HICMR INFORMATION SHEET 2: 14TH AUGUST 2009
PANDEMIC (H1N1) 2009 INFLUENZA - PROTECT PHASE: PREGNANT WOMEN AND MATERNAL CONSIDERATIONS

- The focus in the Protect Phase is to identify people who are most vulnerable to severe diseases, (which currently include pregnant women, particularly those in the second or third trimesters), and to provide medical care and infection control interventions to reduce the incidence of poor outcomes and transmission of infection.
- It is estimated that fewer than half of all pregnant women will experience symptoms of Influenza during an Influenza pandemic and, of those who do; the great majority will have a mild, self-limiting illness. Pregnant women do not seem to be at an increased risk of contracting Pandemic (H1N1) 2009 compared to the general population. However, during pregnancy, they do have an increased risk of complications from *any* type of Influenza, especially in the third trimester. These complications usually affect the respiratory system (pneumonia) or predispose them to premature labour or premature rupture of membranes. Excess deaths among pregnant women occurred during the pandemics of 1918-19 and 1957-58, and severe infections and deaths have been reported in some pregnant women with Pandemic (H1N1) 2009 infection. Whilst some of these cases have had other risk factors for more severe disease, others have not. Australia has reported several cases of pregnant women admitted to hospital and ICU.
- **Currently it is recommended that all pregnant women with an Influenza like illness (ILI), regardless of gestation, seek medical advice as soon as possible from their usual General Practitioner or Obstetrician.**
- Whilst testing is no longer recommended for most patients with ILI, testing of pregnant women may be of benefit in deciding treatment strategies and choice of antiviral medications. Awaiting test results, however, should not delay initiation of antiviral therapy, if indicated. If tests are ordered, a clear and accurate medical history, including gestational age, should be included on the request form, as this will assist the laboratory in prioritising testing.
- General advice should be given to all pregnant women regarding reducing their risks of contracting Influenza. It also important to ensure that normal seasonal Influenza vaccine is administered to women who will be in the second or third trimester of pregnancy during the Influenza season, including those in the first trimester at the time of vaccination, as recommended by the NHMRC.
- **Outpatient Management**:
  - Obtain nose and throat swab.
  - Recommend commencement of antiviral therapy as per state/area health Dept guidelines.
  - Advise home isolation for the period of acute illness.
- **Inpatient Management**
  - **Pregnant Women:** In addition to requirements for all patients, pregnant women with an ILI should be:
    - Admitted to their chosen hospital, unless they have severe infection requiring a level of care not available at that hospital.
    - Admitted to a single room under Droplet Additional Precautions.
    - If a single room is not available, cohorting with other like cases should occur.
    - In the event of labour and transfer to the delivery suite, women should be transported with a surgical mask in place.
  - **Neonates:** As the risk of transmission of the virus from the mother to the foetus is unknown, the neonate should be considered potentially infected if delivery occurs during the 2 days before through to 7 days after illness onset in the mother. Intrauterine infection of the foetus is potentially possible from maternal Influenza viraemia and Influenza has rarely been detected in vaginal secretions, but it is most likely that the infant will be infected postnatally by the respiratory route. Consequently, the neonate should be considered potentially infected irrespective of delivery route. Appropriate infection control measures should be instituted for the duration of hospitalisation of the mother and/or neonate. In addition, the neonate should be closely monitored for evidence of Influenza infection and, should symptoms develop, testing should be performed, infection control measures continued and antiviral treatment using oseltamivir considered. Specialist consultation is advised in such scenarios. If the neonate remains with the mother, appropriate infection control procedures by the mother and other family members to minimise transmission should be followed. These include wearing of a surgical face mask by the mother during breastfeeding and other infant care activities, good cough etiquette with use of disposable tissues and regular hand hygiene.
  - **Infant feeding**: Breastfeeding should be promoted because of the protection from respiratory infection offered by breast milk. Breast milk from an infected mother is not considered infectious, and breast milk from a mother receiving antiviral medications is most unlikely to have any adverse effect on the infant.
  - **Neontal Services:** Access to tertiary services should be assessed on a case by case basis using existing referral processes.
- For further information refer to relevant HICMR Policies and Toolkits, Corporate Pandemic Plans, Area/State/Govt Health Dept. guidelines.

(Sources: Australian Government Department of Health and Ageing – Health Emergency; CDNA.)

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