



Coronavirus (COVID-19), Pregnancy, and Breastfeeding: A Message for Patients



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Experts are learning more every day about the new coronavirus that causes COVID-19. The American College of Obstetricians and Gynecologists (ACOG) is following the situation closely. This page will be updated as ACOG learns new information for pregnant and breastfeeding women.

Please note that while this is a page for patients, this page is not meant to give specific medical advice and is for informational reference only. Medical advice should be provided by your doctor or other health care professional.

Ob-gyns: Please refer to [acog.org/covid19](https://www.acog.org/covid19) for ACOG's latest updates on COVID-19.

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What is COVID-19?

COVID-19 is a new illness that affects the lungs and breathing. It is caused by a new coronavirus. Symptoms include fever, cough, and trouble breathing. It also may cause stomach problems, such as nausea and diarrhea, and a loss of your sense of smell or taste. Symptoms may appear 2 to 14 days after you are exposed to the virus.

How does COVID-19 affect pregnant women?

Current reports show that pregnant women do not have more severe symptoms than the general public. But researchers are still learning how the illness affects pregnant women. Doctors urge pregnant women to take the same steps as the general public to avoid coronavirus infection.

How can COVID-19 affect a fetus?

It's too early for researchers to know how COVID-19 might affect a **fetus**. Some pregnant women with COVID-19 have had **preterm** births, but it is not clear whether the preterm births were because of COVID-19. It is not likely that COVID-19 passes to a fetus during pregnancy, labor, or delivery, but more research is needed.

What should pregnant women do to avoid the coronavirus?

The virus spreads mainly from person-to-person contact. Pregnant women can take the same steps as other people to protect themselves, including

- washing hands often with soap and water for at least 20 seconds

- cleaning hands with a hand sanitizer that contains at least 60% alcohol if you can't wash them (rub until your hands feel dry)
- avoiding touching your eyes, nose, and mouth
- staying home as much as possible
- staying at least 6 feet away from other people if you need to go out
- avoiding people who are sick

[See all of the prevention tips from the Centers for Disease Control and Prevention \(CDC\).](#)

Should pregnant women wear a mask or face covering?

As of April 3, the CDC says all people, including pregnant women, can wear a cloth face covering when they are in public to slow the spread of COVID-19. Face coverings are recommended because studies have shown that people can spread the virus before showing any symptoms. [See the CDC's tips on making and wearing a face covering.](#)

Wearing a cloth face covering is most important in places where you may not be able to stay 6 feet away from other people, like a grocery store or pharmacy. It also is important in parts of the country where COVID-19 is spreading quickly. But you should still try to stay at least 6 feet away from others whenever you leave home.

If you have COVID-19 or think you may have it, you should wear a mask while you are around other people. You also should wear a mask if you are taking care of someone who has COVID-19 or has symptoms. You do not need to wear a surgical mask or medical-grade mask (N95 mask).

How will COVID-19 affect prenatal and postpartum care visits?

As the virus spreads, it is a good idea to call your **obstetrician–gynecologist (ob-gyn)** or other health care professional to ask how your visits may be changed. Some women may have fewer or more spaced out in-person visits. You also may talk more with your health care team over the phone or through an online video call. This is called telemedicine or telehealth. It is a good way for you to get the care you need while preventing the spread of disease.

If you have a visit scheduled, your care team's office may call you ahead of time. They may tell you about telemedicine or make sure you do not have symptoms of COVID-19 if you are going in to the office. You also can call them before your visits if you do not hear from them.

How can I stay physically healthy right now?

Pregnant women can stay healthy by following the usual recommendations during pregnancy, including:

- Eating healthy meals (see [Nutrition During Pregnancy](#)).
- Exercising regularly (see [Exercise During Pregnancy](#), though be mindful to stay at home or away from other people while exercising).
- Getting plenty of sleep.
- Avoiding alcohol and drugs (see [Tobacco, Alcohol, Drugs, and Pregnancy](#)).

How can I manage stress, anxiety, and depression?

Some pregnant and postpartum women may be feeling fear, uncertainty, stress, or anxiety because of COVID-19. Reaching out to friends and family during this time may help. Phone calls, texts, and online chats are safe ways to stay connected.

There also are treatment and support resources you can access over the phone or online. Talk with your ob-gyn or other health care professional about how to get help if you're having symptoms like these:

- Feeling sad, hopeless, worthless, or helpless
- Having fear or worry, which may cause a fast heartbeat
- Feeling that life is not worth living
- Having repeated, scary, and unwanted thoughts that are hard to get rid of

If you are in crisis or feel like you want to harm yourself or others, call 911 right away. See the [Resources](#) section for other support options, including helplines you can text or call and online support groups for pregnant and postpartum women.

Physical activity also may help your mental health. And it may be useful to focus on your breathing each day, especially if you are feeling anxious. Breathe in for 4 seconds, hold for 7 seconds, and breathe out for 8 seconds. Repeat three times.

I am being abused at home. How can I get help?

Times of crisis can be very hard for people in abusive relationships. Abuse at home is known as intimate partner violence or domestic violence. Abuse can get worse during pregnancy. If you need help, call the 24-hour, toll-free National Domestic Violence Hotline: 800-799-SAFE (7233) and 800-787-3224 (TTY). Or you can text LOVEIS to 22522 or use the live chat option at www.thehotline.org.

Can I travel if I am pregnant?

The CDC is updating travel recommendations often. See the [CDC's Coronavirus Disease 2019 Information for Travel](#) page for the latest updates.

Other travel recommendations may be in place globally or locally as the virus continues to spread. Check with your local or state health department for information about travel in your area.

What should I do if I am pregnant and think I have COVID-19?

If you think you may have been exposed to the coronavirus and have a fever or cough, call your ob-gyn or other health care professional for advice.

If you have emergency warning signs, call 911 or go to the hospital right away. Emergency warning signs include the following:

- Having a hard time breathing or shortness of breath (more than what has been normal for you during pregnancy)
- Ongoing pain or pressure in the chest
- Sudden confusion
- Being unable to respond to others

- Blue lips or face

If you go to the hospital, try to call ahead to let them know you are coming so they can prepare. If you have other symptoms that worry you, call your ob-gyn or 911.

What should I do if I am pregnant and diagnosed with COVID-19?

If you are diagnosed with COVID-19, follow the advice from the CDC and your ob-gyn or other health care professional. The current CDC advice for all people with COVID-19 includes the following:

- Stay home except to get medical care. Avoid public transportation.
- Speak with your health care team over the phone before going to their office. Get medical care right away if you feel worse or think it's an emergency.
- Separate yourself from other people in your home.
- Wear a face mask when you are around other people and when you go to get medical care.

Should I make any changes to my labor and delivery plans?

Talk with your ob-gyn or other health care professional about your birth plan. In most cases, the timing and method of delivery (vaginal birth or **cesarean birth**) do not need to be changed. Women who are sick probably do not need a cesarean birth.

ACOG believes that the safest place for you to give birth is a hospital, hospital-based birth center, or accredited freestanding birth center. Your hospital or birth center may be adjusting their policies. For example, there may be changes to the number of visitors allowed and how long you will stay in the hospital. Check with your hospital and ob-gyn or other health care professional about your birth plan. Be sure to mention if you are planning to have a **doula** with you during childbirth.

How many visitors can I have during and after birth?

Check with your hospital or birth center. They may limit the number of visitors to help prevent the spread of COVID-19. The number of visitors you can have may depend on local and state recommendations and how quickly COVID-19 is spreading in your area.

Some hospitals and birth centers may consider doulas to be visitors. Check the hospital or birth center policy if you are planning to have a doula with you.

Would it be safer to have a home birth?

ACOG believes that the safest place for you to give birth is still a hospital, hospital-based birth center, or accredited freestanding birth center.

Even the healthiest pregnancies can have problems arise with little or no warning during labor and delivery. If problems happen, a hospital setting can give you and your baby the best care in a hurry. And studies have shown that babies born at home are more than twice as likely to die around the time of birth than those born in hospitals.

Every woman has the right to choose where she will give birth. But it is important to not take any risks that might put you or your newborn's health in danger, especially while there is a high risk for getting COVID-19. Talk with your ob-gyn or other health care professional about your birth plan and any concerns.

What will happen during labor and delivery if I have COVID-19?

Your health care team may wear masks or take other steps to reduce the risk of spreading the virus. You and your health care team also may discuss having your newborn stay in a separate room to reduce the risk of infection for the baby. If your health care team thinks a temporary separation is important, you should make this decision together. Talk with your health care team about your options and make a decision that feels right to you.

Can COVID-19 pass to a baby through breast milk?

So far, the virus has not been found in breast milk. But there is not enough information yet on whether women who are sick can pass the virus through breast milk.

Breast milk gives babies protection against many illnesses. It also is the best source of nutrition for most babies. Talk with your ob-gyn or other health care professional about whether to start or continue breastfeeding. You can make this decision together with your family and health care team.

How can I avoid passing COVID-19 to my baby?

If you have symptoms of COVID-19 or if you have been diagnosed, you can take the following steps to avoid passing the infection to your baby:

- Wash your hands before touching your baby. [See the CDC's handwashing tips.](#)
- Wear a face mask while breastfeeding if possible.
- Wash your hands before touching any breast pump or bottle parts and clean all pump and bottle parts after use. [See the CDC's advice for cleaning a breast pump.](#)

You also can have someone who is not sick feed your breast milk to your baby after you pump.

What should I do if I could be exposed to COVID-19 at work?

Talk with your employer about how you can stay safe while doing your job. If remote work is possible, your employer may offer it. If remote work is not possible, your employer should follow guidelines from local and state health departments and the CDC to keep employees safe.

Remember, current reports show that pregnant women do not have more severe illness from COVID-19 than the general public. But people with [some health conditions](#), such as ***diabetes mellitus*** or lung disease, have a higher risk of severe illness from COVID-19. Tell your employer if you have a health condition.

What if I have other questions about my pregnancy right now?

Your ob-gyn or other health care professional should continue to be your main resource for all questions about your pregnancy. For the most current information about the coronavirus and COVID-19, check CDC web pages, which are updated often and listed below.

I want to get pregnant. Should I wait because of COVID-19?

This is a personal choice. You can make the decision based on your health, the potential risks of COVID-19, and other factors.

Researchers are still learning how COVID-19 affects pregnant women. Current reports show that pregnant women do not have more severe symptoms than the general public. But people with some health conditions, such as diabetes mellitus, lung disease, or heart disease, have a higher risk of severe illness from COVID-19.

Based on current research, it is not likely that COVID-19 passes to a fetus during pregnancy, labor, or delivery. But more research is needed on this. After birth, a newborn can get the virus if they are exposed to it.

Talk with your ob-gyn or other health care professional about how your pregnancy care and childbirth may be affected while COVID-19 is spreading.

Resources

Centers for Disease Control and Prevention (CDC)

- [Coronavirus \(COVID-19\)](#): A hub for the latest information on what everyone needs to know about the coronavirus and COVID-19.
- [Pregnancy & Breastfeeding](#): More information about COVID-19, pregnancy, and breastfeeding.
- [How to Prepare](#): Learn how the virus spreads, how to protect yourself and your family, and how to manage anxiety and stress.
- [If You Are Sick](#): Guidance on what to do if you have COVID-19 or think you may have it.
- [Travel](#): Frequently asked questions for travelers and travel notices for each country.

National Association of County and City Health Officials

www.naccho.org/membership/lhd-directory

A tool to help you search for health departments in your area. Your local health department can advise on travel and other local restrictions.

Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Distress Helpline

www.samhsa.gov/find-help/disaster-distress-helpline

1-800-985-5990 (TTY 1-800-846-8517)

Text TalkWithUs to 66746

Offers crisis counseling for people in emotional distress and referrals to local crisis call centers for follow-up care and support.

Postpartum Support International Helpline

<https://www.postpartum.net>

1-800-944-4773

Text 503-894-9453 (English) or 971-420-0294 (Spanish)

Contact this non-emergency helpline for support, information, or [referrals to postpartum mental health providers](#). The helpline is open 7 days per week. Leave a confidential message at any time, and a volunteer will return your call or text as soon as possible.

PSI also offers [online support group meetings](#) to connect with other pregnant and postpartum women. You also can join PSI's weekly [Chat with an Expert](#).

National Domestic Violence Hotline

800-799-SAFE (7233) and 800-787-3224 (TDD)

Text LOVEIS to 22522

Live chat and more information: www.thehotline.org

National Suicide Prevention Lifeline

1-800-273-8255

<https://suicidepreventionlifeline.org>

Lifeline chat: <https://suicidepreventionlifeline.org/chat>

Offers free, confidential support 24/7

Glossary

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Diabetes Mellitus: A condition in which the levels of sugar in the blood are too high.

Doula: A birth coach who gives continual emotional and physical support to a woman during labor and childbirth.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Preterm: Less than 37 weeks of pregnancy.

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If you have further questions, contact your obstetrician–gynecologist.

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