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H1N1 Influenza and Pregnancy

The swine flu pandemic has rightly raised increasing concern over the ramifications for pregnant women as they are a high risk group for serious infection.

Prevention of H1N1 influenza in pregnancy

Basic personal hygiene measures are the most important strategies in the prevention of H1N1 influenza in pregnancy. Simple hand washing, covering the mouth and nose when sneezing or coughing and hygienic disposal of tissues are all simple but effective measures in reducing transmission. The pregnant woman should avoid unnecessary exposure to crowded areas but complete isolation at home would be regarded as extreme for most women.

Those with an influenza-like illness have a responsibility to minimise transmission of infection to others. Pregnant women are a particularly at risk group and every effort should be made to avoid those situations where transmission might occur. If there is a possibility that someone has this illness, it is strongly recommended that he or she avoids unnecessary contact with others, particularly crowded areas. In the workplace, particularly if pregnant women might be present, workers with flu-like symptoms should be advised to recover at home.

Treatment of “flu-like” symptoms in pregnancy

Most people with upper respiratory tract symptoms (blocked or runny nose, sore throat) will not have H1N1 influenza. The diagnosis is more likely where there are other symptoms such as general aches and pains and a high fever or severe malaise / fatigue.

All women with febrile illnesses in pregnancy should consult their medical practitioner promptly. Simple measures to control fever such as paracetamol (which is very safe to use in pregnancy) should be employed. Pregnant women, in whom the diagnosis of H1N1 influenza is suspected, should commence appropriate antiviral medication. Zanamavir (Relenza) may be effective in respiratory tract infection as it is administered via an inhaler. However, if there is the likelihood of more serious generalised H1N1 influenza infection, oseltamivir (Tamiflu) is the antiviral drug of choice. Whilst a statement cannot be made as yet, that attests to the unequivocal safety of Tamiflu in pregnancy, there is extensive animal data that shows no expectation of any birth defects. Increasing experience of Tamiflu use in pregnant women is also reassuring with no good evidence of specific side effects in pregnant women or the babies they are carrying. Most clinicians would believe that the likely benefits of Tamiflu in a case of possible H1N1 infection outweigh any theoretical, unknown adverse effect.

Whilst women with possible influenza should avoid crowded antenatal clinics (to avoid transmission to others), they will still need to attend hospital for birth. Hospitals have appropriate infection control measures to minimise transmission to others including isolation from other patients and discharge home as early as possible. Breast feeding is encouraged and, as in pregnancy, Tamiflu is most unlikely to have any adverse effect on the infant.

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<http://www.rcog.org.uk/news/swine-flu-alerts>

Australian Chief Medical Officer letter May 2009

<http://www.ranzcog.edu.au/connexion/pdfs/swine-influenza-a-alert.pdf>