Breastfeeding and Coronavirus Disease 2019 (COVID-19) Vaccination: Position Statement of Indian Academy of Pediatrics Advisory Committee on Vaccination and Immunization Practices

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The development and implementation of coronavirus disease 2019 (COVID-19) vaccination program has been one of the recent and most prominent demonstrations of the power of modern science. As of 14 May, 2021, in India, a total of 13986142 (1 dose) and 39784951 (2 doses) have been administered [1,2]. Ever since the initiation of the COVID-19 vaccination program in India, pregnant and breastfeeding women had been excluded from the vaccination program [3]. Recently, the Government of India (GoI) has published a circular, recommending administration of COVID-19 vaccines in breastfeeding women [4]. Failure to include pregnant and lactating women in the phase 3 studies of the mRNA vaccines, Astra-Zeneca vaccine and Covaxin (Bharat Biotech Ltd) and consequent lack of safety data, were the cited reasons for excluding this group. If this cohort of pregnant and breastfeeding mothers continued to be excluded, a significant population of the country, including frontline workers, would have been left unprotected. Hence, the recent recommendation from the GoI is a welcome step.

OBJECTIVE
The objective of this recommendation is production of an evidence-based document to guide the pediatricians to give advice to breastfeeding mothers regarding the safety of COVID-19 vaccines in lactating women.

PROCESS
Formulation of key question was done under the chairmanship of President of the Indian Academy of Pediatrics (IAP). It was followed by review of literature regarding efficacy and safety of COVID-19 vaccines in breastfeeding women. The recommendations of other international and national professional bodies were also deliberated in detail. The available data was discussed in the ACVIP focused WhatsApp group. Opinion of all members was taken and the final document was prepared after achieving consensus.
prepared after the consensus and was approved by all members of the ACVIP (authors of the guidelines).

**BREASTFEEDING AND COVID-19 VACCINES**

The theoretical risk of COVID-19 vaccination in breastfeeding mothers and the potential harm to the infant is unknown. However, it is to be noted that none of the vaccines available for the COVID-19 contains live virus. There is no plausible biological mechanism to explain how an inactivated vaccine, given to the mother, would cause harm to a breastfed baby [5].

The COVID-19 vaccines presently available in India, i.e., Covishield and Covaxin are classified as inactivated (non-live) vaccines. Theoretically, administration of these vaccines to breastfeeding women should not render any harm to the breastfed infant. While the safety of adenovirus vectors in pregnancy and lactation is not established, adenoviral infections are present worldwide and have not been associated with teratogenic effects in the fetus or newborns [6]. With the exception of small pox and yellow fever vaccines no other vaccine is contraindicated during breast feeding [7].

Breast milk is a rich source of antibodies for the infant. Milk produced by infected mothers is a source of anti-SARS-CoV-2 IgA and IgG and neutralizes SARS-CoV-2 activity [8].

Studies have shown that maternal vaccination with the mRNA vaccine results in high titers of RBD-IgG binding antibodies and neutralizing antibodies as measured by the pseudovirus neutralizing tests (NT50), in maternal serum. High titers of RBD–IgG binding antibodies, neutralizing antibodies as measured by the NT50 and robust T-cell responses, as measured by ELISPOT and intra-cellular cytokine staining, have been demonstrated in the breast milk of mothers vaccinated with the mRNA vaccines [9]. In another study, involving six lactating women who received two doses of SARS-CoV-2 vaccine, significantly elevated levels of SARS-CoV-2 specific IgG and IgA antibodies in breast milk was observed, beginning at Day 7 after the initial vaccine dose, with an IgG-dominant response [10]. These SARS-CoV-2 specific immunoglobulins and products of the T-cell responses in breast milk may be protective for infants.

There is a paucity of data on immunological parameters in breastmilk following the administration of the AstraZeneca COVID-19 vaccine in lactating women. Thus, merely the absence of data should not exclude lactating women from getting the benefits of COVID-19 vaccination.

**RECOMMENDATIONS FROM OTHER PROFESSIONAL BODIES**

Many international and national recommending bodies have now recommended administration of COVID-19 vaccines in breastfeeding women (Table I).

While some have recommended the COVID-19 vaccines in breastfeeding women who are in the priority groups, after fully informing them about the benefits and risks of vaccination, some authorities have recommended the vaccine for all breastfeeding women. All have emphasized that breast feeding should be continued after vaccination.

| Agency | Recommendation |
|--------|----------------|
| World Health Organization [11] | Developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for immunization against COVID-19. WHO does not recommend discontinuing breastfeeding after vaccination. |
| American College of Obstetricians and Gynecologists [12] | COVID-19 vaccines should be offered to lactating individuals similar to non-lactating individuals. |
| International Federation of Gynecology and Obstetrics [13] | Supports offering COVID-19 vaccination to pregnant and breastfeeding women. |
| Federation of Obstetric and Gynecological Societies of India [14] | COVID-19 vaccine should extend to pregnant and lactating women. The very real benefits of vaccinating pregnant and lactating women seem to far outweigh any theoretical and remote risks of vaccination. |
| Australian and New Zealand health authorities [15,16] | Recommend COVID-19 vaccines in breast feeding women. They have emphasized that there are no concerns about their safety in breastfeeding women or their babies. |
| Italian Scientific Society [17] | Decision whether or not to administer the COVID-19 vaccine to the breastfeeding woman should be made after mutual agreement between her and the health professionals, considering specific health, social, familiar and work conditions. |
INDIAN ACADEMY OF PEDIATRICS

IAP-ACVIP RECOMMENDATIONS

1. Breastfeeding is very beneficial in the first years of life for nutrition and the protection provided by it against infectious agents. This is of crucial importance in developing countries like India.

2. The benefits of COVID-19 vaccination should not be denied to breastfeeding women as the real benefits are much more than the “theoretical risks.”

3. The IAP/ACVIP strongly recommends the administration of COVID-19 vaccines to all breastfeeding women.

4. The IAP/ACVIP endorses the recent decision of the GOI, to consider breastfeeding women eligible for COVID-19 vaccination.

Contributors: All authors were part of the IAP ACVIP team that formulated these guidelines. PG, BJP, GVB, and SGK: conceived the Guidelines, prepared the agenda, and executed administratively. PG and SGK: led the discussions and all the members actively participated. SGK, SKD, SV, HKP, AS reviewed the literature on national and international guidelines, SGK, SM, SKA, SS, SK reviewed the literature on safety of COVID vaccines in breast feeding women, S, KC, SK reviewed the literature on immunological parameters in breast milk. SGK, SKD wrote the first draft. The first draft was peer reviewed by PG, SBS. PG, BJK, PG, GVB, RK provided intellectual inputs and overall guidance at every step. PG, BJP, GVB provided the administrative support from the Indian Academy of Pediatrics and coordinated between the team and executive board members of the Academy. The final document was drafted by SGK and SKD; and edited by PG and SBS. All authors approved the final recommendations of the guidelines.

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