

Coronavirus Disease 2019 (COVID-19)



On February 11, 2020 the World Health Organization [announced](#) an official name for the disease that is causing the current outbreak of coronavirus disease, COVID-19. CDC will be updating our website and other CDC materials to reflect the updated name.

Frequently Asked Questions and Answers: Coronavirus Disease 2019 (COVID-19) and Pregnancy

Pregnant women

Q: Are pregnant women more susceptible to infection, or at increased risk for severe illness, morbidity, mortality with COVID-19, compared with the general public?

A: We do not have information from published scientific reports about susceptibility of pregnant women to COVID-19. Pregnant women experience immunologic and physiologic changes which might make them more susceptible to viral respiratory infections, including COVID-19. Pregnant women also might be at risk for severe illness, morbidity, or mortality compared to the general population as observed in cases of other related coronavirus infections [including severe acute respiratory syndrome coronavirus (SARS-CoV)* and Middle East respiratory syndrome coronavirus (MERS-CoV)] and other viral respiratory infections, such as influenza, during pregnancy.

Though person-to-person spread of SARS-CoV-2*, the virus that causes COVID-19, has been observed in the United States among close contacts, this virus is not currently spreading among persons in the community in the United States and immediate [risk](#) to the general public is low. Pregnant women should engage in usual preventive actions to avoid infection like washing hands often and avoiding people who are sick.

Q: Are pregnant women with COVID-19 at increased risk for adverse pregnancy outcomes?

A: We do not have information on adverse pregnancy outcomes in pregnant women with COVID-19. Pregnancy loss, including miscarriage and stillbirth, has been observed in cases of infection with other related coronaviruses [SARS-CoV and MERS-CoV] during pregnancy. High fevers during the first trimester of pregnancy can increase the risk of certain defects.

Q: Are pregnant healthcare personnel at increased risk for adverse outcomes if they care for patients with COVID-19?

A: Pregnant healthcare personnel (HCP) should follow [risk assessment](#) and [infection control](#) guidelines for HCP exposure to patients with suspected or confirmed COVID-19. Adherence to recommended infection prevention and control practices is an important part of protecting all HCP in healthcare settings. Information on COVID-19 in pregnancy is very limited; facilities may want to consider limiting exposure of pregnant HCP to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.

Transmission during pregnancy or during delivery

Q: Can pregnant women with COVID-19 pass the virus to their fetus or newborn (i.e. vertical transmission)?

A: Vertical transmission includes transmission of a pathogen from a mother to her fetus or newborn before, during, or immediately after delivery. Transplacental transmission occurs during pregnancy when maternal viremia leads to transmission across the placenta (e.g., as occurs with Zika virus). Perinatal transmission at the time of delivery can occur when the newborn comes into contact with maternal body fluids during delivery (e.g., as occurs with herpes simplex [HSV]), through transmission of infectious virus through the breastmilk (e.g., as occurs with HIV) or other bodily fluids (e.g., as occurs with group B *Streptococcus* and vaginal fluids, influenza viruses and respiratory droplets); some pathogens are transmitted by multiple routes.

In limited recent case series of infants born to mothers with COVID-19 published in the peer-reviewed literature, none of the infants have tested positive for SARS-CoV-2. Additionally, virus was not detected in samples of amniotic fluid.

Limited information is available about vertical transmission for other coronaviruses (MERS-CoV and SARS-CoV) but vertical transmission has not been reported for these infections.

Infants

Q: Are infants born to mothers with COVID-19 during pregnancy at increased risk for adverse outcomes?

A: Based on limited case reports, adverse infant outcomes (e.g., preterm birth) have been reported among infants born to mothers positive for COVID-19 during pregnancy. However, it is not clear that these outcomes were related to maternal infection, and at this time the risk of adverse infant outcomes is not known. Given the limited data available related to COVID-19 during pregnancy, knowledge of adverse outcomes from other respiratory viral infections may provide some information. For example, other respiratory viral infections during pregnancy, such as influenza, have been associated with adverse neonatal outcomes, including low birth weight and preterm birth. Additionally, having a cold or influenza with high fever early in pregnancy may increase the risk of certain birth defects. Infants have been born preterm and small for gestational age to mothers with other coronavirus infections, SARS-CoV and MERS-CoV, during pregnancy.

Q: Is there a risk that COVID-19 in a pregnant woman or neonate could have long-term effects on infant health and development that may require clinical support beyond infancy?

A: At this time, there is no information on long-term health effects on infants either with COVID-19, or those exposed to SARS-CoV-2 in utero. In general, prematurity and low birth weight are associated with adverse long-term health effects.

Transmission through breast milk

Q: Is maternal illness with COVID-19 during lactation associated with potential risk to a breastfeeding infant?

A: Human-to-human transmission by close contact with a person with confirmed COVID-19 has been reported and is thought to occur mainly via respiratory droplets produced when a person with infection coughs or sneezes.

In limited case series reported to date, no evidence of virus has been found in the breast milk of women with COVID-19. No information is available on the transmission of SARS-CoV through breast milk (i.e., whether infectious virus is present in the breast milk of an infected woman).

In limited reports of lactating women infected with SARS-CoV, virus has not been detected in breast milk; however, antibodies against SARS-CoV were detected in at least one sample.

* SARS-CoV caused an outbreak in 2002-2003. The virus causing the current outbreak called SARS-CoV-2. As the name indicates, the viruses are related, however they are not the same.

Page last reviewed: February 17, 2020