

Research dispels myth that COVID-19 vaccines cause infertility, but misinformation persists

March 22 2022, by Julian Daniel Sunday Willett



Credit: Max Mishin from Pexels

Misinformation about [COVID-19 vaccines and fertility](#) has propagated online despite the vaccines' [clear safety profile](#).

Fortunately, those considering having kids can relax when it comes to these crucial shots. These claims [lack any realistic basis](#). As a [medical doctor](#) and a COVID-19 genetics researcher, I'd like to discuss what the evidence says.

Misinformation about fertility

Some sources of [misinformation claim that the COVID-19 vaccines cause male sterility](#). For this to be true, the vaccines would have to damage [sperm quality](#), drastically reduce sperm count or interfere with the mechanisms inherent in male ejaculation. Quality clinical evidence has demonstrated that none of these parameters are affected by the [vaccine](#), so men are not being made sterile.

A [study in Florida](#) recruited around 45 men and compared their sperm measures before and after receiving a COVID-19 vaccine. Interestingly, the study found that men who received the vaccine had more sperm, greater semen volume, and sperm more able to move around and fertilize an egg.

Pregnancy can be an exciting time but can also [provoke worry](#) about the the safety of anything that enters the body, including vaccines. Fortunately, the COVID-19 vaccines are safe during pregnancy.

Sources of misinformation have claimed that COVID-19 vaccines can lead to loss of pregnancy, [with vague references to antibody responses or other concepts that sound scientific](#). However, the COVID-19 vaccines will not make a [pregnant woman](#) any more likely to have a miscarriage.

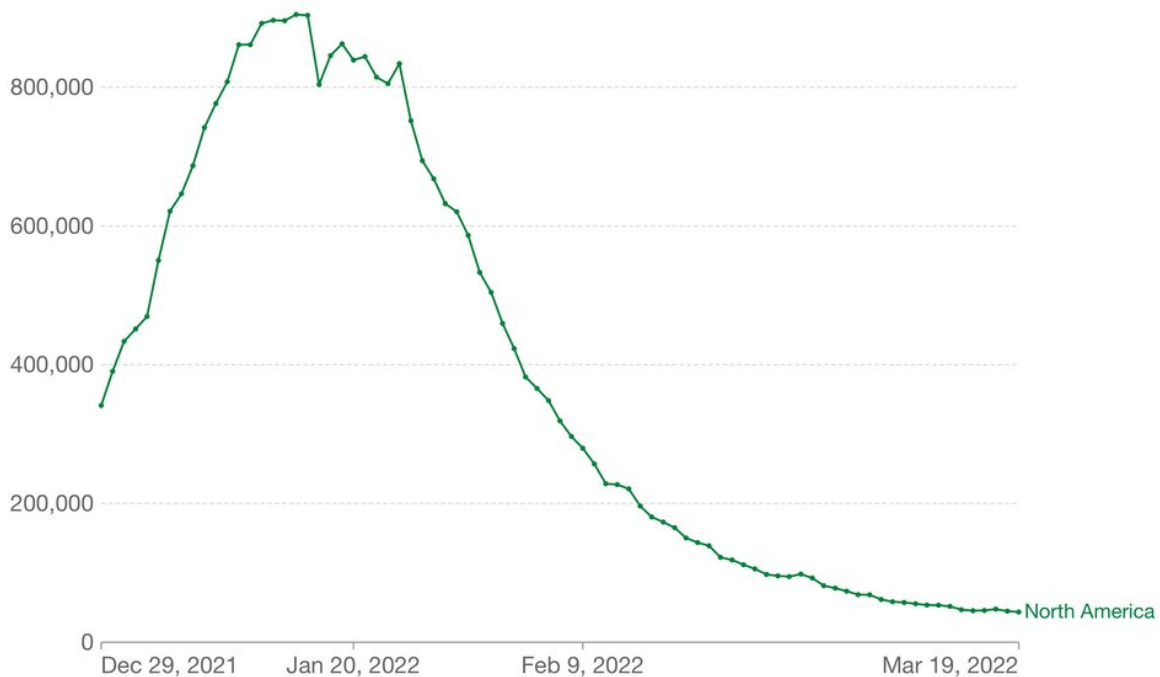
A group of physicians spanning the United States [studied the pregnancy outcomes for over 100,000 pregnancies](#). When the study was done, around 14 percent of everyone investigated had received at least one dose of the COVID vaccine. They found that women who had the shot

were no more likely to have a miscarriage than those who did not.

[There are other misinformation claims along the lines of antibodies attacking the placenta, shots equating with infertility or interference with hormones.](#) Unsurprisingly, all of these have been debunked.

Daily new confirmed COVID-19 cases

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.



Source: Johns Hopkins University CSSE COVID-19 Data

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As COVID-19 remains a danger, vaccination remains the best protection. Credit: Johns Hopkins University CSSE COVID-19 Data, [CC BY](#)

The real danger is COVID-19 infection

While there is no evidence that the COVID-19 vaccine can impact

fertility or pregnancy, there is evidence that a COVID-19 infection can cause harm. At its extreme, the disease can be fatal—[an outcome that is more likely if COVID-19 infection happens during pregnancy](#).

[Multiple studies have also documented an increased risk of miscarriage following a COVID-19 infection](#). However, miscarriage is not the only risk. The [respiratory distress](#) that can come with COVID-19, as well as the inflammation, can affect fetal growth, which could lead to [health and developmental problems](#) in a baby carried to term.

Carried to term is an important point here because [pregnant women](#) with COVID-19 are more likely to [deliver their babies early](#). This is associated with [health risks](#) for the baby, including an increased risk of [requiring intensive care](#).

The case for COVID-19 vaccination

It makes sense to get a COVID-19 vaccine. The risk of developing COVID-19 still exists and is still dangerous. This remains true while the case counts have trended downwards in North America to the tens of thousands from nearly one million a day in January.

Fortunately, the [vaccine offers excellent protection](#) against developing an infection. It also dramatically decreases the chance of severe disease if infection does occur. When considering what poses the greatest danger to a pregnant woman or a couple looking to have children, [severe illness](#) poses the most significant risk of causing fertility or pregnancy problems.

COVID-19 misinformation is not going to go away. Previous vaccine misinformation has lingered despite a complete lack of evidence. For example, [the myth of a vaccine-autism link was debunked in 1998](#), but vaccine hesitancy has persisted despite copious amounts of [clinical](#)

[evidence](#) that these claims lack any sound basis. Articles like this one will not change some people's minds, but ultimately that is not the goal.

The goal of sharing [medical information](#) from a physician's point of view is to provide people with the knowledge that they need to make an informed health-care decision. While I strongly recommend the vaccine to everyone, individuals are the ones who choose what they seek to do with their bodies.

Public health can appropriately guide individuals towards making decisions in their and their community's best interests, as with vaccine mandates. Individuals still maintain their autonomy, even if accompanied by consequences like employment issues. If one reflects on what is best for a baby, the evidence is clear. It is an individual's prerogative on what to do with that information.

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