COVID-19

* Information on COVID-19 is rapidly evolving, and this fact sheet could become outdated by the time you read it. For the most up-to-date information, please call MotherToBaby at 866-626-6847.

This sheet talks about COVID-19 in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is COVID-19?

COVID-19 is a respiratory illness caused by a virus. This virus (referred to as SARS-CoV-2) belongs to a group called coronaviruses. The most common symptoms of COVID-19 include fever, cough, and shortness of breath, although some people have only mild or no symptoms. In more severe cases, infection can cause pneumonia, respiratory failure, and death.

The virus that causes COVID-19 is easily spread by close person-to-person contact. When an infected person coughs or sneezes, the virus can spread to others who are nearby. The best ways to protect yourself from infection are to avoid close contact with anyone who has symptoms of respiratory illness such as coughing or sneezing, wash your hands frequently, avoid touching your eyes, nose, and mouth, and clean/disinfect frequently touched surfaces. Pregnant women can also reduce their chance of exposure to the virus by staying home as much as possible when the virus is spreading in their community. The Centers for Disease Control and Prevention (CDC) recommend avoiding travel to areas with COVID-19 outbreaks. You can find the CDC travel health notices here.

Can I be tested for COVID-19?

CDC offers testing guidance for COVID-19 here. If you have symptoms of COVID-19 (fever, cough, shortness of breath), call your healthcare provider right away.

Can having COVID-19 make it harder for me to get pregnant?

Studies have not been done to see if having COVID-19 could make it harder to get pregnant.

Does having COVID-19 during pregnancy increase the chance for miscarriage?

Miscarriage can occur in any pregnancy. Studies have not been done to see if having COVID-19 during pregnancy could increase the chance of miscarriage.

Does having COVID-19 in the first trimester increase the chance of birth defects?

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. There are no published studies on COVID-19 in pregnancy and birth defects.

A high fever in the first trimester can increase the chance of certain birth defects (see MotherToBaby’s fact sheet: https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/). If you get sick with COVID-19 or any other illness and develop a high fever, please speak with your healthcare provider as soon as possible to discuss the best way to lower it.

Does having COVID-19 in the second or third trimester cause other pregnancy complications?
There is limited information about COVID-19 and pregnancy. Experience with other respiratory illnesses such as flu and SARS (severe acute respiratory syndrome) suggests that pregnant women may be at higher risk of complications if they have a respiratory illness, so prompt management of symptoms is important. Having severe symptoms or complications from any illness might require pregnant women to deliver their babies sooner than expected. Preterm delivery (before 37 weeks) can be associated with long-term health problems for babies.

The chance of pregnancy problems for women who have COVID-19 is not known. In limited reports of women with serious symptoms of COVID-19 such as pneumonia during the second and third trimesters of pregnancy, almost all delivered their babies by C-section, and some were delivered preterm. The reasons given for the C-sections included COVID-19 as well as other reasons. A small number of infants who were tested for the virus after delivery all tested negative. More information is needed in order to know how COVID-19 in pregnancy could affect the mother or the baby. CDC information on COVID-19 and pregnancy can be found here.

**Does having COVID-19 in pregnancy cause long-term problems in behavior or learning for the baby?**

There is not enough information to know about any long-term effects of COVID-19 in pregnancy.

**I am a pregnant healthcare worker. What precautions should I take to protect myself against COVID-19?**

Be sure your employer knows you are pregnant before you provide any direct patient care to a person with confirmed or suspected COVID-19. When possible, and depending on staffing, management should consider limiting your exposure to these patients. This is especially true if you perform procedures with a higher chance of coming into contact with a patient’s respiratory droplets (such as intubation).

If you do provide care to a patient with confirmed or suspected COVID-19, be sure to follow the Standard, Contact, and Airborne Precautions for all healthcare workers, as outlined by CDC. If you are pregnant and you cared for a patient with COVID-19 without all the recommended precautions in place (for example, no PPE), contact your employer immediately to let them know. Depending on the type of care you are involved in and current staffing needs, your employer may ask you to self-isolate (stay at home) for a period of time, or to monitor yourself for symptoms (such as fever) while continuing to report to work. For more information, see CDC guidance for healthcare personnel with potential exposure to patients with COVID-19.

The MotherToBaby fact sheet Reproductive Hazards of the Workplace can answer additional questions.

**Can I breastfeed if I have COVID-19?**

Breast milk provides protection against serious childhood infections. Women are often encouraged to continue breastfeeding or providing breast milk even when they are sick with a virus, such as the flu. Information about COVID-19 in breastfeeding women is limited at this time, but no virus was found in milk samples provided by a small number of women with COVID-19.

Women who are breastfeeding while sick with COVID-19 can help protect their babies from infection by washing their hands frequently and wearing a face mask while nursing. They can also consider pumping milk for someone else to feed their baby while they recover, especially if their illness requires them to be separated from their infant after delivery or at any other time. Women should talk with their healthcare providers about any questions related to breastfeeding. CDC information on COVID-19 and breastfeeding can be found here.

**If a man has COVID-19, could it affect his fertility (ability to get partner pregnant) or increase the chance of birth defects?**

This has not been studied. In general, exposures that fathers have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet on Paternal Exposures and Pregnancy at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/pdf/.

MotherToBaby is currently conducting an observational study looking at COVID-19 in pregnancy and while breastfeeding. If you know or suspect you may have COVID-19 and you are interested in taking part in this study, please call 1-877-311-8972 or sign up at https://mothertobaby.org/join-study/.

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