



# What Pregnant Women Should Know About Novel H1N1 flu (Swine Flu)

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## What if I am pregnant and I get sick with influenza?

Pregnant women are at increased risk for complications from seasonal influenza, and might also be at increased risk for complications from novel H1N1 influenza. Complications can include early labor and severe pneumonia. For this reason, pregnant women who get sick with influenza should contact their health-care provider immediately.



## What can I do to protect myself, my baby and my family?

Take these everyday steps to help prevent the spread of germs and protect your health:

- Cover your nose and mouth with a tissue when you cough or sneeze, or sneeze into your sleeve. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and warm water, especially after you cough or sneeze. Alcohol-based gel hand cleaners are also good to use.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people. (If you are pregnant and you live or have close contact with someone who has novel H1N1 flu, talk to your health-care provider about medicines to prevent flu.)
- Have a plan to care for sick family members.
- Stock up on household, health, and emergency supplies, such as water, Tylenol®, non-perishable foods.

## Washing your hands often will help protect you from germs

### Washing with soap and water

- Use warm water.
- Wash for 15 to 20 seconds.

### Using alcohol-based gel hand cleaner

- Don't add water.
- Rub the gel on your hands until dry.

## What are the symptoms of novel H1N1 flu?

Symptoms are like seasonal flu and include the following:

- Fever
- Cough
- Sore throat
- Body aches
- Headaches
- Chills and fatigue
- Sometimes, diarrhea and vomiting

## What should I do if I get sick?

- If there is novel H1N1 flu in your community, pay extra attention to your body and how you are feeling.
- If you get sick with flu-like symptoms, stay home, limit contact with others, and call your health care provider immediately. Your provider will decide if testing or treatment is needed. Tests may include a nasal swab, which is best to do within the first four to five days of getting sick. Like regular flu, novel H1N1 flu may make other medical problems worse.
- If you are alone at any time, have someone check in with you often if you are feeling ill. This is always a good idea.
- If you have close contact with someone who has novel H1N1 flu or is being treated for exposure to novel H1N1 flu, contact your health-care provider to discuss whether you need treatment to reduce your chances of getting the flu.

## How is novel H1N1 flu treated?

- Treat any fever right away. Tylenol® (acetaminophen) is the best treatment of fever in pregnancy.
- Drink plenty of fluids to replace those you lose when you are sick.

- Your health care provider will decide if you need antiviral drugs such as Tamiflu® (oseltamivir) or Relenza® (zanamivir). Antiviral drugs are prescription pills, liquids or inhalers that fight against the flu by keeping the germs from growing in your body. These medicines can make you feel better faster and make your symptoms milder.
- These medicines work best when started soon after symptoms begin (within two [2] days), but they may also be given to very sick or high risk people (like pregnant women) even after 48 hours. Antiviral treatment is taken for five (5) days.
- Tamiflu® and Relenza® are also used to prevent novel H1N1 flu and are taken for 10 days.
- There is little information about the effect of antiviral drugs in pregnant women or their babies, but no serious side effects have been reported. If you do think you have had a side effect to antiviral drugs, call your health care provider right away.

## When should I get emergency medical care?

If you have any of these signs, seek emergency medical care right away.

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Decreased or no movement of your baby
- A high fever that is not responding to Tylenol®



## What about the novel H1N1 vaccine?

Vaccines are the best tool we have to prevent influenza. The federal Centers for Disease Control and Prevention.(CDC) hopes that people will get vaccinated against **seasonal** influenza as soon as vaccines become available at their health-care provider's offices and in their communities. The seasonal flu vaccine is unlikely to provide protection against novel H1N1 influenza. However a novel **H1N1 vaccine is currently in production and will be ready for the public in the fall.** The novel H1N1 vaccine is not intended to replace the seasonal flu vaccine — it is intended to be used alongside seasonal flu vaccine.

CDC's Advisory Committee on Immunization Practices (ACIP), a panel made up of medical and public health experts, met July 29, 2009, to make recommendations on who should receive the new novel H1N1 vaccine when it becomes available. While some issues are still unknown, such as how severe the virus will be during the fall and winter months, the ACIP considered several factors, including current disease patterns, populations most at risk for severe illness based on current trends in illness, hospitalizations and deaths, how much vaccine is expected to be available, and the timing of vaccine availability.

The groups recommended to receive the novel H1N1 influenza vaccine include:

- **pregnant women**, because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- **household contacts and caregivers for children younger than 6 months of age**, because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by “cocooning” them from the virus;
- **health-care and emergency medical services personnel**, because infections among health-care workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce health-care system capacity;
- **all people from 6 months through 24 years of age**; and
- **persons 25 through 64 years of age who have health conditions associated with higher risk of medical complications from influenza.**