

Suite 14-18, 17 Bowen Bridge Road Bowen Hills, QLD, 4006 (07) 3497 5048 hotline@amps.asn.au amps.redunion.com.au

30 July 2025

# **Dr Nicole Higgins**

President

Royal Australian College of General Practitioners (RACGP)

Via Email Only: racgp@racgp.org.au

#### Dr Gillian Gibson

President

Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Via Email Only: ranzcog@ranzcog.edu.au

# **Professor Trent Twomey**

**National President** 

The Pharmacy Guild of Australia

Via Email Only: trent.twomey@qldguild.org.au

#### **Mr Tim Plant**

Chief Executive Officer

MDA National

Via Email Only: peaceofmind@mdanational.com.au

#### Dr Natasha Fenech

Chief Executive Officer

Avant Mutual

Via Email Only: complaints@avant.org.au

#### **Mr Tom Griffiths**

Chief Executive Officer

MIGA (Medical Insurance Group Australia)

Via Email Only: css@miga.com.au

# Mr Eric Lowenstein

Chief Executive Officer

Tego Insurance

Via Email Only: clientsupport@tego.com.au

## Updated Position on COVID-19 Vaccination in Pregnancy Following AIH Review

Dear the President and Members of the RACGP, RANZCOG, and Respective Medical Defence Organisations,

We write to formally bring to your attention a significant update regarding the administration of COVID-19 mRNA vaccines during pregnancy, following a reassessment by the Australian Immunisation Handbook (AIH) and related international developments.













Suite 14-18, 17 Bowen Bridge Road Bowen Hills, QLD, 4006 (07) 3497 5048 hotline@amps.asn.au amps.redunion.com.au

Based on post-market surveillance data, evolving epidemiology, and emerging safety signal evaluations, the AIH has revised its position. It no longer recommends routine administration of COVID-19 mRNA vaccines to pregnant patients (AIH source).

In light of this, we urge your respective colleges and legal advisory bodies to promptly notify your members and take the following measures:

## 1. Update Clinical Guidance for GPs, Obstetricians, and Perinatal Care Providers

Informed consent discussions must reflect the current evidence base, including the following considerations which includes the fact that the original trial did not include pregnant women in their assessment.

- The initial Pfizer and Moderna clinical trials excluded pregnant women (JAMA, Feb 2021).
- Safety and Efficacy of the mRNA of the BNT162b2mRNA Covid-19 Vaccine (nejm.org)
- Safety and Efficacy of the BNT162b2mRNA Covid -19 Vaccine through 6 months (nejm.org)
- The Lancet noted that risks were unassessed in this group (<u>Lancet Editorial</u>).
- A Harvard commentary outlined autonomy concerns (<u>Harvard commentary</u>).
- Covid-19 Vaccines: Impact on pregnancy outcomes and menstrual function (jpands.org)
- The Cleveland Clinic study linked higher infection risk with more vaccine doses (Cleveland Clinic, 2023).

## 2. Review Medical Indemnity Risk

Medical indemnity providers must consider updating risk assessments in light of the AIH shift: Practitioners continuing to recommend or administer COVID-19 vaccines to pregnant women without updated consent processes may incur increased medicolegal exposure.

## 3. Support Open Dialogue and Evidence-Based Practice

Support robust discussion of biological mechanisms, evolving evidence, and policy reform.

We trust in your leadership to help ensure Australian clinicians remain informed, legally protected, and aligned with evolving best practice.

Sincerely,

Australian Medical Professionals Society









