**Prioritising the protection of pregnant prisoners from strains of COVID-19. 24.12.2021**

As you will be aware, there is significant focus on supporting and protecting our most vulnerable prisoner cohorts from the Omicron variant and other strains of COVID-19. This briefing outlines additional safeguards and protective measures that Governors in Womens Estate Prisons should put in place to ensure pregnant women, mothers and babies are supported and protected.

Governors in Womens Prisons are therefore required to liaise with their establishment Healthcare Provider and Health and Safety lead to complete a joint risk assessment for every pregnant prisoner and new mother in their care which must be completed swiftly and recorded. This risk assessment must consider whether any enhanced controls should be put in place to support pregnant individuals, mothers and babies. Such controls could include reducing footfall onto MBUs, additional health checks, enhanced cleaning schedules, personal health and care advice, mandated mask wearing in high risk areas and ventilation improvements in MBUs where these can be achieved. The risk assessment should also record that the individual has been given the opportunity to shield and encouraged to do so. The risk assessment should record their decision.

Whilst there is no official shielding in the community UKHSE colleagues have been supportive of prisons offering Clinically Extremely Vulnerable (CEV) and other vulnerable or high risk prisoners the opportunity to shield as a personal choice. UKHSE therefore recommend that all pregnant women and mothers with babies in prisons should be individually spoken to about the current known risks of COVID-19 and Omicron by a health professional and given the option to shield. These conversations should be revisited as part of the care plan meetings for pregnant women and mothers in custody. Staff cannot mandate that prisoners shield but should regularly discuss the risks and reiterate the availability of the option.

Prisons are also advised to use the positive relationships Pregnancy and MBU Liaison Officers and Midwifes have to encourage pregnant women to take up vaccinations, ~~and~~ provide regular support visits and where possible encourage pregnant women and new mothers to take up vaccinations if they haven’t already done so already. Further information on this topic is available at the following link  [COVID-19 vaccination in pregnancy surveillance protocol (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1036033/UKHSA-Covid-19-pregnancy-surveillance-protocol.pdf) and [COVID-19 vaccination: a guide on pregnancy and breastfeeding - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding/covid-19-vaccination-a-guide-for-women-of-childbearing-age-pregnant-planning-a-pregnancy-or-breastfeeding)

This guidance on vaccination in pregnancy is also summarised below;

**COVID-19 vaccination in pregnancy**

* The Joint Committee on Vaccination and Immunisation (JCVI) has now advised that pregnant women are more at risk of severe COVID-19 disease. They are reminding pregnant women to have their COVID-19 vaccines as soon as possible. They should not delay vaccination until after they have given birth. This is to protect them and their babies. In the UK, over 100,000 pregnant women have been vaccinated mainly with Pfizer and Moderna vaccines and they have a good safety profile.
* These vaccines do not contain live coronavirus and cannot infect a pregnant woman or her unborn baby in the womb.

**Why you need the vaccine if you are pregnant**

* If you have COVID-19 disease in later pregnancy, both you and your unborn baby are at increased risk of serious disease needing hospital treatment, and intensive care support. UK data has shown that almost every pregnant woman with COVID-19 disease who needed hospital treatment or intensive care, had not been vaccinated. The overall risk from COVID-19 disease for you and your new baby is low but has increased since the first waves of COVID-19.
* COVID-19 vaccines in pregnancy give you high levels of protection against disease. There is reassuring information on the safety of COVID-19 vaccines given to pregnant women in the UK, as well as other countries.
* It is important that you are protected with all your vaccine doses to keep you and your baby safe. Don’t wait until after you have given birth.
* *Pregnant women with underlying clinical conditions are at higher risk of suffering serious complications from COVID-19.*

**Risk factors for pregnant women**

If you have underlying medical conditions such as:

* immune problems
* diabetes
* high blood pressure
* heart disease
* asthma

Or if you are:

* overweight
* over the age 35
* in your third trimester of pregnancy (over 28 weeks)
* of black and Asian minority ethnic background
* remain unvaccinated or partially vaccinated

*You are at more risk from COVID-19 than women of the same age who are not pregnant.*

**If you are pregnant**

* COVID-19 vaccines offer pregnant women the best protection against COVID-19 disease which can be serious in later pregnancy for some women.
* The first dose of COVID-19 vaccine will give you good protection. You need to get each of your doses on time to get the best possible protection. You should have your second dose 8 to 12 weeks after your first dose. You do not need to delay this second dose. If you have delayed your vaccination for any reason, have your vaccinations as soon as possible.
* If you have already had a first dose of COVID-19 vaccine without suffering any serious side effects, you can have your second dose with the same vaccine when this is offered.
* *Don’t put off vaccination until after you give birth, make time to get the best protection we have against COVID-19 disease for you and your baby.*

**COVID-19 Gold Command**