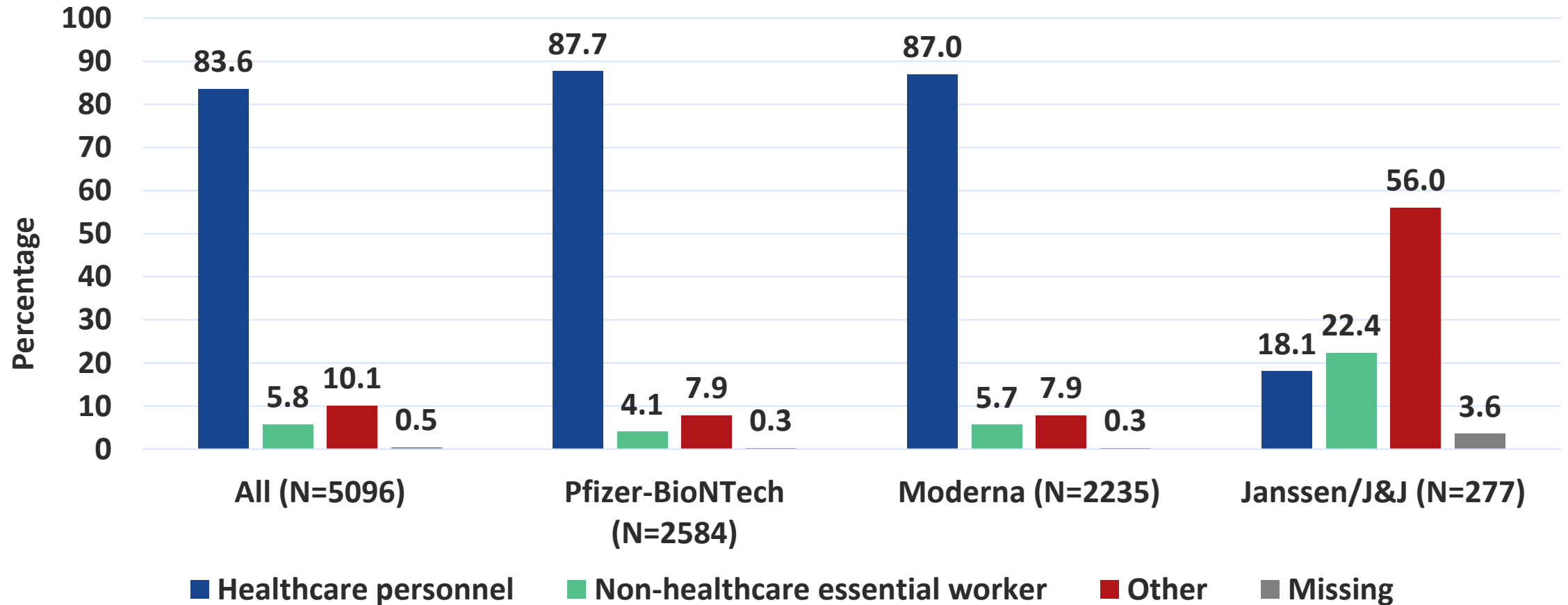
Race/Ethnicity*	Enrolled %
Non-Hispanic Black	1.4
Non-Hispanic White	79.4
Non-Hispanic Asian	8.4
Non-Hispanic Other	2.3
Hispanic	8.1



\*Race/Ethnicity, Missing/Declined N=20 (of the 5096)

Data as of September 13, 2021

# V-safe pregnancy registry participant occupation, as derived from vaccine priority group question



# V-safe pregnancy registry analysis of early pregnancy loss



# Receipt of mRNA COVID-19 vaccines and risk of spontaneous abortion (SAB)\*

- **Objective:** Assess the cumulative risk of SAB after mRNA COVID-19 vaccination
- **Data source:** CDC's v-safe pregnancy registry, COVID-19 vaccination data 2020–21
- **Methods:**
  - Included 2456 pregnant people enrolled in v-safe pregnancy registry
    - Received at least one dose of an mRNA COVID-19 vaccine before pregnancy or prior to 20 weeks of pregnancy
    - Did not have a pregnancy loss before 6 weeks of gestation
  - Lifetable methods to examine cumulative risk



\*Zauche et al. Receipt of mRNA Covid-19 Vaccines and Risk of Spontaneous Abortion. N Engl J Med. 2021 Sep 8. doi: 10.1056/NEJMc2113891.

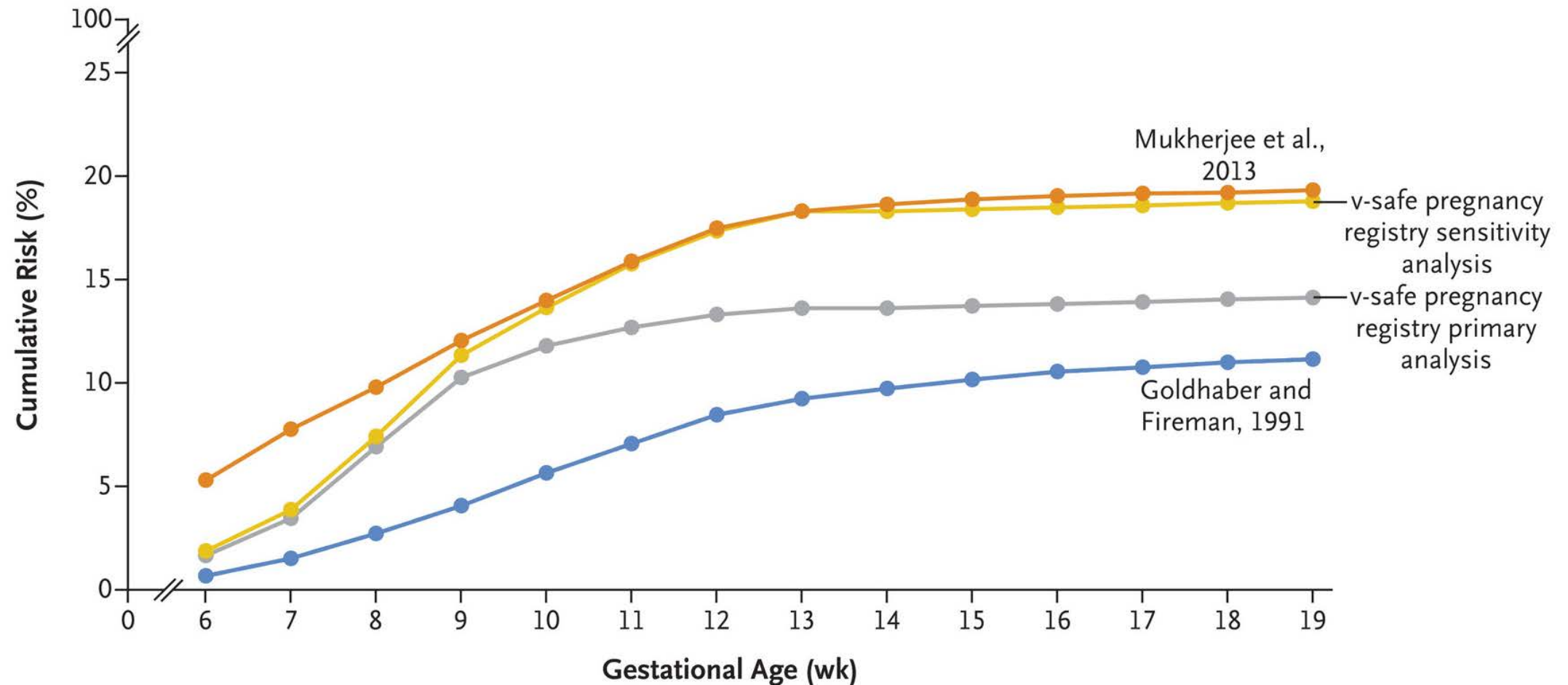
# No increased risk of spontaneous abortion (SAB) after COVID-19 vaccination during pregnancy

- Unadjusted cumulative risk of SAB after mRNA COVID-19 vaccination 14.1%
- Age-standardized cumulative risk of SAB: **12.8% (95% CI: 10.8%–14.8%)**
  - Similar to previously published baseline estimates of SAB (11%–22%)
- More evidence that mRNA COVID-19 vaccination during pregnancy is not associated with SAB

**Table 1.** Risk of Spontaneous Abortion among Participants in the v-safe Covid-19 Vaccine Pregnancy Registry, December 14, 2020, through July 19, 2021.

Gestational Age	Participants at Risk <i>number of persons</i>	Participants Who Reported Spontaneous Abortion	Week-Specific Risk <i>percent</i>	Cumulative Risk <i>percent (95% CI)</i>
6 to <7 weeks	904	15	1.7	1.7 (0.8–2.5)
7 to <8 weeks	982	18	1.8	3.5 (2.3–4.6)
8 to <9 weeks	1032	37	3.6	6.9 (5.4–8.5)
9 to <10 weeks	1087	39	3.6	10.3 (8.4–12.0)
10 to <11 weeks	1118	19	1.7	11.8 (9.9–13.7)
11 to <12 weeks	1184	12	1.0	12.7 (10.7–14.6)
12 to <13 weeks	1274	9	0.7	13.3 (11.3–15.2)
13 to <14 weeks	1394	5	0.4	13.6 (11.6–15.6)
14 to <15 weeks	1534	0	0	13.6 (11.6–15.6)
15 to <16 weeks	1632	2	0.1	13.7 (11.7–15.7)
16 to <17 weeks	1742	2	0.1	13.8 (11.8–15.8)
17 to <18 weeks	1848	2	0.1	13.9 (11.9–15.9)
18 to <19 weeks	1941	3	0.2	14.0 (12.0–16.0)
19 to <20 weeks	2052	2	0.1	14.1 (12.1–16.1)

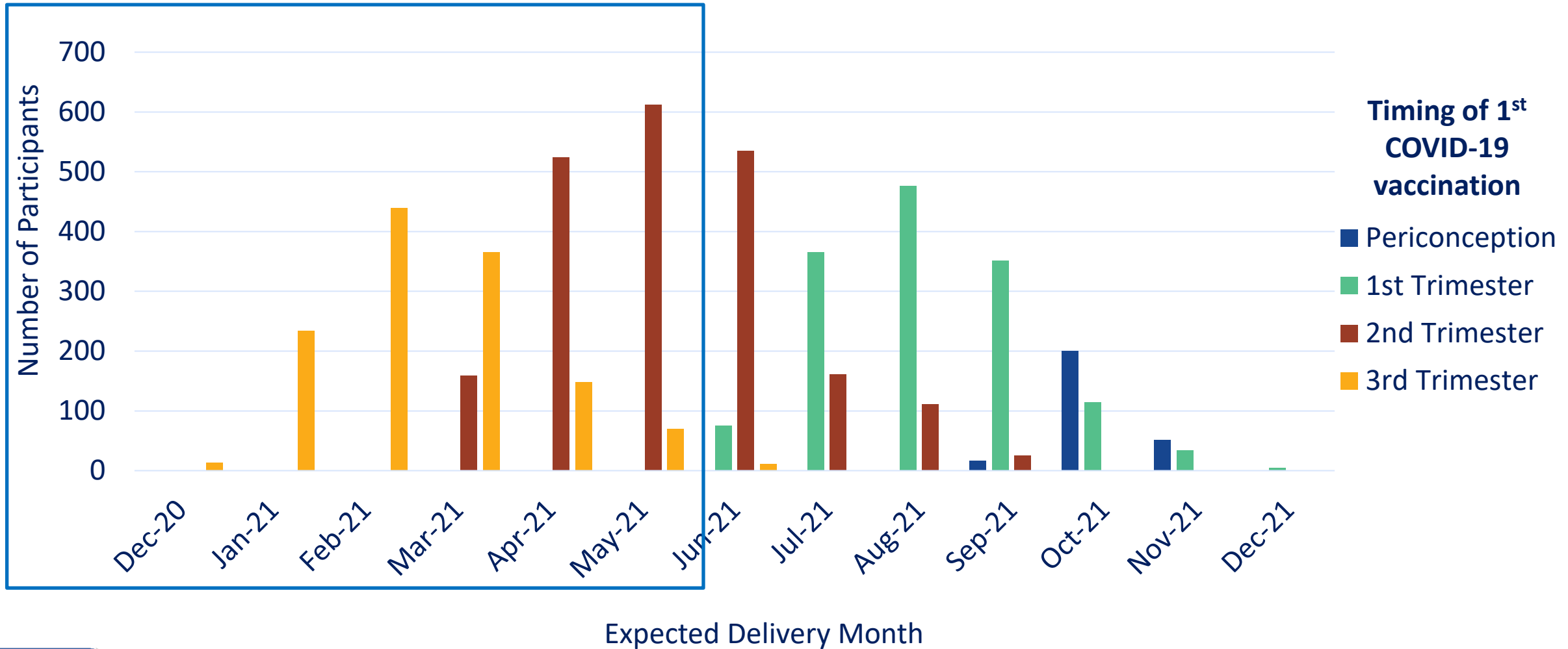
# Cumulative risk of spontaneous abortion in the v-safe pregnancy registry and in two historical cohorts



# V-safe pregnancy registry infant outcomes at birth



# Estimated month of delivery, among enrolled participants, by timing of 1<sup>st</sup> COVID-19 vaccination during periconception or pregnancy

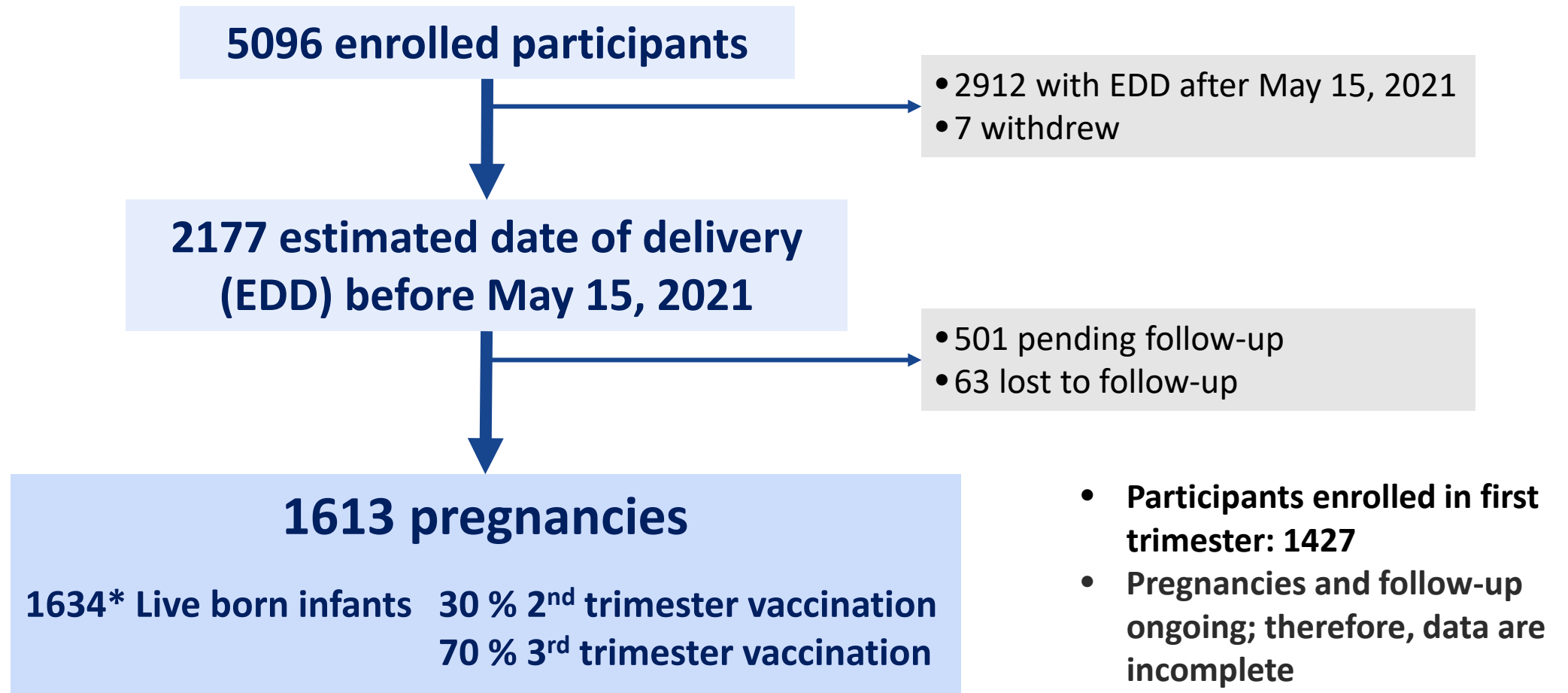


Note: postpartum and infant follow-up interviews lag expected delivery date by approximately 19 weeks





# V-safe pregnancy registry enrolled pregnancies included in maternal and infant outcomes cohort



\* Includes 42 infants from twin gestations



# Infant outcomes among v-safe pregnancy registry enrolled participants\* with pregnancies ending in live birth (N=1634 infants)

Live born infants	All infants N=1634 (%)	Background rate % <sup>†</sup>
Preterm <sup>a</sup>	99 (6.5)	8-15
Small for gestational age <sup>b</sup>	45 (2.8)	3.5
Admitted to NICU <sup>c</sup>	158 (9.7)	9.3
Neonatal or infant death <sup>d</sup>	0 (0)	<1

\* Maternal and infant outcomes cohort defined as participants with completed follow-up and expected delivery dates prior to May 15, 2021, to account for the lag in ascertaining outcomes at infant 3-month follow-up.

<sup>†</sup> Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons in NEJM <https://www.nejm.org/doi/full/10.1056/nejmoa2104983>

<sup>a</sup> Preterm birth denominator is live births among mothers vaccinated before 37 weeks' gestation (n=1,514 infants)

<sup>b</sup> Birthweight below the 10th percentile for gestational age and sex using INTERGROWTH-21st Century growth standards

<sup>c</sup> Among 2019 live births, National Vital Statistics Registry: <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-tables-508.pdf>

<sup>d</sup> Among 2018 live births, National Vital Statistics Registry: <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf>



# Preliminary birth defects data among live born infants of participants vaccinated in the 2<sup>nd</sup> or 3<sup>rd</sup> trimester

- Most birth defects arise in the first trimester; most pregnancies in the registry that were vaccinated in the first trimester are ongoing
- V-safe pregnancy registry participants report birth defects during the postpartum interview
  - Response to question “Was your baby diagnosed with a birth defect?”
- Reported birth defects were reviewed for inclusion and categorized by birth defect experts
- Birth defects were defined as a structural abnormality, chromosome anomaly, or genetic syndrome



# Participant reports of birth defects among live born infants of participants vaccinated in the 2<sup>nd</sup> or 3<sup>rd</sup> trimester (N=1574)

Birth Defect Categories	Specific defects N=52*
<b>Heart and circulatory system</b>	<b>16</b>
<i>Septal defects</i>	<i>11</i>
<b>Musculoskeletal system</b>	<b>8</b>
<i>Polydactyly and syndactyly</i>	<i>4</i>
<b>Genitalia</b>	<b>7</b>
<i>Hypospadias</i>	<i>5</i>
<b>Kidney and urinary system</b>	<b>5</b>
<b>Cleft lip +/- cleft palate</b>	<b>4</b>
<b>Chromosomal anomalies</b>	<b>4</b>
<i>Trisomy 21</i>	<i>3</i>
<b>Nervous system</b>	<b>3</b>
<b>Respiratory system</b>	<b>2</b>
<b>Other</b>	<b>3</b>

Among the 45 infants with birth defects:

- Types of reported birth defects are consistent with data from birth defects surveillance in the United States
- No unusual types or clusters of birth defects noted
- The v-safe pregnancy registry has demonstrated its capability in identifying birth defect outcomes and their distinct types

\*Among 45 infants who had one or more major birth defect; 6 infants had >1 birth defect; 1 infant was from a twin gestation  
v-safe pregnancy registry

# Closing thoughts on COVID-19 vaccination and pregnancy



# Closing thoughts

- Accumulating data on the safety of COVID-19 vaccination during pregnancy from the v-safe pregnancy registry adds to the growing body of evidence of the safety of COVID-19 vaccination during pregnancy
  - No evidence of any increase in spontaneous abortion rates
  - No evidence of any disproportionate infant outcomes
- CDC will continue to monitor the safety of COVID-19 vaccination during pregnancy



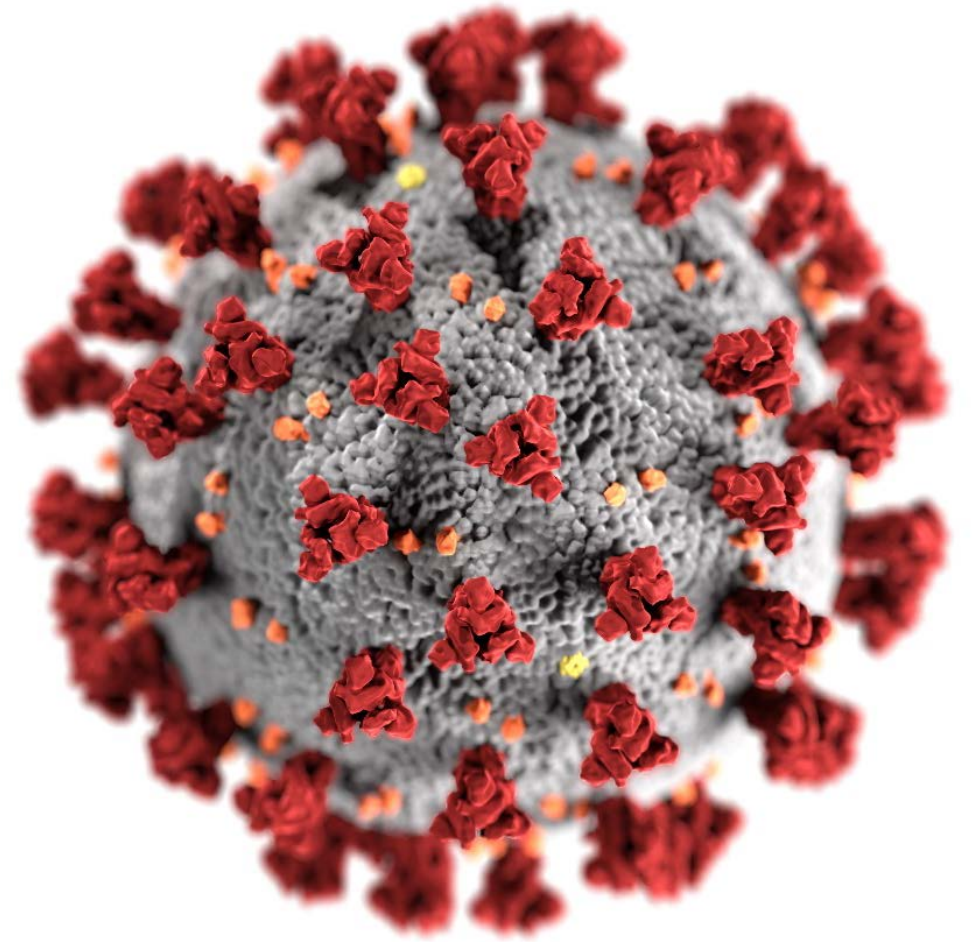
# Acknowledgments

Thank you to the many people who continue to contribute to the vaccine safety monitoring work

- **V-safe After Vaccination Health Checker Team**
- **V-safe COVID-19 Pregnancy Registry Team**
- **Vaccine Safety Datalink Team**
- **VAERS Team**
- **Participants in all of the above vaccine safety monitoring systems**
- **CDC COVID-19 Vaccine Task Force**



# Thank you!



For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

