

Kids, Pregnancy, and the Latest on COVID-19 Vaccines

By Kirstie Perrotta, MPH, MotherToBaby California and Lorrie Harris-Sagaribay, MPH, MotherToBaby North Carolina

With schools back in full swing, fall activities underway, and children gathered once again in classrooms and other indoor settings, parents—including those who are pregnant—have renewed questions about COVID-19 and COVID-19 vaccines. MotherToBaby is seeing an increase in questions from pregnant women who want to protect themselves and their families as much as possible. Although more and more women are confident about getting vaccinated against COVID-19 in pregnancy, we continue to get questions about vaccine safety, as well as inquiries about eligibility for the updated boosters. MotherToBaby has teamed up with the Centers for Disease Control and Prevention (CDC) to give you the latest about vaccination for those who are pregnant and for children.

What is the current impact of COVID-19 and pregnancy?

At this point in the pandemic, we know the importance of taking steps to help prevent a COVID-19 infection in pregnancy. Research has shown that women who are pregnant have a higher chance of becoming very sick, being admitted to intensive care, and needing to be put on a ventilator if they get COVID-19. Some studies have reported a slightly higher chance of death. Researchers have also found increased chances of adverse effects on the pregnancy itself, including preterm delivery, stillbirth, and complications such as preeclampsia.

The good news is, a recent study found that pregnant women who received two doses of an mRNA COVID-19 vaccine had lower rates of stillbirth than those who were unvaccinated. Furthermore, those who also received a booster had lower rates of infection, hospitalization, and pregnancy complications related to COVID-19 than those who received only the two primary doses. This finding is reassuring that staying up to date on the vaccines provides good protection in pregnancy in case of a breakthrough infection.

Why should women who are pregnant and those trying to expand their families consider getting vaccinated against COVID-19?

Vaccination is the best way to protect yourself against getting seriously ill, being hospitalized, and dying from COVID-19. This is true for everyone, but especially for those who are pregnant and others who are at higher risk of complications from COVID-19. Getting vaccinated during pregnancy has the added benefit of passing antibodies to the developing baby, which has been shown to lower the baby's chances of infection or hospitalization with COVID-19 during the first few months of life.

For those planning a pregnancy, the preconception period is a great time to become up to date on recommended immunizations, including COVID-19 vaccines. This helps ensure that future pregnancies will start out as protected as possible from COVID-19 and other vaccine-preventable illnesses. CDC has helpful information here about vaccines before pregnancy: <https://www.cdc.gov/vaccines/pregnancy/vacc-before.html>.

What are the long-term effects on the baby when a person gets a COVID-19 vaccine during pregnancy?

It will take time to follow the children of women who were vaccinated in pregnancy to be able to answer this question with data. However, based on what is known about how these and other vaccines work, getting a COVID-19 vaccine during pregnancy is not expected to cause long-term problems for the child. In fact, a pregnancy that stays up to date on the vaccines is more protected and less likely to have complications from COVID-19 that could affect a child's future growth and development, such as preterm delivery. In addition, studies have demonstrated antibody protection for the infant following vaccination during pregnancy. And, of course, vaccination during pregnancy will continue to protect the parent after delivery while they are caring for their newborn.

Should women who are pregnant get an updated booster?

It is common for vaccines to be updated over time to give better protection against new variants spreading in the community, just as the flu shot is updated every year to provide the best protection against current strains of influenza. The updated COVID-19 booster, which gives added protection against the Omicron variant, is also referred to as bivalent. Women who are pregnant should receive this latest booster for the most up-to-date protection against COVID-19. CDC and the American College of Obstetricians and Gynecologists strongly recommend that pregnant women stay up to date with COVID-19 vaccines, including booster doses.

Like most other people, women who are pregnant are eligible for the updated booster if they have completed a primary COVID-19 vaccine series and it has been at least two months since their last dose (primary or booster). The updated booster can be given in any trimester of pregnancy. Anyone who has had a recent COVID-19 infection can consider delaying the booster by up to 3 months from the time their symptoms started or they tested positive.

Are COVID-19 vaccinations recommended for breastfeeding?

Studies have found that the components of mRNA COVID-19 vaccines are unlikely to enter the breast milk, and no serious side effects have been reported for the breastfed baby. In rare cases, there may be a temporary reduction in milk supply when a person gets an mRNA COVID-19 vaccine, but reassuringly, supply is expected to return to normal within a day or two. In more good news, antibodies against the virus that causes COVID-19 have been found in the breast milk of women who have been vaccinated with mRNA COVID-19 vaccines while breastfeeding. This is a promising finding, although more research is needed to know how much and for how long these antibodies might protect a breastfeeding child against the virus.

CDC, the Academy of Breastfeeding Medicine, and the American Academy of Pediatrics recommend that women who are breastfeeding stay up to date with COVID-19 vaccines, including booster doses.

What resources help pregnant women make informed decisions about protecting themselves and their families against COVID-19?

For questions about COVID-19 vaccines and other exposures during pregnancy and breastfeeding, talk with your healthcare provider or contact a MotherToBaby specialist. You can find MotherToBaby resources on COVID-19 and COVID-19 vaccines at <https://mothertobaby.org/pregnancy-breastfeeding-exposures/covid-19/>.

For guidance surrounding kids, we'll turn to Leandris C. Liburd, PhD, MPH, the Associate Director for Minority Health and Health Equity for the Centers for Disease Control and Prevention (CDC).

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://mothertobaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, October 17, 2022.

Kids, Pregnancy, and the Latest on COVID-19 Vaccines

Summer is here! For those of us who are pregnant (and I am currently in my third trimester of pregnancy), the heat and humidity are just a recipe for misery. But you know who loves heat and humidity? Yeast. And summertime is prime time for vaginal yeast infections.

What is a vaginal yeast infection?

Vaginal yeast infections are caused by an overgrowth of a fungus called **Candida**. All women have a balanced mix of fungus (yeast) and bacteria that naturally grow in or around the vagina. If this natural balance is disrupted, yeast can “overgrow” and cause a yeast infection. Other names for yeast infection are “vaginal candidiasis,” “vulvovaginal candidiasis,” or “candidal vaginitis.”

Most of the time yeast infections are random, but there are some things that can disrupt this balance and increase the chance for a vaginal yeast infection. Yeast loves to grow in humid and wet conditions, so simple things like not changing out of a wet bathing suit or sweaty yoga pants for a long time can increase chance for a yeast infection. Changes in hormones can also increase the chance for a yeast infection. The change in hormones is the reason why yeast infections also happen more commonly in pregnancy.

How do I know if I have a yeast infection?

Signs of a yeast infection may include itching, burning and redness around the opening of the vagina, pain or discomfort during urination or sexual intercourse, and white or yellow “cottage cheese like” vaginal discharge.

It is important to know, however, that signs of a yeast infection can be very similar to other vaginal infections or sexually transmitted diseases. Because of this, if you have the above symptoms during pregnancy do not assume that it is caused by a yeast infection (even if you have had yeast infections before). Please call and visit your OB or midwife to confirm that it is yeast and not another infection, like bacterial vaginosis or a sexually transmitted disease.

To confirm that it is a yeast infection your healthcare provider may do a pelvic exam and take a small sample of the vaginal discharge to examine in the office or send to a laboratory before recommending treatments.

Are yeast infections harmful?

Other than being uncomfortable and sometimes painful, yeast infections do not usually cause complications in pregnancy or for the baby during pregnancy over the background risk. We know that every pregnancy starts out with a 3-5% chance of having a birth defect and 10-15% chance for miscarriage. This is called the background risk.

If left untreated, however, a yeast infection could pass to your baby’s mouth during labor and delivery and may cause the baby to have a condition called “thrush”. Baby may then return the yeast infection back to you if the baby breastfeeds (causing yeast infection on the nipples). Very rarely a yeast infection in babies can become serious because their immune systems are not yet well-developed.

Yeast infections can also cause body-wide infections and serious complications in pregnant women, especially those who have a weakened immune system because of other health problems.

How do I treat a yeast infection?

Good news is that yeast infections are usually easy to treat and there are treatments that can be used in pregnancy! Yeast infections are treated either topically (by placing an antifungal medication into the vagina) or orally (by taking a pill).

- **Oral Medications:** The most common oral antifungal used to treat yeast infections is called fluconazole (Diflucan®) and is typically given once in a single 150mg dose. It is unlikely that the use of a single low dose of oral fluconazole during pregnancy would greatly increase the chance of birth defects or complications. However, the use of high dose fluconazole for many weeks in the first trimester of pregnancy might be associated with an increase in the chance of birth defects and miscarriage. Because of this, the Centers for Disease Control and Prevention (CDC) have posted guidelines for treating vaginal yeast infections in pregnancy and these guidelines recommend topical therapies rather than oral medication. For more details, visit our [Fluconazole \(Diflucan®\) Fact Sheet](#).
- **Topical Medications:** Most common topical therapies include antifungals called azoles and are usually used over a 7-day period. There are many types of azole medications, but the most common ones used are clotrimazole or miconazole (common trade names include Monistat®, Micatin® and Mitrazole®). For more details, visit our [Miconazole | Clotrimazole Fact Sheet](#).

Some of these topical medications are also available over-the-counter (without a prescription). You should not use an over-the-counter yeast infection medicine without first talking to your doctor. Like we talked about before, there are other infections that may mimic a yeast infection and you do not want to be treating the wrong infection! If you have used an over-the-counter medication and your symptoms do not go away, see your OB or midwife.

Rarely, some individuals may have more complicated yeast infections that last for a long time or come back more than four times a year. These may have to be treated differently.

Is there anything I can do to prevent a yeast infection?

There are some things that can be done to help lower the chance of an infection developing. Make sure to talk to your OB or midwife about other ways to lower the chance for yeast infections.

Some of these include:

- Change out of wet clothes (such as a swimsuit or sweaty leggings) as soon as you can.

- Use plain warm water to clean the outside of the vaginal area. Avoid using scented tampons and menstrual pads. Avoid hygiene sprays and douching.
- Sleep without underwear or in loose fitting pajamas.

Unfortunately, you cannot control the pregnancy hormones, so it is not possible to completely prevent yeast infections! But the sooner you get it treated, the sooner you can go back to enjoying the regular miseries of being pregnant during the summer!

For more information please see:

[Vaginitis | ACOG](#)

[Vaginal Candidiasis | Fungal Diseases | CDC](#)

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, October 17, 2022.

Kids, Pregnancy, and the Latest on COVID-19

Vaccines

It's that time of year again, when the holidays invite family gatherings, and colder, shorter days make us long for sunny destinations. Yes, the winter travel season is upon us! Remember winters past when COVID-19 wasn't around and we'd never heard of Zika? When we didn't give much thought to health concerns related to hopping on a plane or going to busy holiday venues? Things are different now. If you're pregnant, you might pause before booking airline tickets or RSVPing "yes" to that extended family reunion. Take a moment to consider the possible risks associated with your plans, and how you might reduce them (by taking precautions) or eliminate them (by making alternate plans instead). Here are a few things to think about:

COVID-19:

Try as we might, we can't escape it or wish it away. We are, in fact, still in the middle of a pandemic, with new variants appearing and cases still rising and falling unpredictably in most places. Traveling on public transportation (such as airplanes, ships, trains, subways, taxis, and ride shares) can make getting and spreading COVID-19 more likely. So can being in crowded indoor spaces, especially if not everyone in those spaces is fully vaccinated against COVID-19 and/or wearing a mask. Having **COVID-19 in pregnancy** can increase pregnancy risks such as stillbirth and preterm delivery. So, how can you eliminate or reduce your chance of exposure to the virus?

- **Avoid public transportation.** If you must travel, using your own vehicle with members of your own household is the safest bet. Using drive-thrus or packing your own food to stop and eat along the way is safer than eating in crowded restaurants full of other holiday travelers.
- If you must travel on a plane or use other public transportation, **wear a well-fitting mask** the whole time (this is required), **stay at least 6 feet away** from other travelers when possible, and **wash your hands**/use an alcohol-based hand sanitizer frequently. Most importantly, make sure you're **fully vaccinated** before you travel, including getting a booster dose when you're eligible.
- Did I mention making sure you're **FULLY VACCINATED** before travel? It's the single best way to reduce the chance of getting very sick if you're exposed to the virus that causes COVID-19. Pregnancy and being very sick don't go well together, so this one is really, really important, whether you're traveling or not. MotherToBaby has helpful resources on the **COVID-19 vaccines** and **booster shot**, and you can **contact us** to talk through any questions or concerns you may have about getting the vaccine.
- Even if you're fully vaccinated, you might still consider **wearing a mask indoors** during holiday gatherings (and elsewhere), especially if you're getting together with people from different households coming from different places. If everyone else at the gathering also wears a mask indoors, even better.
- Find more tips and information about safer holiday celebrations and travel in the time of COVID at this link: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays/celebrations.html>.

Influenza (the Flu):

Flu season carries its own risks for people who are pregnant. Like COVID-19, having the **flu during pregnancy** increases the chance of being very sick compared to people who aren't pregnant. Many of the same precautions that apply to COVID-19 apply to the flu as well:

- **Get the flu shot.** Like the COVID-19 vaccine, the flu shot can be given at any time during pregnancy, and can even be given at the same time as a COVID vaccine or booster. The sooner you're vaccinated, the sooner you and your pregnancy will have good protection against becoming very sick from the flu. And (bonus!) getting vaccinated in pregnancy may pass some protective antibodies to your developing baby.
- **Avoiding public transportation and crowded indoor spaces** will also reduce your chance of exposure to the flu virus. **Washing your hands frequently**/using an alcohol-based hand sanitizer is also an excellent flu prevention technique.

Zika:

Yes, Zika is still around. There are no known "outbreaks" of Zika anywhere in the world at this time, but there is ongoing, low-level, sporadic transmission in some places. Having **Zika during pregnancy** increases the chance of serious and lifelong effects for a developing baby. There is no vaccine against the Zika virus.

- The safest course in pregnancy (or if you're trying to conceive) is to **avoid travel** to places with a chance of exposure. Unfortunately, it's virtually impossible now to know the **exact risk** of being exposed to Zika in any given country, but if you must travel, you can use the **CDC's Zika map** to help you plan.
- If you travel, **use insect repellent** and take other precautions to help avoid mosquito bites, such as wearing long sleeves and pants. If your partner travels with you, take steps to **avoid sexual transmission of Zika**. If you're planning a pregnancy, follow the recommended wait times (2 months for women, 3 months for men) before trying to conceive.

Other infections:

If you're considering international travel, there may be other infections to consider, such as **malaria** and foodborne illnesses. You might also need other vaccines, so be sure to review the current **vaccine recommendations for your**

destination. Some vaccines can be given during pregnancy, but it's a good idea to check with your healthcare provider or contact MotherToBaby to discuss the risks and benefits of specific vaccines as you're deciding about travel.

Medical concerns:

Other travel considerations include the increased chance of **blood clots during travel** if you're pregnant, and where you will receive medical care in case of unexpected preterm labor or another medical emergency. Before any travel, be sure to talk with your healthcare provider about any additional considerations that are specific to you and your pregnancy.

Given all these considerations, if you're pregnant you might decide this year is a good one to enjoy low-key holidays at home and save the travel for another time. However you decide to spend the season, we hope it's safe, healthy, and happy!

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, October 17, 2022.

Kids, Pregnancy, and the Latest on COVID-19 Vaccines

Morgan called late Friday afternoon with a question about COVID-19 booster shots. She shared that she was 37 weeks along and had received both shots of the Pfizer COVID-19 vaccine back in February, at the very beginning of her pregnancy. Morgan wanted to do what was best to protect her baby, and asked if she qualified for the booster shot that was now available.

As a Teratogen Information Specialist at MotherToBaby California, COVID-19 vaccine questions are my number one inquiry right now. With the guidance continuing to evolve as the pandemic rages on, it can be hard for pregnant women to keep up! Luckily, that's what we are here to help with. I shared with Morgan that although the vaccines are still working well to prevent severe illness, hospitalization, and death, overall effectiveness has been shown to decrease over time (called waning immunity). Because of this decreased protection, the Centers for Disease Control and Prevention (CDC) have recommended booster shots for some people over the age of 18, including:

- **Certain groups** – including those who are pregnant or recently pregnant – who got both doses of an mRNA vaccine (Pfizer or Moderna) at least 6 months ago, and
- Everyone who got the Johnson & Johnson vaccine at least 2 months ago.

So, what does this mean for my pregnant caller Morgan? Women who are pregnant and recently pregnant (up to 42 days after delivery) may be more likely to get severely ill from COVID-19. We know that there are higher risks of ICU admission, need for a ventilator, and death when a woman gets COVID-19 while pregnant, so protection of this group through vaccination is extremely important. I shared with Morgan that since it has been more than 6 months since she received her first two doses of the Pfizer vaccine, and since she is currently pregnant, she may choose to get a booster shot. The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal Fetal Medicine (SMFM) have both recommended the booster at any time in pregnancy once you're eligible for it.

Morgan and I went on to review the latest pregnancy data on the **COVID-19 vaccines**, which now includes thousands of women who have received mRNA vaccines (Pfizer or Moderna). Reassuringly, the available data does not suggest a risk for pregnancy complications (including miscarriage, preterm birth, stillbirth, effects on the baby's growth, or infant death). Although COVID-19 booster shots have not been specifically studied in pregnancy, the Pfizer and J&J boosters are the same dose and contain the same ingredients as the initial doses, and the Moderna booster contains just half of the original dose. Most experts agree that the components of the COVID vaccines only stay in our bodies for a short time, and are not expected to cross the placenta to reach the baby.

Morgan was happy to hear that she qualified for the booster shot. Her three-year-old was in preschool, and although he wore his mask every day, she was still worried about him bringing home COVID and infecting her. She also visited her grandparents often, and wanted to keep them safe. For her, the benefits of protecting herself and her unborn baby definitely outweighed any potential risks.

Before we disconnected, Morgan asked about her sister-in-law who received the Moderna vaccine three months ago and was now pregnant. "Would she be able to get a booster?" Looking at the latest CDC guidelines, I informed Morgan that her sister-in-law would need to wait until 6 months after her second dose of Moderna before she became eligible for the booster. However, I also reminded her that her sister-in-law still has good protection against becoming very sick or hospitalized from COVID-19 from her initial vaccination. Like everyone who is pregnant, she should continue to take other precautions, such as **wearing a mask** and avoiding crowded indoor gatherings.

If you are unsure whether or not you qualify for a booster or you have other vaccine-related questions, please reach out to a MotherToBaby Specialist. And for anyone who has not yet received their initial COVID-19 vaccine, please know that it is strongly recommended before or during pregnancy by many organizations focused on maternal and child health, including the CDC, the American College of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine. If you would like to go over the latest pregnancy information for the COVID-19 vaccines, COVID-19 boosters, or any other exposures, please give us a call.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, October 17, 2022.

Kids, Pregnancy, and the Latest on COVID-19 Vaccines

Question 1: *I work in healthcare and received the first dose of COVID vaccine. But after receiving the shot, I found out I was pregnant. I changed jobs so that I am not at significant risk anymore. Should I get the second shot?*

Question 2: *I'm pumping and supposed to get the COVID vaccine. I know there isn't much to say on the COVID vaccine but wondering if you would recommend getting it or not?*

These are just a sample of the questions that we have received from individuals who are trying to make the best decisions for themselves during pregnancy and breastfeeding. Juggling all of the information can be daunting and concerns about how quickly the vaccine came on the market and the lack of data for pregnant and breastfeeding individuals has caused a great deal of uncertainty. Well, it is for situations like this that MotherToBaby exists. We are here to help, so let's get to it!

First, is the COVID-19 vaccine safe since it came on the market so fast?

There are many reasons why the vaccine was able to come to the market in a short period of time. One of the reasons is due to medical advances in vaccine development which allowed researchers to develop the vaccine in a shorter period of time than traditional vaccines. The technology used to develop the Pfizer and Moderna COVID-19 vaccines (mRNA) was not new and has been around for some time. While these are the first vaccines on the market using mRNA technology, mRNA was being used to study other viruses. Secondly, due to collaborative efforts, China promptly shared genetic information about the COVID-19 virus, so scientists could start working on vaccines pretty early.

Importantly, the criteria for evaluating vaccine safety did not change and had to be met regardless of the pandemic. According to Dr. Anthony Fauci, a respected infectious disease expert and the director of the National Institute of Allergy and Infectious Diseases, the process has been transparent and independent of the influence of pharmaceutical

companies or politics. Each vaccine trial had a safety and data monitoring board of scientists that reviewed the data independent from any influence of the pharmaceutical companies. Once the data satisfied the requirements of the board, the companies submitted the data to the FDA (Food and Drug Administration) and a “premier” group of scientists along with their advisory committee worked together to make sure the data met the required standards. The process was transparent and independent and everyone can take a look at the data. Because COVID-19 is so contagious and widespread, it did not take long to see if the vaccine was effective in those who were vaccinated voluntarily. No corners were cut; it was still a thorough process to bring a vaccine to the market that was safe and effective.

Will it affect my ability to get pregnant?

Concerns about the vaccines’ impact on fertility were generated by false social media reports claiming that the vaccine would cause the body to falsely attack a protein that is needed to attach the placenta to the uterus and then develop properly. This is false because the COVID-19 vaccine triggers the body’s immune system to fight the specific protein on the coronavirus surface. It is a targeted response against the coronavirus and no other parts of the body. **Therefore it will not affect fertility including those who go thru in-vitro fertilization methods (IVF).** As a matter of fact, 23 women who were involved in the trials became pregnant. Only one individual suffered a pregnancy loss and she did not receive the vaccine but rather the placebo.

Is the vaccine safe for pregnant and breastfeeding women?

While there are no safety data specific to the use of the vaccine during pregnancy and breastfeeding, the American College of Obstetricians and Gynecologists (ACOG) recommend that COVID-19 vaccines should not be withheld from pregnant or breastfeeding individuals who meet the criteria for vaccination based on ACIP-(Advisory Committee on Immunization Practices) recommended priority groups. Based on the history of other similar vaccines (inactivated) in pregnancy and breastfeeding, experts do not believe that mRNA vaccines (like the Pfizer and Moderna vaccines) would increase the risk of harm to the fetus or to infants. It is encouraged that you talk with your healthcare provider about the risks and benefits of getting the vaccine during pregnancy.

Does the vaccine cause serious side effects?

There have been claims on social media that the virus can cause severe shaking and convulsing from very convincing videos and that the government is not telling the truth about the safety of the vaccines. The Centers of Disease Control (CDC) and the FDA report that the most common side effects are pain where the vaccine is injected, body aches, headaches or fever. These symptoms generally do not last more than two days. If they last longer, you can call your doctor. In regard to the shakes and convulsions, more than 51 million doses of the vaccine have been given globally so far and the data has not identified these symptoms as side effects of the vaccine.

You can report side effects and reactions using either of two systems:

- **V-safe** is a new smartphone-based, after-vaccination health checker for people who receive COVID-19 vaccines.
- **Vaccine Adverse Event Reporting System (VAERS)** is the national system that collects reports from healthcare professionals, vaccine manufacturers, and the public of adverse events that happen after

vaccination

After receiving the vaccine, it is still important to wear face masks, wash your hands, and socially distance. The vaccine doesn't make you immune, but it helps your body to fight off the effects to give you a fighting chance if you get infected. So please still follow all the guidelines after receiving the shot.

Myths about the vaccine

I have heard many falsehoods circulating on social media that have had many of my friends and family question getting the vaccine including but not limited to:

- Getting the vaccine gives you COVID
- The COVID vaccine enters cells and changes your DNA
- COVID-19 vaccine was developed with or contains controversial substances such as implants, microchips or tracking devices.
- More people will die from the side effects of the vaccine than the virus

These claims have no basis in fact; please check out these resources for more information: ***COVID-19 Vaccine Myths Debunked and COVID-19 Vaccines: Myth Versus Fact.***

Please get your information from trusted scientific resources or institutions like the FDA, CDC, ACOG, Mayo Clinic, John Hopkins, Harvard Med or those that end with .org or .edu.

MotherToBaby also has a webpage devoted to COVID and the vaccine filled with information and resources that you can review for pregnant and lactating individuals: ***COVID 19: What You Need To Know***

In addition, MotherToBaby is doing its best to gather information for pregnant and lactating individuals by conducting studies. If you're pregnant or breastfeeding and tested positive for COVID-19, please consider enrolling in our **observational study**. You will not be asked to take or change any medications, and you can participate from the comfort of your home.

The Take Away

Overall, whether you are planning for pregnancy, pregnant or breastfeeding, based on the history of other vaccines, you do not have to be afraid to get the COVID-19 vaccine. The data from clinical trials has been reassuring and no corners were cut. Please seek out solid medical advice from trusted resources. The goal of the vaccine is to protect you and not harm you.

So if you make the decision to get the COVID-19 vaccine, roll up your sleeves with confidence and say, “Go ahead, hit me with your best shot!”

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, October 17, 2022.