

Pregnant women need to be at front of vaccine queue

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It is hard not to be delighted by the steady progress of Britain's Covid vaccination programme. But one group seems to be getting short shrift: those who are pregnant.

Despite an increasing body of evidence that coronavirus increases the chance of stillbirths and premature births, most pregnant women are not being prioritised for vaccination and instead are being asked to join the queue with those with no health conditions.

In January, when the Joint Committee on Vaccination and Immunisation (JCVI) was deciding the priority groups, it concluded that there was "insufficient evidence to recommend routine use of Covid-19 vaccines during pregnancy". But since then more evidence has emerged. A large UK study by the National Maternity and Perinatal Audit showed the harm Covid-19 could cause during pregnancy. It took until April for the JCVI to decide that pregnant women would be vaccinated, but no faster than other members of their age group. Meanwhile other countries, such as Ireland, began prioritising pregnant women for vaccination.

This issue has a strong personal resonance for me: my daughter is 31 weeks pregnant and has only just been offered her first vaccination. Others will not be offered a first dose for several weeks. It is hard to believe these delays will not cause harm.

The decision raises important questions about how these critical choices are made. Since deciding that vaccination was safe for pregnant women, why has the JCVI not looked to review their prioritisation? More transparency on how the prioritisations list is reviewed and updated would increase public confidence and lead to better decision-making.

It also reminds us of an unfortunate truth about healthcare: too often, decisions affecting women's health are neglected or delayed. It was only a decade ago that pregnant women in the UK were routinely offered seasonal flu vaccinations, even though the harm that flu can cause to the unborn child has been documented for decades.

This cannot be helped by gender imbalance in the groups making these decisions. People's backgrounds and experiences feed in to the evidence that they seek out and the questions that they look to answer with it. I myself might not have considered this issue if my daughter wasn't pregnant.

It is not too late to fix this problem and prevent harm to mothers and babies. But the bigger issue remains: public health decisions must be made in a way that is timely, transparent and fair, by groups that reflect a wide range of background and experience.

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