

Covid-19 frequently asked questions about fertility and pregnancy

This document provides answers to some of the most frequently asked questions around the COVID-19 vaccine and fertility and pregnancy for a general public audience.

We have a longer document of more general frequently asked questions which is available at the link below

<https://www.england.nhs.uk/london/our-work/covid-19-vaccine-communication-materials/>

This document will be updated regularly, and changes will be highlighted in yellow. Please look out for further iterations from your regional NHSEI communications team, and if in any doubt please check with them that you are using the latest version.

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Getting pregnant/fertility

Does the COVID vaccine affect fertility?

There is nothing in the vaccine that can affect the fertility of women or men.

Can people who have had recurrent miscarriages have the vaccine?

Yes. There is no reason to postpone having your COVID-19 vaccine as it does not affect your likelihood of having a miscarriage.

Is it safe to try for a baby straight after having the COVID-19 vaccine or should you wait for 3 months?

There is no need to avoid pregnancy after COVID-19 vaccination.

If I get pregnant in between the first and second dose should I get the second dose as planned or wait?

If you find out you are pregnant after you have had one dose of the vaccine (between doses), it is your choice to either have the second dose after the recommended interval, to wait until after the first 12 weeks of pregnancy (which are most crucial for the baby's development) or defer until after pregnancy. Your decision should take into account your personal exposure to and risks from COVID-19. You can discuss these risks with a doctor or your midwife.

Fertility treatment

Can I have the vaccine whilst undergoing IVF?

Yes you can

You may wish to consider the timing of having a COVID-19 vaccine during your fertility treatment, taking into account that some people may get mild side effects such as feeling tired or feeling a bit achy or sick in the few days after vaccination that they do not want to have during treatment. Your medical team will be able to advise you about the best time for your situation.

Should I delay fertility treatment until after I have had the vaccine?

The only reason to consider delaying fertility treatment until after you have been vaccinated would be if you wanted to be protected against COVID-19 before you were pregnant. The chance of successful treatment is unlikely to be affected by a short delay, for example of up to 6 months, particularly if you are 37 years of age or younger. However, delays of several months may affect your chance of success once you are over 37 and especially if you are 40 years of age or older.

What is the advice for women having immune treatment during IVF? Should they have vaccine?

The Human Fertilisation and Embryology Authority does not recommend immunosuppressive treatments during IVF because they do not have any proven benefits, but carry risks (some of which are serious). These treatments also make patients more susceptible to the virus and put them at higher risk of developing serious complications from COVID-19.

While pregnant

The guidance used to be that pregnant women shouldn't have the vaccine – why has that changed?

The vaccines have not yet been tested in pregnancy, so until more information is available, the advice is that those who are pregnant and not in a high risk group or more exposed to COVID-19 should not routinely have this vaccine. At the time of writing, there are currently plans for three trials of COVID-19 vaccines in pregnant women, none of which have yet started in the UK.

However, from all the evidence collected in non-clinical studies so far, no concerns about vaccine safety in pregnancy have been raised. 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 so far too small to be certain.

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, for example if they work in health or social care, or if the woman has any underlying conditions that place her at high risk of complications from COVID-19.

COVID-19 vaccines should currently only be considered for use in pregnancy when the potential benefits outweigh any potential risks for the woman and her baby.

Are all pregnant women going to be offered the vaccine or only those at higher risk of COVID-19?

Pregnant women do not form a specific priority group.

The JCVI currently advises that pregnant women at high risk of exposure to the virus or with medical conditions that place them at higher risk of serious complications from COVID-19 should consider having a COVID-19 vaccine in pregnancy.

Is there a stage in pregnancy that is better or safer to have the vaccine?

The vaccine should work whatever the stage of pregnancy you are in.

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 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.

What happens if I contract COVID-19 during pregnancy?

In your first or second trimester of pregnancy, there's no evidence you're more likely to get seriously ill from coronavirus. However, in your third trimester (after 28 weeks), 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 .

It may be possible for you to pass coronavirus to your baby before they are born, however, there's no evidence coronavirus causes miscarriage or affects how your baby develops in pregnancy.

Your baby cannot get coronavirus from you having the vaccine

Is the risk of getting COVID-19 higher than the risk of having a serious side effect from the vaccine?

Vaccination is effective in preventing COVID-19 infection and its complications.

Most side effects of the COVID-19 vaccine are mild and should not last longer than a few days. Common side effects include a sore arm where the needle went in, feeling tired, a headache, feeling achy or feeling or being sick. You may get a high temperature or feel hot or shivery 1 or 2 days after having your vaccination.

There is no reason to think that the vaccine will have worse side-effects in pregnant women.

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 complications 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.

[I had COVID-19 at 10 weeks of pregnancy, would you still recommend getting the vaccine now?](#)

If you are at high risk of exposure to COVID-19 and cannot avoid it, for example, if you are a health or social care worker, or if you have underlying conditions that place you at high risk of complications from COVID-19, you should consider getting the vaccine, even if you have already had COVID-19

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[Would you still advise working from home from 28weeks pregnant, especially if vaccine is not being taken? Shielding changed from Thursday 1 April 2021 – does this impact advice for those >28weeks pregnant?](#)

Amongst pregnant women, the highest risk of becoming severely unwell (should you contract the virus) appears to be for those who are 28 weeks pregnant or beyond. This is something that midwives and obstetricians have known for many years in relation to other similar infections (such as flu) and they are used to caring for pregnant women in this situation.

Speak to your GP or midwife about specific concern, as they can talk go you about the risks in your particular job, and how your employer can protect you, or whether it is still advisable to work from home.

[Should you leave a specific timing gap between having the vaccine and the anti-D injection?](#)

You can have your vaccine at any time in relation to the anti-D injection.

Should you leave a specific timing gap between having the vaccine and other vaccines you might have during pregnancy, e.g. whooping cough or the flu vaccine?

The advice is to wait for 7 days between the COVID vaccination and any other vaccination. If there are side effects from either vaccine, it will then be possible to know which vaccine was the cause of them.

Post pregnancy

Would you expect the antibodies from the vaccine given to a pregnant woman to pass onto the baby like they do for other vaccines?

Preliminary studies have shown that antibodies from getting the COVID-19 vaccine are passed to the baby during pregnancy and by breastfeeding (as expected).

How long should women wait to have the vaccine after giving birth - should they wait a few weeks for their immune system to recover from pregnancy before taking the vaccine?

There is no specific timeframe to wait after giving birth to get the vaccine.

Should I have the vaccine when breastfeeding?

You should not stop breastfeeding in order to be vaccinated against COVID-19. There is no known risk in giving available COVID-19 vaccines to breastfeeding women. Breastfeeding brings many benefits to the health of you and your baby and the World Health Organisation, the JCVI and many countries around the world are recommending that breastfeeding continues. However, women should be advised that there is a lack of safety data for the COVID vaccines in breastfeeding.

Have any babies been born yet from mothers who have had the vaccine? What reassurance is there that the vaccine will not affect a fetus?

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.

There are studies from the States that have reported babies safely born to pregnant women who have received the COVID-19 vaccine

Men before and during pregnancy

Will expectant fathers be considered for the vaccine with regards to visiting in the hospital etc? If not right now, then further down the line?

Expectant fathers are not a specific priority group for the vaccine, however they are eligible for the vaccine if, at the time of writing, they are over 45 or at higher risk from the vaccine. More information about the groups currently eligible for the vaccine can be found at the [Joint Committee on Vaccination and Immunisation's website](#).