

Influenza 2009: Treatment & Chemoprophylaxis for Pregnant Women

Public Health Bulletin prepared by Dr. Diana Yu, Thurston County Health Officer

Treatment recommendations

- Pregnant women are at higher risk for severe complications from H1N1 Pandemic Influenza virus infection. The benefits of treatment or chemoprophylaxis with oseltamivir or zanamivir outweigh the theoretical risks of antiviral use.
- Early treatment with influenza antiviral medications is recommended for pregnant women with suspected influenza illness.
 - Drug of choice for treatment of pregnant women is oseltamivir. Recommended dose is 75 mg twice daily. Duration of treatment is five days.
 - Clinicians should not wait for test results to initiate treatment.
 - Ideally should be started within 48 hours of onset of illness.
 - Should be started when pregnant patient arrives for care, even if it is past 48 hours, especially when hospitalized.
- Although a few adverse effects have been reported in pregnant women who took these medications, no relation between the use of these medications and those adverse events has been established. More information on influenza antiviral medications is available at: [CDC Interim Guidance on Antiviral Recommendations for Patients with Novel Influenza A \(H1N1\) Virus Infection and Their Close Contacts](#)

Chemoprophylaxis Recommendations

- Consider post exposure antiviral chemoprophylaxis for pregnant women who are close contacts of persons with suspect, presumed or confirmed H1N1 Pandemic Influenza infection.
- Zanamivir is the drug of choice for prophylaxis because of its limited systemic absorption. However, respiratory complications that may be associated with zanamivir because of its inhaled route of administration need to be considered, especially in women at risk for respiratory problems. For these women, oseltamivir is a reasonable alternative.
- Recommended duration of chemoprophylaxis is for 10 days after the last known exposure to suspect, presumed or confirmed H1N1 Pandemic Influenza infection.
- Duration of chemoprophylaxis for a pregnant woman may depend on clinical considerations in situations where multiple exposures are likely to occur, such as within families..
- Monitor exposed pregnant women closely for influenza like illness. .

Fever Treatment

- One of the more well-studied adverse effects of influenza is its associated hyperthermia.
- During the first trimester, hyperthermia doubles the risk of neural tube defects and may be associated with other birth defects and adverse outcomes.
- Maternal fever during labor has been shown to be a risk factor for adverse neonatal and developmental outcomes, including neonatal seizures, encephalopathy, cerebral palsy, and neonatal death.
- Even though distinguishing the effects of the cause of fever from the hyperthermia itself is difficult, fever in pregnant women should be treated because of the risk that hyperthermia appears to pose to the fetus.
- Limited data suggest that the risk for birth defects associated with fever might be mitigated by antipyretic medications and/or multivitamins that contain folic acid.
 - Acetaminophen appears to be the best option for treatment of fever during pregnancy.

Steps to Protect Pregnant Women from Influenza

- Offer H1N1 Pandemic Influenza Vaccine to pregnant women as soon as it is available.
- All pregnant women should also consider receiving seasonal influenza vaccine.
- Advise pregnant women to:
 - Wash their hands frequently
 - Minimize contact with sick individuals.
 - Avoid taking care of ill persons.
- If caring for ill person is unavoidable, use a face mask when within 6 feet of ill person.
- Avoid crowded settings when H1N1 Pandemic Influenza is present in the community.

Steps to Protect Newborn and Young Infant from Influenza

- Advise the mother if ill with influenza, to wear a facemask while breastfeeding.
- Practice hand hygiene and cough etiquette at all times.
- Make sure everyone handling the baby follows the same good hygiene.
- Keep the infant away from persons who are ill.
- Avoid large gatherings and crowded settings with their newborn.
- Vaccinate all family members who will be around the infant for the first 6 months when H1N1 Pandemic Influenza Vaccine is available.
- Vaccinate family members with H1N1 vaccine as soon as it becomes available, preferably at least a month before the baby is due. This action will protect the pregnant mother as well as the baby.
- Limit sharing of toys and other items that have been in infants' mouths.
- Wash thoroughly any items that have been in infants' mouths with soap and water.
- Placing a young child in larger child care centers catering to multi-age levels poses a higher risk of exposure for any virus in the first six months of life.