



*British Columbia Perinatal Health Program
Optimizing Neonatal, Maternal and Fetal Health*

- *British Columbia Reproductive Care Program (BCRCP)*
- *Provincial Specialized Perinatal Services (PSPS)*



Early reports suggest that pregnant women may be at increased risk of serious outcomes due to novel H1N1

For full information the interim guideline must be read:

http://www.bcphp.ca/sites/bcrpc/files/spotlight/guideline_h1n1.pdf

Highlights include

Follow current public health guidelines in the management of pregnant women with symptoms of novel H1N1.

Screening

- Screen for influenza symptoms before visit occurs.
- Passive (signs) and active (questions by staff) should be made at every patient encounter (e.g. routine prenatal visits, hospital assessments)
- All patients should be isolated if symptoms of an upper respiratory tract infection are present.
- Symptoms include runny nose, sore throat, myalgias and cough.
- Pregnant women be given information on the symptoms of influenza and be instructed to contact a health care provider early if symptoms occur or if they have contact with a case

Infection control and prevention

- Have women that present with these symptoms clean their hands with 60-90% alcohol, wear a surgical mask and isolate them from other patients
- Equip offices and assessment areas with the necessary protective garb (masks, gowns and gloves)
- There are details in the guideline regarding contact precaution and testing for novel H1N1
- Pregnant women should be encouraged to have the unadjuvanted H1N1 and seasonal influenza vaccine when they are available
- If a pregnant woman has been ill but not tested for H1N1 it is recommended she receives unadjuvanted H1N1 vaccine

Treatment.

- Pregnant women with evidence of influenza like illness should be offered empiric antiviral therapy with oseltamivir (75mg bid x 5days) and tested for H1N1 if it will change clinical management. If testing is negative for H1N1, treatment can be discontinued and management continues by standard clinical guidelines.
- Pregnant women who have been ill but not tested for H1N1 and have a subsequent influenza like illness need to be treated with another course of antiviral therapy.
- Admission to hospital is only required for clinical compromise that requires hospital support. Treatment is most effective if given within 12 hours of symptom onset but in hospitalized patients benefits continue regardless of time from exposure.
- Peripartum management requires consultation with experts in the area and with hospital infection control. If postpartum, breastfeeding can continue during therapy.