

# 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](http://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](http://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](http://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](http://www.cdc.gov/h1n1flu/breastfeeding.htm)

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