

Managing pregnant women with suspected influenza Guidance for clinicians

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Pregnant women have a higher risk of severe disease than other women following infection with influenza, whether seasonal or H1N1 influenza 09. These guidelines provide recommendations for managing pregnant women presenting with an influenza-like illness (ILI).

Prevention

To avoid influenza, pregnant women should take sensible precautions including:

- Avoid close contact with people who have symptoms, if possible
- Wash hands with soap and running water or use an alcohol based hand rub after contact with symptomatic people or their secretions e.g. on used tissues
- Get immunised against influenza if they will be in their 2nd or 3rd trimesters during winter
- Encourage symptomatic people in the household to keep at least 1 metre away and follow cough etiquette and good hand hygiene
- Avoid large, crowded gatherings during the influenza season.

There is no recommendation for well people to wear surgical masks, or to exclude themselves from regular activities.

Prophylaxis

Antiviral prophylaxis is not generally recommended for pregnant women, except in specific circumstances. For example, it may be considered in a pregnant woman who has had close contact with a patient with laboratory proven H1N1 influenza 09, especially in the second or third trimester and in the presence of other co-morbidities.

Influenza-like illness

For the purpose of these guidelines, ILI is defined as a history of a fever (or temperature >38.0° C), and either a cough or sore throat. Pregnant women should be encouraged to present early if they develop an ILI, or if they develop any respiratory symptoms after close contact with a person who has an ILI. They should be assessed, diagnosed and managed on clinical grounds, noting that there are several differential diagnoses for people presenting with an ILI. Influenza typically involves other symptoms such as fatigue, headache, muscle aches and pains.

Testing

Where influenza is diagnosed on clinical grounds, laboratory testing for influenza is not recommended except where it will change clinical management or if the woman requires hospital admission with possible influenza. If the patient presents with mild symptoms following close contact with a person with an ILI, testing may be considered to confirm the diagnosis. Where a test is required, the request form should clearly state the reason for the test and the laboratory should be contacted to discuss prioritisation of the test.

Treatment

Treatment of patients with ILI should not be delayed while awaiting test results. Treatment with anti-influenza medicine (either oseltamivir [Tamiflu] or zanamivir [Relenza]) may be offered to pregnant woman at any stage of pregnancy. Although both drugs are classified as B1 (limited data indicating safety in pregnancy), use in pregnant women to date (mostly in second and third trimester) has not been associated with adverse fetal outcomes. Experience of anti-influenza medication use in the first trimester of pregnancy remains very limited, so a careful discussion of the potential risks and benefits is essential before prescribing such agents. Experts have differing views as to the best drug to use in pregnancy: oseltamivir is a capsule, has a systemic effect but causes nausea and vomiting in some patients; zanamivir is inhaled, has a direct effect on the target organ (the lung) but can cause bronchospasm in some patients.

Considerations in the management of influenza in each trimester***First trimester***

- In the first trimester, the concern is largely about the effect the mother's fever may have on the developing fetus, including miscarriage
- Symptomatic treatment with paracetamol is recommended to reduce fever
- Treatment with anti-influenza medicine should be discussed with the mother, taking into account other conditions that may increase her risk of severe disease.

Second and third trimester

- In the second and third trimesters, the concern is largely for severity of illness in the mother, as well as the potential effects of the mother's fever on the developing fetus
- Symptomatic treatment with paracetamol is recommended to reduce fever
- Assessment of maternal and fetal wellbeing is recommended at every presentation
- Treatment with anti-influenza medicine is strongly recommended to reduce the severity of disease in the mother.

Around the time of birth

- Around the time of birth, the concern is about both the severity of illness in the mother and the risk of transmission to the baby
- Symptomatic treatment with paracetamol is recommended to reduce fever
- Treatment with anti-influenza medicine of the mother is strongly recommended to reduce the severity of disease
- While the baby is <3 months old, treatment of the mother is also recommended to reduce the risk of transmission to the baby
- The mother should not be asked to wear a mask during labour and birth, but others in the room should follow infection control guidelines
- There is usually no advantage in expediting the birth of the baby.

Minimising the risk of infection from mother to baby

- The spectrum of disease of H1N1 influenza 09 in newborns is unclear
- Breast feeding should be strongly encouraged
- Sensible efforts should be made to reduce the likelihood the baby will be infected, while minimising the effect on the mother-baby relationship. These include:
 - treating the mother to reduce the risk of transmission (the mother is considered non-infectious after 72 hours of treatment with anti-influenza medicine)
 - the mother and baby should sleep at least 1 metre apart, in the same room (at least while in hospital), in separate beds
 - when breast feeding, bathing, caring for, cuddling, or otherwise being within 1 metre of the baby, the mother should:
 - wear a surgical mask
 - wash her hands thoroughly with soap and water before interacting with the baby
 - the mother should avoid coughing and practice cough etiquette near the baby
 - although these measures can be ceased when the mother is no longer infectious, continued good hygiene should be encouraged at all times
 - these measures should apply to any carer or family member with influenza
- Mothers requiring hospital care should not be prematurely discharged because they have influenza
- If discharged while still infectious, mothers should be provided with a sufficient supply of surgical masks to take home.

Prophylaxis is not recommended for the baby. Should the baby develop symptoms, the baby should be isolated from other babies, assessed urgently by a paediatrician, and if influenza is diagnosed, considered for treatment with anti-influenza medicine.