

Pregnancy & Breastfeeding COVID-19 Vaccine Risks & Benefits

The Society of Obstetricians and Gynecologists of Canada ([SOGC](#)) supports the use of all available COVID-19 vaccines approved in Canada in any trimester of pregnancy and during breastfeeding if clients are eligible and no contraindications exist

Benefits of COVID-19 vaccine

- According to the [Ministry of Health](#), all pregnant individuals in the authorized age group are eligible and recommended to be vaccinated as soon as possible, at any stage in pregnancy, as COVID-19 infection during pregnancy can be severe, and the benefits of vaccination outweigh the risks, and the vaccines are safe for the breastfeeding person.
- not a live virus—you cannot get COVID-19 from vaccine—[safe for breastfeeding](#)
- many other vaccines are safe and recommended during pregnancy, e.g. tetanus, diphtheria & pertussis; flu vaccine
- vaccine teaches your immune system to fight the virus
- getting the vaccine will make you feel safer
- 90% protection from first dose mRNA vaccine (95% after second dose)
- according to the ministry, all pregnant individuals are eligible and should be vaccinated as soon as possible, at any stage in pregnancy, as COVID-19 infection during pregnancy can be severe, and the benefits of vaccination outweigh the risks; safe for breastfeeding
- National Advisory Committee on Immunization (NACI) states COVID-19 vaccines are safe in these populations as outlined in [International real-world data](#)
- preventing COVID-19 disease among pregnant individuals (highest risk) is a priority and vaccination is a central tool to protect individuals from severe COVID-19 infection (SOGC)
- antibodies transferred into breastmilk may protect the infant from infection with COVID-19

Risks of COVID-19 vaccine

- a recent study of more than 35,000 pregnant women who received an mRNA vaccine in the US showed no safety concerns; real-world data is accumulating from international registries and to date there are no maternal or neonatal safety signals ([NACI](#), pg 33)
- mRNA vaccines have been tested on large groups and no serious side effects have been found, so based on what we do know, likely no increased risks
- usual risk of common, mild side effects – sore arm, muscle pain, chills, fever, headache
- NACI recommends mRNA vaccines in pregnancy – Astra Zeneca vaccine can cause blood clots ((VITT) 1 in 55,000 in Ontario), and it would be challenging to treat in a pregnant individual ([May 3, 2021, p.4](#)).

Risks of acquiring COVID-19 virus in pregnancy (Adapted - MOH [Decision-Making Tool](#))

- pregnancy is a known risk factor for COVID-associated illness with data consistently illustrating pregnant individuals are at increased risk for hospitalization, ICU admission, mechanical ventilation and death compared to non-pregnant individuals
- if infected with COVID-19, 1 in 10 pregnant individuals will require hospital admission and 1 in 100 pregnant individuals will require intensive care
- risk of illness is substantially higher for some individuals with additional risk factors:
 - 35 years of age or older
 - in the last 3 months (third trimester) of pregnancy
 - overweight
 - smoker
 - pre-existing medical problems such as diabetes, high blood pressure, a compromised immune system, kidney disease, heart disease, asthma

- risk is higher if you
 - live in a community with high number of COVID-19 infections
 - work in a high-risk environment
 - live in crowded housing situation and cannot physically distance from others
 - have regular contact with people outside of your household
- for many pregnant individuals in Canada, the risk of being unvaccinated and susceptible to COVID-19 is substantial
- giving birth too early in pregnancy (preterm birth) may be more common in pregnant people with severe COVID-19

Summary

For individuals who are at high risk of infection from COVID-19, it is the SOGC's position that documented risk of **not** getting the COVID-19 vaccine outweighs the theorized and undescribed risk of being vaccinated during pregnancy / breastfeeding: vaccination should be offered.

Breastfeeding

- Lactating individuals should not stop breastfeeding in order to get the vaccine. Breastfeeding has well-documented benefits and stopping breastfeeding has well-documented risks.
- It is quite possible that breastfeeding after getting the vaccine will transfer passive antibodies to the infant.

Pregnancy

- Getting a COVID-19 vaccine during pregnancy is your choice.
- COVID-19 may cause more severe illness in pregnant people than in people of the same age who are not pregnant.
- You should consider your own personal risks vs. benefits of getting the COVID-19 vaccine.

Advice if planning to become pregnant:

- The Society of Obstetricians and Gynaecologists of Canada recommends that people who are planning on becoming pregnant get both doses of the vaccine ahead of pregnancy (where possible).
- It is suggested to wait to become pregnant for at least one month after second dose, if possible.
- Talk to your doctor about the risks and benefits of getting the vaccine if you are planning a pregnancy.

Academy of Breastfeeding Medicine Statement www.bfmed.org

- While there is little plausible risk for the child, there is a biologically plausible benefit. Antibodies and T-cells stimulated by the vaccine may passively transfer into milk.
- Following vaccination against other viruses, [IgA antibodies are detectable in milk within 5 to 7 days](#). Antibodies transferred into milk may therefore protect the infant from infection with COVID-19.

You may advise client to register on the Pregnancy Registry <https://c-viper.pregistry.com/> after they have been vaccinated to assist with research

Other questions? Talk to your health care provider or call our COVID Information Line at 613-966-5500 | Toll Free 1-800-267-2803 | TTY: Dial 711 | Website: hpePublicHealth.ca

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