**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* Information on COVID-19 is rapidly evolving, and this fact sheet could become outdated by the time you read it.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 is about having 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 (Coronavirus Disease 2019) is an illness caused by a virus. The virus (called SARS-CoV-2) belongs to a group called coronaviruses. This virus spreads mostly by close person-to-person contact. When an infected person breathes, talks, coughs, or sneezes, the virus can spread to others who are nearby. Over time, viruses can change (mutate) into new versions (called variants). Some variants spread more easily or cause more severe illness than others do. Delta and Omicron are two variants of the virus that causes COVID-19.

The most common symptoms of COVID-19 include fever, cough, and shortness of breath. Other symptoms may include chills with or without shaking, muscle pain, headache, sore throat, and a new loss of taste or smell. In more severe cases, infection can cause pneumonia, respiratory failure, and death. Some people have only mild symptoms or no symptoms at all (asymptomatic), but they could still spread the virus to other people.

**How can I help prevent getting COVID-19?**

Staying up to date on your COVID-19 vaccines, including getting your booster dose on time, is the best way to protect yourself and others from COVID-19. You can read more about COVID-19 vaccines on the MotherToBaby fact sheet at https://mothertobaby.org/fact-sheets/covid-19-vaccines/. Other ways to help protect yourself and others from infection include wearing a mask when out in public, avoiding close contact with others (staying at least 6 feet apart), avoiding gatherings (especially in indoor spaces), and washing your hands often. Because the vaccines are not 100% effective at preventing COVID-19, pregnant people (and those who live with them) can consider continuing to take these precautions even if they are up to date on their vaccines.


**I have COVID-19. Can it make it harder for me to get pregnant?**

Based on the data available, it is not known if having COVID-19 could make it harder to get pregnant.

**Does having COVID-19 increase the chance for miscarriage?**

Miscarriage can occur in any pregnancy. The available studies on COVID-19 infections in pregnancy have not suggested an increased chance of miscarriage as compared to the general population. More research is needed to know if having COVID-19 could increase the chance of miscarriage.

**Does having COVID-19 increase the chance of birth defects?**

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. The available studies and reports on COVID-19 infections in pregnancy have not reported birth defects related to COVID-19.

Fever is a possible symptom of COVID-19. A high fever in the first trimester can increase the chance of certain birth defects. Acetaminophen is usually recommended to reduce fever in pregnancy. If you get sick with COVID-19 or any other illness and develop a fever, talk with your healthcare provider to confirm that taking acetaminophen is the best way to lower it. For more information about fever and pregnancy, see the MotherToBaby fact sheet about hyperthermia at https://mothertobaby.org/fact-sheets/hyperthermia-pregnancy/.
Does having COVID-19 cause other pregnancy complications?

Studies have shown that people who are pregnant or recently pregnant and have COVID-19 have a higher chance of becoming very sick than people who are not pregnant or recently pregnant. This includes higher chances of being admitted to intensive care and needing to be put on a ventilator (machine that helps you breathe). Some studies have also reported a slightly higher chance of death from COVID-19 among people who are pregnant. The chance of these outcomes is higher among pregnant people who also have other underlying health conditions, such as obesity, pre-pregnancy diabetes, and/or chronic hypertension, and among those who are not fully vaccinated against COVID-19.

Having COVID-19 in pregnancy increases the chances of preterm delivery (having a baby before 37 weeks of pregnancy) and stillbirth, and some studies have reported increased chances of preeclampsia (dangerously high blood pressure) and the need for emergency c-section. The chance of pregnancy complications appears to be higher if the person with COVID-19 has symptoms (symptomatic) than if they do not have symptoms (asymptomatic). Pregnant people who are fully vaccinated are expected to have less severe symptoms if they get COVID-19. Researchers are gathering more information about pregnancy outcomes in fully vaccinated people. More research will also help us learn how the timing of an infection in pregnancy affects outcomes.

In rare cases, the virus can infect the placenta (called placentitis), which can lead to problems with how well the placenta works to support the pregnancy and the baby’s growth and development. Some cases of stillbirth have been associated with placentitis from a COVID-19 infection. Researchers are learning more about other possible effects of placentitis caused by a COVID-19 infection.

COVID-19 infection can increase the chance of developing blood clots, especially if the infection is severe. One study of women giving birth in hospitals reported that those with COVID-19 had a higher chance of heart attack and blood clots than those who did not have COVID-19 (even though the overall chance of heart attack or blood clots was still small). The American Society of Hematology recommends that all adults who are hospitalized with COVID-19 be given treatment to prevent blood clots. People who are pregnant and admitted to the hospital with COVID-19 should discuss treatment options with their healthcare providers.

Can the virus that causes COVID-19 pass to the baby during the pregnancy or at the time of delivery?

In reports of infants born to people with COVID-19 around the time of delivery, most newborns have not had evidence of infection. However, the virus has been found in the (umbilical) cord blood and amniotic fluid of people who have COVID-19 at or near the time of delivery, and a small number of newborns have tested positive for the virus soon after birth. Although this suggests that the virus could pass from a person who is pregnant to their baby during pregnancy, this appears to be rare. The chance of the baby getting the virus during or shortly after delivery may be higher if the mother has an active infection at the time of delivery. However, most infants who test positive have only mild or no symptoms, and fully recover from the virus. Severe illness in babies is rare, although it may be more likely in infants who are born preterm or have other health problems.

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

One small study found no differences in communication, motor skills, problem solving, or personal-social skills at 6 months of age in babies born to people who had COVID-19 during pregnancy. Most of these infections were mild or asymptomatic. More research is needed to fully understand the possible long-term effects of a COVID-19 infection during pregnancy.

Can I breastfeed while I have COVID-19?

The virus that causes COVID-19 has not been found to pass through the breast milk. There have not been any reported cases of infants getting COVID-19 through breast milk. Particles of the virus have been found in a small number of breast milk samples from women with COVID-19, but these particles are not expected to cause infection in babies. In fact, breast milk provides protection against many childhood infections. People are often encouraged to continue breastfeeding or providing breast milk even when they are sick with a virus, such as flu.

People who are breastfeeding while sick with COVID-19 can help prevent passing the virus to their babies through contact by washing their hands frequently and wearing a mask while nursing. They can also consider pumping milk for someone else to feed their baby while they recover. The CDC has information on COVID-19 and breastfeeding at https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html. Be sure to talk to your healthcare provider about all your breastfeeding questions.
If a male has COVID-19, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

Two small studies found that men who had COVID-19 had fewer and slower sperm after recovery as compared to men who had only mild cases of COVID-19 or healthy men who did not have COVID-19. There is not enough information to know if COVID-19 infection could have long-term effects on sperm or a man’s fertility.

There is no evidence of a higher chance of birth defects if the father or sperm donor has COVID-19. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet on Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

MotherToBaby is conducting observational studies looking at COVID-19 in pregnancy. If you had or have suspected or confirmed COVID-19 within 1 month of your last menstrual period or anytime in pregnancy or breastfeeding and you are interested in learning more about this study, please call 1-877-311-8972 or visit https://mothertobaby.org/join-study/.

Please click here to view references.