

Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

## Adjustment of the spontaneous abortion rate following COVID-19 vaccination



We thank Dr Sun<sup>1</sup> for his comments regarding our calculation of the rate of spontaneous abortion in women who received a messenger RNA (mRNA) COVID-19 vaccine during pregnancy. In our study, 8 of the 124 women vaccinated in the first trimester, had a spontaneous abortion, yielding a rate of 6.5%.

Our study included women who received at least 1 dosage of an mRNA COVID-19 vaccine at any point during pregnancy from conception. We agree that selection bias was introduced by not accounting for the spontaneous abortion risk in the interim between conception and vaccination and by excluding those who had an early pregnancy loss in this time period. By excluding those who had an early pregnancy loss before vaccination, the spontaneous abortion rate was inherently lowered. To eliminate this bias, a cohort of pregnant women would need to be enrolled at conception and followed to determine the spontaneous abortion rate among those who elected to receive the vaccine and compare it with those who remained unvaccinated. This study design was not feasible at our center.

Although statistical modeling can be used to approximate the true population estimate, its utility is limited in studies, such as ours, with a small sample size and low absolute number of spontaneous abortions. To reduce selection bias, we could limit our calculation of the spontaneous abortion rate to women who were vaccinated at early gestational ages.<sup>2</sup> Another strategy would be to limit the analysis to women who were vaccinated at <8 weeks' gestation (when spontaneous abortion risk is highest). In that case, our rate becomes 7 of 74 (9.5%), which is similar to the rates reported in other studies on COVID-19 vaccination in pregnancy.<sup>3</sup>

We agree that the spontaneous abortion rate is dependent on the population and that additional larger, multicenter studies with a control group of unvaccinated women would be better to evaluate this risk. The recent study by Kharbanda et al<sup>4</sup> is better designed to assess the association between COVID-19 vaccination and spontaneous abortion. We recognize the limitations of our study in determining and reporting the risk of spontaneous abortion. We look forward to future studies that will provide further information on the impact of COVID-19 vaccination on pregnancy outcomes.

Megan E. Trostle, MD Christina A. Penfield, MD, MPH Ashley S. Roman, MD, MPH Division of Maternal-Fetal Medicine Department of Obstetrics and Gynecology New York University Langone Health 550 First Ave., NBV 9N2 New York NY 10016 Megan.Trostle@nyulangone.org

The authors report no conflict of interest.

## REFERENCES

**1.** Sun H. Approximation and evaluation of the spontaneous abortion rate following COVID-19 vaccination in pregnancy. Am J Obstet Gynecol MFM 2022;4:100510.

**2.** Jacoby VL, Boscardin WJ. Selection bias in estimates of early pregnancy loss in study participants with COVID-19. Am J Obstet Gynecol 2021;225:456–7.

**3.** Zauche LH, Wallace B, Smoots AN, et al. Receipt of mRNA COVID-19 vaccines preconception and during pregnancy and risk of self-reported spontaneous abortions, CDC v-safe COVID-19 Vaccine Pregnancy Registry 2020-21. *Res Sq.* Preprint posted online August 9, 2021. doi: 10.21203/rs.3.rs-798175/v1

**4.** Kharbanda EO, Haapala J, DeSilva M, et al. Spontaneous abortion following COVID-19 vaccination during pregnancy. JAMA 2021. [Epub ahead of print].

© 2021 Elsevier Inc. All rights reserved. https://doi.org/10.1016/j. ajogmf.2021.100511

Cite this article as: Trostle ME, Penfield CA, Roman AS. Adjustment of the spontaneous abortion rate following COVID-19 vaccination. Am J Obstet Gynecol MFM 2022;4:100511.