

# 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 ([Apr 20, 2021](#)) if clients are eligible and no contraindications exist ([March 12, 2021](#)).

## Benefits of COVID-19 vaccine

- It is not a live virus—you cannot get COVID-19 from vaccine—safe for breastfeeding [www.bfmed.org](http://www.bfmed.org)
- 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
- 90% protection from first dose mRNA vaccine (95% after second dose)
- Getting the vaccine will make you feel safer
- 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

- Lack of clinical trials / studies on pregnant individuals to date so insufficient evidence about the use of current COVID-19 vaccines in the pregnant population however, 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
- AZ /Janssen vaccine – blood clots (VITT) only 1 in 125,000; there is no known association between this syndrome and pregnancy and no physiologic basis to increase this risk in pregnancy (SOGC) but difficult to treat if pregnant; so National Advisory Committee on Immunization (NACI) recommends mRNA vaccines in pregnancy

## Risks of acquiring COVID-19 in pregnancy (Adapted from 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

### 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.
- There is not much information on the use of the vaccine during pregnancy yet, but NACI recommends the use of mRNA COVID-19 vaccines.
- You should consider your own personal risks vs. benefits of getting the COVID-19 vaccine.

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- After counselling, if the pregnant / breastfeeding individual feels the potential benefits of vaccination outweigh the risks of getting COVID-19, they should be able to access the vaccine.

[NACI COVID-19 Vaccination Recommendations for Special Populations](#)

- 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.

### 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](http://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.

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](http://hpePublicHealth.ca)

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