



Information for Providers – Pregnant Patients (October 1, 2009)

Pregnant women are at **higher risk** for severe complications and death from influenza, including both 2009 H1N1 influenza and seasonal influenza. They should be informed of the signs and symptoms of influenza and the need for early treatment after onset of these **symptoms**:

- Fever
- Cough
- Rhinorrhea
- Sore throat
- Headache
- Shortness of breath
- Myalgia
- Vomiting
- Diarrhea
- Conjunctivitis

Individuals may be infected with influenza, including 2009 H1N1, and have respiratory symptoms without fever.

Fever in pregnant women should be treated because of the potential risk to the fetus. Acetaminophen appears to be the best option for treatment of fever during pregnancy.

The highest priority message is to treat pregnant women with influenza-like illness and symptoms as soon as possible (within 48 hours of illness onset). **Treatment should not be delayed** pending confirmatory results of testing for influenza, if testing is done.

Treatment with oseltamivir (Tamiflu) and zanamivir (Relenza) is recommended for pregnant women with suspected or confirmed influenza and can be taken during any trimester of pregnancy. These are “Pregnancy Category C” medications, indicating that no clinical studies have been conducted to assess the safety of these meds for pregnant women but the available risk/benefit data indicate that pregnant women with suspected influenza should receive prompt antiviral treatment. Pregnancy should not be considered a contraindication to oseltamivir or zanamivir use.

- Oseltamivir is currently preferred because of its systemic absorption. The recommended dose of Oseltamivir for treating pregnant women with flu symptoms is one 75 mg capsule twice a day for five days.
- Zanamivir is another choice to treat symptomatic pregnant women. The recommended dosage of Zanamivir is two 5-mg inhalations (10 mg total) twice per day for five days.

Post-exposure antiviral chemoprophylaxis can be considered for pregnant women who have had contact with someone likely to have been infectious with influenza. They should be counseled that the chemoprophylaxis lowers but does not eliminate the risk of contracting influenza and that the protection stops when the medication course is stopped. They should also be told to seek medical care as soon as they develop symptoms that might indicate influenza.

The dose and frequency of Oseltamivir or Zanamivir is the same for chemoprophylaxis but the duration is ten days.

The latest clinical guidance related to pregnant women and H1N1 influenza can be found on the CDC web site www.cdc.gov/h1n1flu/clinician_pregnant.htm and at www.cdc.gov/h1n1flu/recommendations.htm.