









FREQUENTLY ASKED QUESTIONS:

COVID-19 vaccines and breastfeeding based on WHO interim recommendations



(12 August 2021)

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

- 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
- Interim recommendations for use of the inactivated COVID-19 vaccine BIBP developed by China National Biotec Group (CNBG), Sinopharm Interim guidance
- Interim recommendations for use of the inactivated COVID-19 vaccine, CoronaVac, developed by Sinovac

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
- Sinopharm BIBP vaccine
- Sinovac CoronaVac

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 United States 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	Pfizer– BioNTech BNT162b2 vaccine	Moderna	AstraZeneca AZD1222	Janssen Ad26. COV2.S	Sinopharm BIBP vaccine	Sinovac- CoronaVac
Ok for breastfeeding mothers?	√	√	√	√	√	√

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

Yes. WHO recommends the use of COVID-19 vaccines in lactating women as in other adults. 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 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. WHO recommends that mothers who are vaccinated **continue breastfeeding after vaccination**.

For countries facing insufficient vaccine supplies, the WHO Prioritization Roadmap¹ and the WHO Values Framework² are recommended to guide the prioritization of target groups.

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; and
- Vaccine efficacy in lactating women is expected to be similar to efficacy in non-lactating women.

Although data are lacking on the potential benefits and risks of COVID-19 vaccines to breastfed children, they are biologically and clinically unlikely to pose a risk:

- Pfizer-BioNTech BNT162b2 and Moderna mRNA-1273 are not live virus vaccines and the mRNA does not enter the nucleus of the cell and is degraded quickly;
- AZD1222 vaccine and the Janssen Ad26.COV2.S are not live virus vaccines; and
- Sinopharm BIBP and Sinovac-CoronaVac use an inactivated vaccine with an adjuvant that is routinely used in many other vaccines with a documented good safety profile, including in pregnant women.

Two recent small studies support these expectations, finding comparable antibody and T-cell response against SARS-CoV-2 after COVID-19 mRNA vaccination.^{3,4}

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, Moderna mRNA-1273, Sinopharm BIBP and Sinovac-CoronaVac, WHO clarifies that: "As the vaccine is not a live virus vaccine, it is biologically and clinically unlikely there is a risk to the

breastfeeding child," and for AZD1222 and Janssen Ad26. COV2.5 "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. WHO does NOT recommend stopping breastfeeding after vaccination. Women currently breastfeeding or expressing milk should continue to do so 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 there be research undertaken on vaccination of breastfeeding women?

WHO acknowledges the lack of data on COVID-19 vaccination of lactating women. Given the importance of breastfeeding, researchers are encouraged to prioritize this topic and provide data on the safety of these vaccines for breastfeeding mothers and their infants.

In accordance with the International Labour Standards⁵, governments and employers must continue to 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.

Feedback

This guidance will be periodically updated as new evidence on these vaccines emerges, additional vaccines are approved and new questions arise. You can pose questions to the moderated online forum https://www.en-net.org/forum/31 aspx and send feedh

org/forum/31.aspx and send feedback on the FAQs to the IFE Core Group, ife@ennonline.net

¹ WHO SAGE roadmap for prioritzing uses of COVID-19 vaccines in the context of limited supply. Geneva: World Health Organization 2021 (https://www.who.int/ publications/i/item/who-sage-roadmap-for-prioritizing-uses-of-covid-19-vaccinesin-the-context-of-limited-supply, accessed July 2021)

WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/handle/10665/334299, accessed 04 June 2021).

³ Gray, K. J., Bordt, E. A., Atyeo, C., Deriso, E., Akinwunmi, B., Young, N., ... & Edlow,

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International Labour Organization; 2020. ILO Standards and COVID-19 (coronavirus) FAQ. https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/genericdocument/wcms_739937.pdf

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