

Influenza 2009: H1N1 Pandemic Influenza in Obstetrical Settings

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

Background

- Pregnant women are disproportionately severely affected by all influenza, including H1N1 Pandemic Influenza. As of mid September in Washington State, 9 pregnant women were hospitalized with H1N1. Two have died.
- Newborns are at high risk of severe infection when exposed to all influenza, including H1N1 Pandemic Influenza.

General Considerations

- Keep sick or potentially ill patients away from well patients.
- Minimize risk of exposure to H1N1 in prenatal care, labor, and delivery services.
- Manage healthy pregnant women and infants who *have not been* in close contact with persons with influenza-like-illness in the usual way in compliance with established infection control guidance.

Pregnant Women Exposed to H1N1

- Consider post exposure antiviral chemoprophylaxis for pregnant women who are close contacts of persons with suspect, presumed or confirmed H1N1 Pandemic Influenza infection.
- Start chemoprophylaxis within 48 hours exposure.
- If chemoprophylaxis medications are being taken, exposed pregnant women can be managed in the usual way in compliance with established infection control guidance.
- Treat patients with symptoms of influenza-like-illness (see definition below) as if they have influenza.
 - fever (temperature of 100°F [37.8°C] or greater) AND
 - a cough and/or a sore throat in the absence of a KNOWN cause other than influenza

Pregnant Women Suspect, Presumed or Confirmed H1N1 Illness

- Follow standard infection control guidance when caring for patients with influenza.
- Minimize exposing infant to H1N1 viruses from ill mother or other ill household members..
- Initiate appropriate antiviral treatment as soon as possible.
- Isolate the ill pregnant mother from healthy pregnant women.
- During delivery
 - It is not practical to place a surgical mask on the ill mother during labor and delivery. The other reasonable option is
 - Provide patient with a private room for labor and delivery ,
 - Require healthcare personnel to wear protective masks
 - Protect infant from potentially infectious respiratory secretions.
 - Place the ill mother in droplet isolation after delivery
 - Breast milk is not thought of as a potential source of influenza virus infections.
- After delivery
 - Avoid close contact between mother and infant until:
 - mother has received antiviral medications for 48 hours,
 - mother's fever has fully resolved, and
 - She can control coughs and secretions.
 - If mom is uncomfortable with restricted contact enforce, strict hand hygiene and use of a face mask.
 - Encourage mother to wear a facemask while breastfeeding and adhere to strict hand hygiene and cough etiquette when in contact with her infant.
 - Continue protective measures, both in the hospital setting and at home, for at least 7 days after the onset of influenza symptoms.
 - If Influenza symptoms last more than 7 days, mother should contact her physician.

Newborns of Mothers with Suspect, Presumed or Confirmed H1N1 Illness

- Potential risk of maternal to fetal transmission of H1N1 Pandemic Influenza
 - Newborn should be considered potentially infected if delivered 2 days before through 7 days after onset of illness in the mother.
 - Use infection control procedures developed for novel H1N1 flu throughout the newborn's hospital stay (www.cdc.gov/h1n1flu/guidelines_infection_control.htm).
- Monitor the newborn for signs and symptoms of influenza.
 - Test newborn if signs or symptoms develop, continue infection control measures, and consider treating with anti-influenza medications (www.cdc.gov/h1n1flu/childrentreatment.htm).
 - Oseltamivir is approved for prevention of influenza in patients one year of age and older; however, an emergency use authorization (EUA) has been issued for Oseltamivir for influenza treatment and prevention in patients less than 1 year of age (www.cdc.gov/h1n1flu/recommendations.htm#C).
 - Chemoprophylaxis of infants less than 3 months of age is not typically recommended.

Infant Feeding

Encourage breastfeeding because of the protection from respiratory infection that breast milk provides to infants. Encourage and assist the mother with influenza-like-illness to express her milk. During mother's illness, a person who is well should feed the infant the mother's expressed milk. Treatment or chemoprophylaxis with antiviral medications is not a contraindication to breastfeeding. For other information related to infant feeding, please see www.cdc.gov/h1n1flu/breastfeeding.htm

Source: <http://www.cdc.gov/h1n1flu/guidance/obstetric.htm>