

COVID-19 vaccines, pregnancy and breastfeeding

These Q&As were updated on 11 February 2021 and will be reviewed as new information and advice emerges. For general information on pregnancy and COVID-19 visit our [main Q&A page](#).

Key messages

- The latest advice from the Joint Committee on Vaccination and Immunisation (JCVI) is that COVID-19 vaccines should be considered for pregnant women when their risk of exposure to the virus is high and cannot be avoided, or if the woman has underlying conditions that place her at a very high risk of complications of COVID-19.
- COVID-19 vaccines should only be considered for use in pregnancy when the potential benefits outweigh any potential risks for the woman and her baby.
- Women should discuss the benefits and risks of having the vaccine with their healthcare professional and reach a joint decision based on individual circumstances.
- Breastfeeding women may be offered vaccination following consideration of their clinical need for immunisation against COVID-19.
- Women trying to become pregnant do not need to avoid pregnancy after vaccination and there is no evidence to suggest that COVID-19 vaccines will affect fertility.
- Having a COVID-19 vaccine will not remove the requirement for employers to carry out a risk assessment for pregnant employees, which should follow the rules set out in this [government guidance](#).

Resources to help with decision making

If you are pregnant and have been offered a COVID-19 vaccine, the decision whether to have the vaccination is your choice. You may find the following resources helpful:

- [Information leaflet](#) on COVID-19 vaccination in pregnancy
- Decision aid to discuss with a healthcare professional
- UK Teratology Information Service (UKTIS) [monograph](#) on non-live vaccination in pregnancy
- Public Health England [information for women](#) of childbearing age, currently pregnant, planning a pregnancy or breastfeeding

Q. Which pregnant women are being offered a COVID-19 vaccine?

The JCVI advises that pregnant women at high risk of exposure to the virus or with high risk medical conditions (who meet the definition of being [clinically extremely vulnerable](#)) should consider having a COVID-19 vaccine in pregnancy. Pregnant women with high risk medical conditions are being offered vaccination because their underlying condition may put them at high risk of experiencing serious complications of COVID-19.

The benefits and risks of COVID-19 vaccination in pregnancy should be discussed on an individual basis. The discussion should include acknowledgement that, while there is no known risk associated with giving other non-live vaccines to pregnant women, there are no specific data as yet about the safety of COVID-19 vaccination in pregnancy.

If you are eligible for and have been offered a COVID-19 vaccine, the decision whether to have the vaccination in pregnancy is your choice. Make sure you understand as much as you can about COVID-19 and about the vaccine and discuss your options with a trusted source like your doctor or midwife.

Q. I am a pregnant healthcare worker and have been offered a COVID-19 vaccination, what should I do?

Pregnant women who are frontline health or social care workers, including carers in a residential home, can discuss the option of vaccination. This is because the risk of exposure to COVID-19 may be higher, even if they have a low risk of experiencing complications if they are otherwise well.

If you are eligible for and have been offered a COVID-19 vaccine, the decision whether to have the vaccination in pregnancy is your choice.

The risks and benefits of vaccination will need to be assessed on an individualised basis. This may include factors such as your ethnicity, whether you are overweight or obese, any underlying health conditions you may have as well as occupational exposure and ability to socially distance at work.

Public health advice is that, until further data are available, those who are vaccinated should continue to observe all current guidance and transmission reduction measures, including social distancing and the wearing of personal protective equipment (PPE).

If you are a pregnant health or social care worker, having a vaccine will not change your [occupational risk assessment](#). This includes not working in high-risk areas if you are 28 weeks pregnant and beyond, or if you have an underlying health condition that puts you at a greater risk of severe illness from COVID-19 at any gestation.

Q. Is COVID-19 vaccination safe and effective in pregnant women?

The large clinical trials which showed that COVID-19 vaccines are safe and effective did not include pregnant women. This means there is limited information about the effects of COVID-19 vaccination in pregnancy. A very small number of women became pregnant after they received the vaccine in a trial. There was no sign of problems, but the numbers are too small to be certain.

As the COVID-19 vaccines were not tested in pregnant women, we cannot say for sure that they work as well in pregnant women as they do in other adults. However, there is no reason to think that the vaccines will not protect pregnant women effectively against COVID-19. Similarly, there is no reason to think that the vaccine will have worse side-effects in pregnant women.

Q. How can you say the COVID-19 vaccine won't affect pregnancy when there isn't any data?

COVID-19 vaccines do not contain ingredients that are known to be harmful to pregnant women or to a developing baby. Studies of the vaccines in animals to look at the effects on pregnancy have shown no evidence that the vaccine causes harm to the pregnancy or to fertility.

The COVID-19 vaccines that we are using in the UK are not 'live' vaccines and so cannot cause COVID-19 infection in you or your baby. Vaccines based on live viruses are avoided in pregnancy in case they infect the developing baby and cause harm. However, non-live vaccines have previously been shown to be safe in pregnancy (for example, flu and whooping cough). Pregnant women are offered other non-live vaccines, such as those against flu.

Q. What are the benefits of vaccination in pregnancy?

Vaccination is effective in preventing COVID-19 infection. More than half of women who test positive for COVID-19 in pregnancy have no symptoms at all but some pregnant women can get life-threatening illness from COVID-19, particularly if they have underlying health conditions.

In the later stages of pregnancy women are at increased risk of becoming seriously unwell with COVID-19. If this happens, it is about three times more likely that your baby will be born prematurely, which can affect their long-term health.

The benefits of vaccination include:

- reduction in severe disease for the pregnant woman
- reduction the risk of prematurity for the baby
- potentially reducing transmission to vulnerable household members

Q. When in pregnancy can I have the vaccine?

The vaccine should work whatever the stage of pregnancy you are in. The JCVI advises that women do not need a pregnancy test before vaccination, and that women planning a pregnancy do not need to delay pregnancy after vaccination.

However, as COVID-19 has more serious complications in later pregnancy, some women may choose to delay their vaccine until after the first 12 weeks (which are most important for the baby's development) and will plan to have the first dose at any time from 13 weeks onwards.

As pregnant women are more likely to be seriously unwell and have a higher risk of their baby being born prematurely if they develop COVID-19 in their third trimester (after 28 weeks), women may wish to have the vaccine before their third trimester.

Q. Does it matter which vaccine I have?

The JCVI does not distinguish between the Pfizer-BioNTech and the Oxford University/Astra Zeneca COVID-19 vaccines in its advice on vaccination in pregnant women, so it is appropriate to have either vaccine if you are eligible and have been offered vaccination and are pregnant.

Q. When will more pregnant women be offered COVID-19 vaccination in the UK?

The JCVI [advice on 30 December 2020](#) confirmed that although the available data do not indicate any safety concern or harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy.

As more data emerges on the suitability of giving approved COVID-19 vaccines to pregnant and breastfeeding women, it is likely that the JCVI will recommend that more pregnant women are offered a COVID-19 vaccine. The type of information that the JCVI will consider when developing their advice will be:

- Clinical trials on approved COVID-19 vaccines which include pregnant and breastfeeding women
- Data on outcomes from pregnant women and their babies vaccinated in the UK e.g. health and social care workers and those with high risk medical conditions
- Data on outcomes from other countries who are offering COVID-19 vaccination to pregnant women
- Any new information on the severity of impact of COVID-19 in pregnant women

Q. Are breastfeeding women being offered COVID-19 vaccination?

The JCVI [advice published on 30 December 2020](#) says there is no known risk in giving available COVID-19 vaccines to breastfeeding women.

Breastfeeding women will now be offered vaccination if they are otherwise eligible, for example if they are in a clinically extremely vulnerable group or a frontline health or social care worker, including a carer in a residential home. Women should be advised that there is lack of safety data for these specific vaccinations in breastfeeding.

Q. Should I have a COVID-19 vaccine if I plan to become pregnant?

The JCVI [updated advice on 30 December 2020](#) says that women who are trying to become pregnant do not need to avoid pregnancy after vaccination.

If you are in one of the groups offered the vaccine, getting vaccinated before pregnancy will help prevent COVID-19 infection and its serious consequences. In some cases, women will need to make a decision about whether to delay pregnancy until after the vaccine becomes available to them.

Q. Does the COVID-19 vaccine affect fertility?

There is no evidence to suggest that COVID-19 vaccines will affect fertility.

There is no biologically plausible mechanism by which current vaccines would cause any impact on women's fertility. Evidence has not been presented that women who have been vaccinated have gone on to have fertility problems.

Likewise, the theory that immunity to the spike protein could lead to fertility problems is not supported by evidence. Most people who contract COVID-19 will develop antibody to the spike and there is no evidence of fertility problems in people who have already had COVID-19.

There is no evidence to suggest these types of vaccines cause issues with fertility. As more evidence becomes available on the safety of each vaccine (from following up people for longer), we will update our advice.

Q. What if I find out I am pregnant after I have had the COVID-19 vaccine?

Public Health England guidance on COVID-19 vaccination from November 2020 recommends that if you find out you are pregnant after you've had one dose of the COVID-19 vaccine, you should complete your pregnancy before you have your second dose. The [updated Joint Committee on Vaccination and Immunisation \(JCVI\) advice from 30 December 2020](#) does not specifically address whether women who become pregnant after the first dose of vaccine should have a second dose. However, the updated advice does state that pregnant women can receive the vaccine, and those who are trying to become pregnant do not need to avoid pregnancy after vaccination. If you receive a dose of the vaccine before finding out you are pregnant, or unintentionally while you are pregnant, you should be reassured that it will not affect the vaccine's success and the risk of harm to your baby is very low. You can discuss with your doctor when you should have the second dose of the vaccine, taking into account the advice about vaccination in pregnancy in these pages.

Q. Are vaccines normally used in pregnancy?

Pregnant women and women who are breastfeeding are already routinely and safely offered vaccines in pregnancy, for example to protect against influenza and whooping cough. Many of these vaccines also protect their babies from infection. These vaccines, like the COVID-19 vaccines, are non-‘live’ vaccines, which are generally considered safe in pregnancy. However, specific evidence regarding the safety of the COVID-19 vaccination in pregnancy is not yet available.

The RCOG and RCM, with leading academics across the UK, [are calling on the UK government to fund research studies](#) to establish the suitability of approved COVID-19 vaccines in pregnant and breastfeeding women. These pages will be updated as soon as we have any more information. We continue to urge pregnant women to follow government advice about social distancing, to get their [free flu vaccination to protect them and their baby against flu in winter](#), and to get the whooping cough vaccine to protect their newborn baby.