

# COVID-19 Vaccine During Pregnancy Does Not Increase Postnatal Complications in Premature Infants

L. Tamir-Hostovsky<sup>1</sup>, A. Maayan-Metzger<sup>1</sup>, A. Gavri-Beker<sup>1</sup>, D. Watson<sup>2</sup>, L. Leibovitch<sup>1</sup>, T. Strauss<sup>1</sup>

<sup>1</sup> Department of Neonatology, Edmond and Lily Safra Children's Hospital, Sheba Medical Center, Tel-Hashomer and Tel-Aviv University, Israel.

<sup>2</sup> Department of Infectious Diseases, The Hospital for Sick Children and University of Toronto, Toronto, Canada.

## Background

COVID-19 vaccine given during pregnancy is safe and effective and is not associated with premature delivery or perinatal complications. However, the effect of maternal vaccine on premature infants is unknown.

## Objective

This study aims to determine the association between maternal COVID-19 vaccine and postnatal outcome in premature infants.

## Methods

This is a single-centre retrospective case-control study of premature infants born before 35 weeks' gestation. We compared infants born to mothers who received Pfizer BNT162b2 SARS-CoV-2 vaccine during pregnancy to infants born to non-vaccinated mothers. Perinatal characteristics and postnatal complications were compared between the groups.

## Results

Seventy-eight infants born to vaccinated mothers between May 2020 and October 2021 were matched with infants born to non-vaccinated mothers. First vaccine was given at 15 (11-18) weeks' gestation. No increase in postnatal complications was observed in the vaccinated group. However, in this group respiratory distress syndrome (RDS) and the need

	Control group	Study group
	n=78	n=78
Any postnatal respiratory complication	43 (55)	25 (32) *
RDS	<b>34 (43)</b>	<b>21 (26) *</b>
NIPPV	44 (57)	25 (32) *
NIPPV ≥ 3 days	31 (40)	15 (19) *
Mechanical ventilation	11 (14)	8 (10)
Bronchopulmonary Dysplasia	4 (5.3)	2 (2.6)

**Table 1. Postnatal outcomes.** Values presented as n (%), \* $P < 0.05$

for non-invasive respiratory support (NIPPV) were less frequent ( $P=0.02$ ,  $P=0.002$ , respectively). Maternal vaccine had a protective effect on RDS [adjustable OR 0.38 (0.17-0.85),  $P = 0.02$ ].

## Conclusion

We demonstrated that maternal SARS-CoV-2 vaccine is not associated with postnatal adverse effect in premature infants and potentially has a protective effect on RDS and the need for non-invasive respiratory support. Fetuses exposed to chronic intrauterine mild to moderate inflammation or mild hypoxemia have accelerated lung maturation and less RDS. We cautiously speculate that SARS-CoV-2 vaccine could induce a mild inflammatory reaction and thus result in acceleration of lung maturation. Our findings might suggest that COVID-19 vaccine is safe in high-risk pregnancies for premature delivery. Further studies are needed to confirm our findings and the biological mechanism.

**PAPER NUMBER: 105**