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The CDC on August 11 echoed ACOG's advice, recommending that pregnant and breastfeeding individuals be vaccinated against COVID-19 based on new safety data. The nation's leading organization for OB-GYNs now recommends the COVID-19 vaccine for pregnant people.This is a change from ACOG's previous recommendation that suggested those who are pregnant be allowed to get the vaccine, if they wanted it.Data so far indicates that the vaccine is safe for pregnant individuals. The American College of Obstetricians and Gynecologists (ACOG), the leading organization for OB-GYNs in the U.S., now recommends that pregnant people get the COVID-19 vaccine. This is a change from previous guidance that stopped short of actually recommending the shot, saying pregnant individuals were allowed to get the vaccine, if they wanted it. The new guidance, which was issued by both ACOG and the Society for Maternal-Fetal Medicine on July 30, states that evidence demonstrating the safety of the vaccines in thousands of pregnant people, plus the rise in COVID-19 cases sparked the change in recommendation. COVID-19 infections put pregnant people at an increased risk of severe complications and death, but only 22% of those who are pregnant have received one or more doses of the COVID-19 vaccine. ACOG also cited the rise of the highly transmissible Delta variant as part of the reasoning for the update in guidance. "Pregnant individuals who have decided to wait until after delivery to be vaccinated may be inadvertently exposing themselves to an increased risk of severe illness or death," the guidance reads. "Those who have recently delivered and were not vaccinated during pregnancy are also strongly encouraged to get vaccinated as soon as possible." Now, the organization is encouraging its community of OB-GYNs to enthusiastically recommend vaccination to their patients. "ACOG is an incredibly well-respected organization and the recommendations are based on a large amount of evidence for safe use of the vaccine during pregnancy by pooling data from thousands and thousands of vaccinated pregnant women." Women's health expert Jennifer Wider, MD, tells Verywell. "With a new wave of sickness due to the Delta variant, it's imperative that pregnant women protect themselves by being encouraged to vaccinate." Wider calls the updated guidance "smart," adding that, "studies have shown that COVID-19 and all of the circulating variants increase the risks of complications and potentially mortality to a pregnant woman and developing fetus." "I have people ask me about this all the time," Christine Greves, MD, a board-certified OB-GYN at the Winnie Palmer Hospital for Women and Babies in Orlando, Florida, tells Verywell. "Originally, we didn't know much about the vaccine in pregnant patients. We're still learning. However, we know that if you don't get the vaccine, there's a higher risk of severe complications from COVID-19 as opposed to getting the vaccine." Greves urges pregnant people on the fence about the vaccine to consider the risks of remaining unvaccinated. "If you get it and are not vaccinated, you have a risk of serious complications," she says. "This is real." If you are pregnant and not vaccinated against COVID-19, getting the shot can protect you and your baby from future infection, as well as serious complications from the virus. If you have concerns about getting vaccinated, talk to your OB-GYN. While research on the effects of the COVID-19 vaccine on pregnant people is ongoing, several studies suggest the vaccine is safe for use in pregnant people. A New England Journal of Medicine analysis published in June of 35,691 people in the V-Safe registry aged 16 to 54 years who said they were pregnant found that there were no "obvious safety signals among pregnant persons who received mRNA COVID-19 vaccines." Vaccination may benefit babies in the womb, too. A study published in the American Journal of Obstetrics & Gynecology in March analyzed data from 131 women of reproductive age who were vaccinated, including 84 pregnant women, 31 breastfeeding women, and 16 non-pregnant women. Researchers analyzed antibodies in the women's blood and breast milk (if they were breastfeeding) at baseline and then two to six weeks after their second dose of the Moderna or Pfizer-BioNTech vaccine. The researchers discovered that the antibodies created by the vaccine in pregnant and breastfeeding women were "significantly higher" than those that were made after a COVID-19 infection during pregnancy. The antibodies were also detected in umbilical cord blood and breast milk samples, which suggests they could be passed on to babies. The information in this article is current as of the date listed, which means newer information may be available when you read this. For the most recent updates on COVID-19, visit our coronavirus news page. ABSTRACT: Chronic hypertension is present in 0.9-1.5% of pregnant women 1 and may result in significant maternal, fetal, and neonatal morbidity and mortality. The rate of maternal chronic hypertension increased by 67% from 2000 to 2009, with the largest increase (87%) among African American women. This increase is largely secondary to the obesity epidemic and increasing maternal age 1 2. The trend is expected to continue. The purpose of this document is to clarify the criteria used to define and diagnose chronic hypertension before or during pregnancy, to review the effects of chronic hypertension on pregnancy and vice versa, and to appraise the available evidence for management options. The purpose of these revised best practice recommendations is to provide a rational approach to chronic hypertension in pregnancy based on new research data and relevant pathophysiologic and pharmacologic considerations. This content is only available to members and subscribers. Log In Nonmembers: Subscribe now to access exclusive ACOG Clinical content, including: ACOG Clinical is designed for easy and convenient access to the latest clinical guidance for patient care. Developed with members', physicians', and women's health care professionals' needs in mind, user-friendly features include: Easy, advanced search function to find the most relevant guidance Enhanced document presentation Advanced features and functionality You'll find clinical content written and peer reviewed by experts and valuable information that spans guidance on the diagnosis and management of the full spectrum of obstetric and gynecological conditions and clinical management issues. Note for Life Fellows: Annual membership dues are waived but there is a discounted annual subscription fee of \$95 for access to publications such as the Green Journal, Practice Bulletins, and Committee Opinions. Individual subscriptions include print and online access. Subscribe today. Subscribe The International Federation of Gynecology and Obstetrics (FIGO) initiative on pre-eclampsia: A pragmatic guide for first-trimester screening and prevention. Poon LC, Shennan A, Hyett JA, Kapur A, Hadar E, Diwakar H, McAuliffe F, da Silva Costa F, von Döbeln P, McIntyre HD, Kihara AB, Di Renzo GC, Romero R, D'Alton M, Bergella V, Nicolaidides KH, Hod M, Poon LC, et al. Int J Gynaecol Obstet. 2019 May;145 Suppl 1(Suppl 1):1-33. doi: 10.1002/ijgo.12802. Int J Gynaecol Obstet. 2019. PMID: 31111484 Free PMC article. Implants and intrauterine devices (IUDs) are the "most effective reversible contraceptives" for preventing unplanned pregnancy and abortion in teens and adult women. The American Congress of Obstetricians and Gynecologists (ACOG) said in a statement on Thursday. That's right -- even better than birth control pills and condoms.Plus, contraceptive implants (rods implanted in your upper arm that release a steady stream of progestin to prevent ovulation) and IUDs (T-shaped pieces of plastic inserted in the uterus to prevent fertilization) should be offered as "first-line contraceptive options for sexually active adolescents," according to the leading ob-gyn group's new guidelines.Of course, women and teens using IUDs or implants for contraception should also use condoms to decrease the risk of acquiring sexually transmitted infections, the groups adds.But the new guidelines may be eye-opening to women who have shied away from implants and IUDs in the past. As HealthySELF reported in May, a study published online in the American Journal of Obstetrics and Gynecology showed that of more than 4,100 women who were seeking birth control, about 45 percent overestimated the effectiveness of the pill and condoms, yet these methods remain the most popular forms of contraception in the U.S.According to the study, condoms (male and female) account for 18-21 percent of unplanned pregnancies, which is only slightly less than natural family planning at 24 percent. Birth control pills account for 9 percent of unintended pregnancies. Implants and IUDs, on the other hand, have pregnancy rates of less than 1 percent per year, according to ACOG. However, among women who use reversible contraception, most choose condoms (26 percent) and oral contraceptive pills (45 percent), the study found.Study leader David L. Eisenberg, M.D., M.P.H., Assistant Professor at the Washington University in St. Louis School of Medicine, says the default is to provide women seeking contraception with birth control pills -- a paradigm, he believes, that needs to shift.

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