

Influenza A (H1N1) Outpatient Guidelines in Pregnancy



Due to the significantly higher morbidity and mortality rates of influenza in pregnancy, an aggressive approach to treatment is recommended.

A. Prevention. All women who are pregnant or contemplating pregnancy should be counseled on how to decrease their risk of infection.

1. Frequent hand washing
2. Avoid being the primary caregiver of individuals with flu symptoms
3. Avoid crowded areas in communities where H1N1 is known to be present
4. Pregnant women are **strongly urged** to receive **both** the seasonal influenza vaccine as well as the H1N1 vaccine (when it becomes available).

B. Treatment of Symptomatic Patients

1. Patients should be informed to contact you when they develop flu-like symptoms, (fever > 100.0, dysphagia, cough, myalgia, diarrhea, rhinorrhea and nausea).
2. If symptomatic she should be advised to go to an urgent care facility or her primary care physician. If that is not possible, she should come to your office through an alternative entrance to an exam room that minimizes her contact with staff and other patients. The exam room door should remain closed. Both the patient and healthcare providers who examine the patient should wear surgical masks.
3. Patients with flu symptoms should be prescribed oseltamivir (Tamiflu), 75 mg. BID for 5 days or zanamivir (Relenza), 10mg inhalation BID for 5 days. This is most effective if started within 48 hours from the onset of symptoms, but may still be effective if started after this period of time. Use of Tamiflu after 48 hours of symptoms might be warranted if symptoms continue to worsen or are not improving beyond the normal 48 hours of the symptom onset window. Tamiflu is not a major human teratogen and should be prescribed even if the patient is in the first trimester.
4. If your patient reports close contact with an individual with flu symptoms, prophylactic treatment with Tamiflu, (75 mg. QD for 7-10 days), may be recommended. Confirmation of the exposure with a viral culture from her contact for H1N1 is preferred.
5. Hospitalization should be considered in patients whose condition deteriorates despite conservative therapy. Physicians should be kept aware of possible secondary infections, particularly pneumonia.

C. Patients may return to the routine obstetric setting after all of the following conditions are met:

1. Seven days from symptom onset.
2. She has been afebrile for >24 hours.
3. She can control coughs and secretions.

D. Prophylaxis recommendations outlined above are intended for use with flu exposure and doesn't apply to minor viral upper respiratory infections.