



# COPING WITH COVID



## Perinatal support newsletter

*You're not in this alone, we're in this together and we're here to help*



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@SWLSTGperinatal

**September 2021**

**Welcome** to the September Issue of our Coping with COVID-19 Perinatal Newsletter. This month we will be exploring the topic of vaccination in pregnancy. Will go in depth of what you need to know, information for those who are breastfeeding and myths on fertilisation. In addition, we will look into traditions of the Romani travelers' community and the Circle of Security Parenting Group.

## Vaccination in pregnancy



- ❖ Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people.
- ❖ Getting a COVID-19 vaccine can protect you from severe illness from COVID-19.

[COVID-19 Vaccines While Pregnant or Breastfeeding \(cdc.gov\)](https://www.cdc.gov/vaccines/pregnancy/)

### COVID-19 Vaccines While Pregnant or Breastfeeding

#### What You Need to Know

- ❖ COVID-19 vaccination is recommended for all people 12 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.
- ❖ Evidence about the safety and effectiveness of COVID-19 vaccination during pregnancy has been growing. These data suggest that the benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy.
- ❖ There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men.

**NHS**

### COVID-19 Vaccination and Pregnancy

**COVID-19 in pregnancy**

- Most will have no or mild cold / flu symptoms
- A positive diagnosis is more dangerous after 28 weeks pregnant
- Higher risk of admission to intensive care
- Higher risk of premature birth
- Risk of stillbirth doubled
- Increased risk of pre-eclampsia.



**The data so far...**

- No vaccine is known to be harmful in pregnancy
- UK vaccines are not 'live', so cannot give you the virus
- Pfizer and Moderna given to 130,000 pregnant women in USA with no safety concerns.



**Women who are at higher risk of severe disease include:**

- Clinically extremely vulnerable (CEV)
- Underlying medical condition e.g. diabetes
- BMI 25 or more
- Age 35 or more
- Over 28 weeks pregnant.



**You are at higher risk of catching COVID-19 if:**

- You or someone in your household is a health / social care worker
- Your community has a high rate of infection
- You have frequent contact with people outside your home
- You live with someone who works in the hospitality or tourist industry
- You are from a minority ethnicity background.



[Covid Vaccination in Pregnancy | North Bristol NHS Trust \(nbt.nhs.uk\)](https://www.nbt.nhs.uk/covid-vaccination-in-pregnancy/)



# Explainer on COVID19 vaccination, fertility, pregnancy and breastfeeding



Victoria Male, Lecturer in Reproductive Immunology at Imperial College London

## **What is the evidence that the COVID19 vaccine will not reduce fertility?**

Although pregnant people were not included in the first round of trials, and participants were asked to avoid becoming pregnant, nonetheless a number of people became pregnant by accident. The accidental pregnancies occurred equally across the vaccinated and the non-vaccinated groups, which tells us that vaccines did not prevent pregnancy. The people who became pregnant have been followed closely, and are having normal pregnancies. You can find the accidental pregnancy data [here \(AZ\)](#), [here \(Moderna\)](#), [here \(Pfizer\)](#) and [here \(Janssen\)](#).

Many people who were vaccinated in the general rollout have now become pregnant following vaccination. In the USA, [almost 5000 people](#) who have become pregnant after being vaccinated have reported their pregnancies to the active tracking programme V-safe.

The vaccine works by instructing our bodies to make antibodies that bind to a viral protein called Spike. This stops the virus from infecting our cells. The claim that the vaccine might reduce fertility came from the idea that there are proteins in the placenta that have some similarities with Spike, so the antibodies that block Spike might also attach to the placenta. But the viral and placental proteins are not similar enough that we would expect this to happen. If antibodies against Spike did cause problems for the placenta, we would expect to see miscarriages in pregnant people who become infected with COVID19, and we don't see this.

## **I heard that the UK government recommended that people should not get the vaccine if they are pregnant or planning on becoming pregnant within the next few months. Is this true?**

Not anymore. Pregnant people were not included in the first round of trials, and participants were asked to avoid becoming pregnant, so the UK government initially advised that the same measures be followed for the wider use of the vaccine. From the 30th December 2020, the UK government advised that people who are trying to conceive or breastfeeding should be offered the vaccine if they are otherwise eligible, and those who are pregnant and at high risk should be offered the vaccine.

## **I am not pregnant, but I would like to have children later. Should I get the vaccine?**

There is no evidence that the vaccine will reduce your chances of getting pregnant later and the UK government recommends that people who are trying to get pregnant should receive the vaccine if they are otherwise eligible. For people in your position, there is no reason not to get the vaccine if you are offered it.

## **I am breastfeeding. Should I get the vaccine if I am offered it?**

There is no known risk associated with giving non-live vaccines whilst breastfeeding and no safety signals have appeared in breastfeeding people or their babies. The UK government advises that breastfeeding people should be offered the vaccine if they are otherwise eligible. The vaccine [does not pass through breast milk](#), but the protective antibodies that your body makes do. These antibodies might be expected to give your baby some protection against COVID19, although more research is being done to find this out.

*If you would like this information in a more formal format, you can find an article based on this document [in Nature Reviews Immunology](#). This article was up-to-date when it was submitted on the 19th February 2021 but unlike this explainer, will not be updated as new information comes to light.*

This text's information was taken from: <https://www.immunology.org/coronavirus/connect-coronavirus-public-engagement-resources/covid-vaccine-fertility-pregnancy>

## **I am pregnant. Should I get the vaccine if I am offered it?**

There are risks associated with catching COVID19, particularly in the second half of pregnancy. Pregnant COVID19 patients are more likely to need intensive care than COVID19 patients who are not pregnant. There is also evidence that preterm birth is more common than normal in pregnant COVID19 patients, and their babies are more likely to be admitted to the neonatal unit. The BMJ provides a regularly updated summary of the research in this area, which you can find [here](#).

Because of the increased risk from COVID19 during pregnancy and the reassuring safety profile of the vaccines in this group, the UK government now advises that [all pregnant people should be offered the COVID-19 vaccine at the same time as the rest of the population, based on their age and clinical risk group](#). In the USA, [majority of states](#) are now prioritising pregnant people for vaccination.

People who get vaccinated while they are pregnant also pass protective antibodies to their babies through the placenta. This might be expected to give the baby some protection against COVID19, although more research is being done to find this out.

## **I would like detailed information about the outcomes for the pregnant people who have so far received the vaccine. Where can I find it?**

In the USA, the safety of the new COVID19 vaccines is being monitored in a number of ways. One of these is an active surveillance programme called V-safe. V-safe recruits people at vaccination and actively tracks their outcomes.

The V-Safe pregnancy registry enrolled 3958 participants between 14th December 2020 and 28th February 2021. By 30th March, 827 of these people had completed their pregnancy, of which 712 (86.1%) resulted in a live birth. The rates of adverse pregnancy events were the same in those who received a COVID19 vaccination during pregnancy as in the general pregnancy population. You can read more [here](#).

The USA also has a passive monitoring programme called VAERS. This collects information that doctors, patients or their families report. By the 8th April 2021, almost 87,000 pregnant people had received either the Pfizer, the Moderna or the Janssen vaccine in the USA. There have been 273 reports of adverse events from these people, most of which have been mild side-effects which we already know to be common in people who receive the vaccine.

In terms of pregnancy-specific problems, by the 8th April, 62 miscarriages, 15 preterm births, 4 cases of pre-eclampsia and 3 stillbirths have been reported, among almost 87,000 people. This is in line with the rate at which these events normally occur.

At a White House briefing on the 10th of February, at which point 20,000 pregnant people had been vaccinated, Dr. Anthony Fauci said the data raise "no red flags". You can read a transcript of the briefing [here](#). At a briefing on the 5th April, at which point 70,000 pregnant people had been vaccinated, Dr. Anthony Fauci said "things look very good for the association between vaccination and protecting pregnant women from adverse outcomes from themselves and their fetus". You can read a transcript of the briefing [here](#).

In the UK, we also have both active and passive surveillance systems, both of which are run through the Yellow Card reporting system. The UK's active surveillance system is relatively new, and no report has yet been published from this. The UK data on the safety of COVID19 vaccines during pregnancy collected through passive surveillance is in line with the US data, with no sign of adverse events occurring more often than in the general pregnant population. The reports are regularly updated, and you can find them [here](#). On the 16th April, the JCVI, which advises the UK government on vaccination policy, released a statement saying that "there have been no specific safety concerns from any brand of COVID-19 vaccines in relation to pregnancy."

# Updates

## Covid-19 government updates

Most legal restrictions to control COVID-19 have been lifted at Step 4. This means that:

- ❑ You do not need to stay 2 meters apart from people you do not live with. There are also no limits on the number of people you can meet. However, you should limit the close contact you have with those you do not usually live with and increase close contact gradually. This includes minimizing the number, proximity and duration of social contacts. You should meet outdoors where possible and let fresh air into homes or other enclosed spaces.
- ❑ The government is no longer instructing people to work from home if they can. However, the government expects and recommends a gradual return over the summer.
- ❑ The requirement to wear face coverings in law has been lifted. However, the government expects and recommends that people wear face coverings in crowded areas such as public transport.
- ❑ There are no longer limits on the number of people who can attend weddings, civil partnerships, funerals and other life events (including receptions and celebrations). There is no requirement for table service at life events, or restrictions on singing or dancing.
- ❑ There are no longer restrictions on group sizes for attending communal worship.

## Easy pumpkin soup

*Autumn: time for curling up away from the onslaught of chill, turning to warming pots and heartier food we've missed through the summer.*



### INGREDIENTS

- 1 (about 1.5kg) butternut pumpkin, halved
- 2 tbs extra virgin olive oil
- 8 thyme sprigs
- 2 large carrots
- 4 slices cured and smoked streaky bacon (optional)
- ½ tsp fennel seeds
- ½ tsp chilli flakes, plus extra to serve
- 1 onion (unpeeled)
- 3 garlic cloves (unpeeled)
- 500ml chicken or vegetable stock
- 2 tbs creme fraiche, plus extra to serve
- Micro herbs (optional), to serve

### SPICED PARMESAN CROUTONS

- 75g very finely grated parmesan, plus extra grated to serve
- 75g unsalted butter, softened
- ½ tsp fennel seeds, crushed
- ½ tsp chilli flakes, plus extra to serve
- ½ tsp coriander seeds, crushed
- 3 thyme sprigs, leaves picked
- ½ sourdough baguette, sliced on an angle

### METHOD

1. Preheat oven to 220°C (200°C fan-forced). Line a large baking tray with baking paper. Drizzle the cut sides of the pumpkin with 1 tbs oil, then place, cut-side down, on prepared tray on top of thyme sprigs.
2. Place the carrots and bacon, if using, in the middle of a large piece of foil. Sprinkle over the fennel seeds and chilli flakes. Drizzle with the remaining 1 tbs oil. Add to the baking tray and roast for 30 minutes.
3. Remove the vegetable mixture from the oven and add the onion to the tray. Enclose the garlic in foil and add to the baking tray. Roast for a further 30 minutes or until tender.
4. Meanwhile, for the croutons, combine the parmesan, butter, fennel seeds, chilli flakes, coriander seeds and thyme in a bowl. Season. Stir to combine. Spread the butter mixture over 1 side of the baguette slices. Place on a lined baking tray. Sprinkle with extra parmesan. Set aside.
5. Remove vegetable mixture from the oven and replace with the crouton tray. Roast for 8 minutes or until golden and bubbling.
6. To make the soup, strip the thyme leaves from stalk and add to a large saucepan. Scoop out the pumpkin seeds and discard. Scoop out the pumpkin flesh and place in the saucepan with the carrots and bacon, if using. Peel the onion and garlic, and add to the pan. Add any remaining pan juices. Use a stick blender to break down slightly, then add the stock and 1½ cups water. Blend until smooth. Stir in the creme fraiche. Season to taste and cook over medium heat until warmed through.
7. Transfer to serving bowls. Top with extra creme fraiche and micro herbs. Season with pepper and sprinkle with extra chilli flakes. Serve with spiced parmesan croutons.

# Pregnancy in Traveller ROMANI community



Bringing a child into this world is a wonderful and exciting experience and is usually met with congratulations, applause, and people wanting to constantly feel your stomach. For a Romani, this announcement comes with immediate quarantine.

*While the actual act of giving birth to a child and raising them is highly supported and encouraged by Romani families, a pregnant woman is restricted from being around her husband and other men for the duration of her pregnancy.*

*Pregnant women are taken care of by people referred to as midwives who help attend to their needs since husbands play no role in the nine months that their wives are pregnant.*

Romani women have a countless number of superstitions that they keep alive through their rituals and traditions.

*One of these has to do with knots and the idea that a tangled umbilical cord can be prevented by repeatedly undoing them. Up until the time of birth, midwives will continue undoing knots as a sign of a natural birth with a non-problematic umbilical cord.*

This act of loosening knots is believed to improve an expectant mother's luck when she gives birth and it's considered bad luck for the umbilical cord if anything is still knotted. Midwives and women will go about untying knotted ropes, strings, and even clothing that belongs to the pregnant mother. In some cases, a mother-to-be's hair will even be taken down if it's held back by a ribbon or in some kind of updo. Obviously, this is so far out of the traditions of most women who are about to give birth, considering when the searing pain comes on, their hair is literally the last thing on their mind next to pushing. But for Romani people, no knot is safe when a pregnant mother is around because the looser the knots, the looser the umbilical cord will be when that baby shows up.



**The information was taken from:**

<https://www.aims.org.uk/journal/item/experience-pregnancy-grt-communities>  
<https://www.csmonitor.com/Books/2012/0228/6-memories-of-growing-up-as-a-Romany-Gypsy/Romany-Gypsies-don-t-believe-in-curses>  
<https://www.gypsy-traveller.org/advice-section/accessing-maternity-advice-and-support/>



## Tri-Naming Is Necessary

Each child is given three names at different time periods after their birth. A name symbolizes a baby becoming a human and it's necessary for each child to have all of them. At the moment of birth, a mother is required to pick a fake name to give her child which is often whispered in his or her ear immediately. This is a name that, under no circumstances, will ever be known or used by anyone else. Too bad if you're bad at keeping secrets, if word gets out about your baby's first given name, you could have a fight with some bad spirits on your hands.

In order to trick these spirits, it's necessary that a first name is given even though it will never be used. A child's second name is their true given name by the Roma and is used only amongst the Romani community.

This name is casual and used by everyone within their tribe. The third name is somewhat significant, but not to the Roma people. When a baby is baptized for the second time, he or she is done so by the more prevalent religion of the country their family resides in and thus is given a name that's to be used by non-Roma people.

## It Takes A Village

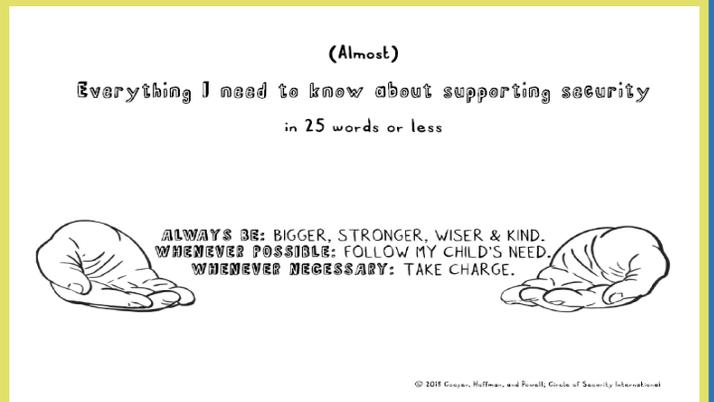
As you may have guessed, Romani children aren't raised just by their biological parents. Once babies are baptized and new mothers are allowed to rejoin the community, the entire tribe helps to raise, educate, and pass on strong traditions to the new child. Growing up, they are initially left to do as they please, with Romani parents having acquired the reputation for being "permissive" according to Patrino on oocities.org. This in no way reflects the love new Romani parents and the Roma community have for newborn children, in fact, they're very highly treasured because they will be the ones leading the future bloodline. A successful childbirth means a successful next generation of Roma. To ensure this, everyone in the Romani family is required to play a role in raising the child.

His or her parents will teach the skills that they know and to learn them completely, the child will practice by imitation. This is how the Romani culture has continued to thrive and span centuries. For a Romani child, freedom is theirs as long as they continue to uphold gypsy tradition. When they're at the appropriate age, whatever skills they've perfected or enjoy will lead to their career in life, followed shortly by a family of their own.

# Circle of Security Parenting Group

**Circle of Security Parenting Group** is an 8-week reflective parenting group based on attachment theory that the Perinatal Team offers. Attachment theory is used to help parents understand the emotional needs of their child. Therapists act as safe base for group members to explore their own experiences of being parented and being parents. Below are a few things that the group covers:

- ❖ Making sense of what a baby is asking for emotionally
- ❖ Understanding baby's emotional world and recognizing their emotional needs
- ❖ Supporting baby's ability to manage emotions
- ❖ Understanding what's needed for secure parent-child relationships
- ❖ The group uses video clips to highlight the main concepts. The clips are paused at specific points to invite reflection from the participants.



## Testimonial from Dr Charlotte

*'Deciding whether to get the vaccine was a tough one at the start. The NHS advice was for pregnant women to only have the vaccine if there were risk factors that outweighed the risk of the vaccine- but this was purely based on the fact that no pregnant women were included in the trials. I have a close friend who was also pregnant in the US and the advice was different there, they were vaccinating and collecting real world data alongside, as no concerns had been identified. Once the data from the US was released demonstrating that there were no concerns with the vaccine in pregnancy, but more evidence was emerging that pregnant women catching covid were getting more ill, it was then an easy decision for me. I also had my husband working in ICU reporting back that pregnant women with no other risk factors catching covid were delivering early or becoming very unwell, which helped aid my decision. Although I still had some apprehension, I went to get my first Pfizer at 30 weeks and my second at 38 weeks, without any side effects at all. I felt a huge sense of relief after both doses and also reassured now that my baby is likely to have some antibodies from the vaccine. She is now 12 weeks, delivered at 40 weeks and perfectly healthy. I delivered in June, just before all restrictions were released and I now feel reassured attending baby classes, seeing friends and going to weddings knowing that both of us will have some protection.'*

# Some helpful links for perinatal mental health support or when in crisis

## Action on Postpartum Psychosis advice for Mums

<https://www.app-network.org/news/postpartum-psychosis-covid-19/>

## RCOG - Advice for pregnant women

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy>

## Anxiety UK - advice and helpline

<https://www.anxietyuk.org.uk/blog/health-and-other-forms-of-anxiety-and-coronavirus>

## Mind - Coronavirus and your wellbeing

<https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/#TakeCareOfYourMentalHealthAndWellbeing>

## Mental Health Foundation - Looking after your mental health during coronavirus outbreak

<https://www.mentalhealth.org.uk/publications/looking-after-your-mental-health-during-coronavirus-outbreak>

## PANDAS charity – perinatal mental health helpline

<http://www.pandasfoundation.org.uk>

## OCD Action - skype/phone support groups

<https://www.ocdaction.org.uk/support-groups/online2>

## Place2Be - Talking to children about coronavirus

<https://www.place2be.org.uk/about-us/news-and-blogs/2020/march/coronavirus-information-for-children>

If you find yourself in a mental health crisis and you do not know who to turn to, South West London and St George's has a Mental Health Support Line for all of their clients which can advise and signpost you towards vital support. Their number is: **0800 028 8000**

Other Crisis Helplines:



text SHOUT to 85258. A free confidential 24hr text support service.



call 116 123. Open 24hrs a day, 365 days a year

If you have any feedback or need any further help with any of the information we have provided in this newsletter or wish to unsubscribe, please contact us.

## Perinatal Office

Telephone: 0203 513 6577

Twitter: @swlstgperinatal

[Feedback link about the service \(POEM\)](#)



South West London and  
St George's Mental Health

NHS Trust