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* Information on COVID-19 is rapidly evolving, and this fact sheet could become outdated by the time you read it.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 called SARS-CoV-2. 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.

The most common symptoms of COVID-19 include fever, cough, and shortness of breath. Other symptoms may include chills, muscle or body aches, headache, sore throat, new loss of taste or smell, runny nose, nausea or vomiting, and diarrhea. In severe cases, infection can result in hospitalization, admission to the intensive care unit (ICU) 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 recommended COVID-19 vaccines and boosters is the best way to protect yourself and others from COVID-19. You can read more about COVID-19 vaccines on the MotherToBaby fact sheets at https://mothertobaby.org/fact-sheets/covid-19-mrna/, https://mothertobaby.org/fact-sheets/covid-19-viral-vector-vaccine/, and https://mothertobaby.org/fact-sheets/covid-19-protein-subunit-vaccine/. 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 with 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 compared to the general population.

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 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 increase the chance of other pregnancy related problems?

Studies have shown that people who are pregnant or recently pregnant and get COVID-19 have higher chances of becoming very sick, 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. The chance of these outcomes is higher among people who also have other underlying health conditions, such as obesity, pre-pregnancy diabetes, and/or chronic hypertension. Just as in the general population, people who are pregnant and up to date on their COVID-19 vaccines are less likely to get infected, and less likely to get severely ill, be hospitalized, or die from a “breakthrough infection.”

Having COVID-19 in pregnancy increases the chance of preterm delivery (having a baby before 37 weeks of pregnancy). The chance of preterm delivery may be higher if the infection happens later in pregnancy. Some studies have also reported increased chances of stillbirth, preeclampsia (dangerously high blood pressure) and the need for emergency c-section. Having COVID-19 can also make it more difficult to manage other health conditions that a person may have in pregnancy, such as other infections or high blood pressure. Some studies have reported these complications more frequently in people who are unvaccinated. Researchers are gathering more information about how vaccination status may affect pregnancy outcomes in people with COVID-19.

Sometimes the virus that causes COVID-19 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 help prevent blood clots.

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

The virus can pass from a person who is pregnant to their baby during pregnancy, but 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 shortly after delivery have only mild or no symptoms, and fully recover from the virus. Severe illness 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 without symptoms (asymptomatic). Another study found that children born to people who had COVID-19 during pregnancy were more likely to have been diagnosed with a neurodevelopmental (brain-related) issue by one year of age, especially if the COVID-19 infection happened in the 3rd trimester. Most of the COVID-19 infections in this study showed symptoms (symptomatic). The diagnosed issues reported in children were mostly related to motor (movement) skills and speech and language. Since these studies could not control for all the things that might have affected the children’s development (such as the home environment, other possible exposures in pregnancy, and stress from the pandemic), it is not clear if having COVID-19 in pregnancy affects long-term development in children. More research is needed to fully understand the possible long-term effects of a COVID-19 infection during pregnancy.

Breastfeeding and 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. Breast milk provides protection against many childhood infections, and 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. Another study found that men who had COVID-19 had a short-term decline in fertility. There is not enough information to know if COVID-19 infection could have long-term effects on sperm or male 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.