

# FREQUENTLY ASKED QUESTIONS: COVID-19 vaccines and breastfeeding based on WHO SAGE interim recommendations



(26 March 2021)

These Frequently Asked Questions (FAQs) have been developed jointly by the [IFE Core Group](#), [UNICEF](#), and the [COVID-19 Infant Feeding Working Group](#) based on the most recent World Health Organisation (WHO) Strategic Advisory Group of Experts on Immunization (SAGE):

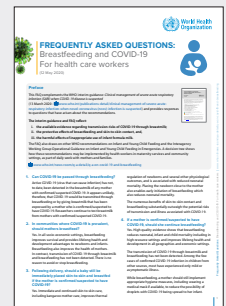
- Interim recommendations for use of the Pfizer–BioNTech COVID-19 vaccine, BNT162b2, under Emergency Use Listing
- Interim recommendations for use of the Moderna mRNA-1273 vaccine against COVID-19
- Interim recommendations for use of the AZD1222 (ChAdOx1-S [recombinant]) vaccine against COVID-19 developed by Oxford University and AstraZeneca
- Interim recommendations for the use of the Janssen Ad26.COV2.S (COVID-19) vaccine

The FAQs are intended to **provide answers** to health care providers and the public including mothers who are breastfeeding or expressing milk **on breastfeeding and the following COVID-19 vaccines:**

- **Pfizer–BioNTech BNT162b2**
- **Moderna mRNA-1273**
- **Oxford University – AstraZeneca AZD1222**
- **Janssen Ad26.COV2.S**

## COVID-19 and breastfeeding

Breastfeeding is safe for infants and young children even when mothers are suspected or known to have COVID-19. The numerous benefits of breastfeeding substantially outweigh the potential risks of illness associated with the virus. Breastfed children have not been shown to be at risk of transmission of SARS-CoV-2 through breastmilk. Consequently, WHO and other organizations such as the Centers for Disease Control and Prevention (CDC), UNICEF and the Royal College of Obstetricians and Gynaecologists recommend that mothers continue to breastfeed their infants if suspected or known to have COVID-19. Refer to [FREQUENTLY ASKED QUESTIONS: Breastfeeding and COVID-19 for health care workers](#)



## WHO SAGE Interim recommendations

**Vaccine** **Ok for breastfeeding mothers?**

<b>Pfizer–BioNTech BNT162b2 vaccine</b>	Yes, if in high priority group	
<b>Moderna</b>	Yes, if in high priority group	
<b>AstraZeneca AZD1222</b>	Yes, if in high priority group	
<b>Janssen Ad26.COV2.S</b>	Yes, if in high priority group	

## 1. Should women currently breastfeeding or providing expressed milk receive the vaccines?

**Yes.** WHO SAGE recommends that if a lactating woman is part of a 'high risk group' e.g. health worker or part of a group recommended for vaccination, vaccination **CAN** be offered. Therefore, healthy individuals currently breastfeeding or expressing milk **CAN** receive the vaccines.

Breastfeeding is vital to the health of infants and their mothers. Research on COVID-19 vaccines did not include breastfeeding women or consider the effects of mRNA vaccines or non-replicating vaccines on them or on the breastfed child. However, the absence of data does not mean that the vaccine is not safe for lactating women or their children. Therefore, the WHO SAGE guidance recommends that mothers who are vaccinated **continue breastfeeding after vaccination.**

## 2. What advice should women currently breastfeeding or expressing milk receive regarding the vaccine?

Lactating women considering receiving the COVID-19 vaccine should have access to information about the safety and efficacy of the vaccine including that:

- Breastfeeding is vital to the health of infants and their mothers.
- Vaccine efficacy in lactating women is expected to be similar to efficacy in non-lactating women.
- There are no data on the safety of mRNA vaccines such as the COVID-19 vaccines on lactating women or their breastfeeding children. **However, as the vaccine is not a live virus vaccine and the mRNA does not enter the nucleus of the cell of vaccinated individuals and is degraded quickly, it is biologically and clinically unlikely to pose a risk to the breastfeeding child or child receiving expressed human milk.**
- For AZD1222 vaccine and the Ad26.COV2.S vaccine, it is unknown whether the vaccine is excreted in human milk, however, as these are non-replicating vaccines, it is unlikely to pose a risk to the breastfeeding child.

It is important to continue to provide the necessary counselling and support for breastfeeding women to build confidence in the safety and adequacy of breastfeeding and risks of not breastfeeding in the context of COVID-19. Refer to [FREQUENTLY ASKED QUESTIONS: Breastfeeding and COVID-19 for health care workers](#).

## 3. Is it safe for mothers to breastfeed after they are vaccinated?

**Yes.** For Pfizer-BioNTech and Moderna mRNA-1273, the WHO SAGE clarifies that: "As the vaccine is not a live virus vaccine and the mRNA does not enter the nucleus of the cell and is degraded quickly, it is biologically and clinically unlikely there is a risk to the breastfeeding child," and for AZD1222 and Janssen Ad26. COV2.S "as the vaccine is a non-replicating vaccine, it is unlikely to pose a risk to the breastfeeding child." Mothers who are vaccinated should be encouraged to continue breastfeeding to protect their infants.

## 4. Does the ability to continue breastfeeding or provide expressed milk change after a mother is vaccinated? (i.e. Can/will the vaccine decrease milk supply?)

It is highly unlikely that vaccination will have any impact on women's ability to make milk. The WHO SAGE does NOT recommend stopping breastfeeding after

vaccination. Women currently breastfeeding or expressing milk should continue after receiving the vaccine and can be confident that vaccination will not affect their milk supply. Taking the vaccine should not be an impediment to begin breastfeeding or a cause for its interruption.

## 5. Should breastfeeding health workers who opt not to be vaccinated be prioritised for PPE or given assignments with low risk of exposure?

Governments and employers are urged to put measures in place to minimise the risk of COVID-19 exposure for health workers who breastfeed through adequate protection at the workplace. It is important that employers and governments prioritise provision of Personal Protective Equipment (PPE) and lower risk assignments to health workers who are lactating.

## 6. Building on the International Labor Organisation Standards, how can employers ensure that workers who are breastfeeding or expressing milk but have not received the COVID-19 vaccine maintain their jobs and are protected from any undue consequences?

Governments and employers must respect and uphold the right of women to breastfeed. Workers who are currently breastfeeding should not be forced to leave employment if not vaccinated. They should be supported to remain employed and incentivized to continue breastfeeding whether they receive the vaccine or not.

## 7. Should there be research undertaken on vaccination of breastfeeding women?

WHO SAGE acknowledged the lack of data for recommending the vaccine to lactating women. Given the importance of breastfeeding, researchers are encouraged to prioritise this topic and provide data on the safety of these vaccines for breastfeeding mothers and their infants.

### Feedback

This guidance will be periodically updated as new evidence emerges and new questions arise. You can pose questions to the moderated online forum <https://www.en-net.org/forum/31.aspx> and send feedback on the FAQs to the IFE Core Group, [ife@enonline.net](mailto:ife@enonline.net)

