

Pregnant women endangered by “herd immunity” policy and conflicting official advice on COVID-19

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The health and lives of pregnant women and their unborn babies have been recklessly endangered by the herd immunity policy of British and international governments that have allowed COVID-19 infection to spread.

Recent data from England shows that nearly 20 percent of the most critically ill COVID-19 patients are pregnant mothers. Almost all of them (98 percent) are unvaccinated, due to contradictory official advice. This will also have been impacted by anti-vax propaganda from spurious “parent” groups associated with right-wing Tories and promulgated by the media.

On November 1, Saiqa Parveen, 37, passed away after five weeks in intensive care. Saiqa, from Birmingham, contracted COVID-19 when she was eight months pregnant with her fifth child. She never got the chance to see or hold her newborn who was delivered by emergency caesarean section.

Samantha Willis, 35, a care worker and mother of three from Derry, Ireland, was also eight months pregnant when she and her husband, Josh, received positive COVID-19 test results on August 1. On August 5, Samantha’s baby, Eviegrace, was delivered by emergency caesarean. Samantha died in the early hours of August 20, again without holding her baby.

Saiqa and Samantha are two of the 13 pregnant or postpartum women killed by COVID-19 since July. In the 10 months between February and November, 1,714 pregnant women were admitted to hospital with the virus. Studies suggest that pregnant women are 13 times more likely to die from COVID-19 than people of a similar age who are not pregnant.

Experts say pregnant women infected with SARS-CoV-2 are three times more likely to need an emergency delivery, and much earlier than planned. The *Independent*

revealed that 694 babies have been born prematurely to mothers hospitalised by COVID-19 over the 17 months of the pandemic, of which 604 have had needed critical care.

Nine-day old Ivy-Rose Court died on October 22. Her mum Katie Leeming, 22, contracted COVID and Ivy-Rose, who was born 14 weeks premature, tested positive a few days after birth. Already suffering major complications, including pulmonary and brain haemorrhages due to her early birth, Ivy-Rose deteriorated rapidly and could not be saved.

Asya, 35, from south-east London, also contracted COVID-19 and went into labour at 27-and-a-half weeks. Although her symptoms were “bad, but manageable at home”, she realised her baby was not moving as much and was admitted to hospital. Her premature son, Daniel, tested positive for COVID-19 and was transferred to a neonatal unit, requiring treatment for bleeds on his brain and his lungs, where he remained for eight weeks.

Speaking from Downing Street on November 16, England’s Chief Medical Officer, Professor Chris Whitty, urged all women already pregnant or planning to be, to get vaccinated. Citing the “stark” data on the numbers ending up in hospital with COVID-19, he described these as “preventable admissions.”

Likewise, the *Daily Mail* featured the latest appalling data under the headline that “hospital labour wards are at breaking point as pregnant women who refuse Covid jabs plunge maternity services into ‘crisis’,” claiming that this had led to “healthy mothers being ‘abandoned’ mid-labour, midwives self-isolating and birth units forced to close.”

The *Daily Mail* is a leading proponent of herd immunity, whose occasional support for vaccination is only to prevent other mitigating measures it argues will “damage the economy.” The numbers of expectant

mothers critically ill with COVID-19 is worse today than in earlier stages of the pandemic, when vaccines were not available, because the Delta variant was left free to surge.

As for the crisis in maternity services, midwives, students of midwifery and support staff held protest vigils on November 21 over major staff shortages caused by more than a decade of austerity, leading to “completely unsustainable” staffing levels during the pandemic.

Blaming individual pregnant women for “refusing” vaccination and putting hospital and midwifery services “at risk” stands reality on its head.

Official advice from the Joint Committee on Vaccination and Immunisation (JCVI) at the start of the vaccine roll-out in December 2020 was that only pregnant women considered at “high risk” should get vaccinated. This is the same JCVI that first declined to support the vaccination of children over the age of 12 and then limited this to just one jab.

It was only in April that data from 130,000 pregnant women in the US showing the vaccine to be safe caused the advice to be changed. But mothers-to-be were only offered vaccination at the same time as everyone else in their age group. As most are under the age of 40, this meant further delays.

The sudden change in advice also created confusion and hesitancy. According to the *BMJ*, (formerly, *British Medical Journal*) on November 22, vaccine uptake among pregnant women increased from 65,000 to 80,000. Even so, data from Public Health Scotland (England does not collect data related to vaccinations, pregnancy and birth) showed that only 23 percent of those aged 35-39 who gave birth in August 2021 were fully vaccinated, compared with 71 percent in the general population.

The *BMJ* cited Pat O’Brien, consultant obstetrician and vice president of the Royal College of Obstetricians and Gynaecologists, who said the cause was two-fold. First, “the natural and understandable reluctance of pregnant women to take anything unusual or new during pregnancy because of fear that it might harm their baby”, compounded by initial JCVI advice that pregnant women should avoid the COVID vaccine.

April’s change in advice was still left as an individual choice, with little to no information given on its importance.

Samantha had been advised against vaccination at earlier antenatal appointments, her husband told the *Guardian*. “They gave her a flyer telling her there wasn’t enough research on the Covid vaccine in pregnant women.” This said that “until more information is

available, those who are pregnant should not routinely have this vaccine.” Likewise Saiqa, who was close to her due date when the guidance changed, decided to wait until after the birth.

Those pregnant women who did attempt to book vaccinations encountered great difficulties as online booking systems did not allow them to specify the Moderna or Pfizer vaccines, in line with JCVI advice, and many were turned away.

Professor Marian Knight of the University of Oxford leads the MBRRACE-UK collaboration conducting surveillance and research into the causes of maternal deaths, stillbirths and infant deaths. She told the *Guardian* this month, “Never before have I wanted to cry so much as I have in the last few weeks, because I feel we’ve failed these women.” They died “from a vaccine-preventable disease due to the high levels of uncertainty among pregnant women, and inconsistent advice.”

Dr Latifa Patel, a senior paediatric registrar and chief officer at the British Medical Association, told the *i* newspaper, “I feel pregnant women have been let down by society, the NHS and the government” due to conflicting advice.

Pregnant women, said Patel, were told at the end of last year, regarding the vaccine, “There is a sweet in front of you, but you can’t eat that sweet in any circumstances. It’s not for you.”

Then—in February—they were told “you can have the sweet” but only if an obstetrician “put in writing that they are giving you permission to eat it.” In April this was changed to, “you can have the sweet. We just need you to sign you are happy to have it.

“And now pregnant people are being told: ‘Of course you can have the sweet’”.

Similar tragedies are repeated internationally. According to the Center for Disease Control and Prevention, just 35 percent of expectant mothers in the US were vaccinated for COVID-19 as of November 6. More than 24,700 expectant women have been hospitalised with COVID-19 and, as of November 8, 227 had died.



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