



*If you have questions about the information on this fact sheet or other exposures during pregnancy, call **the Pregnancy Risk Line** at **1-800-822-2229**.*

## Influenza (Seasonal and H1N1)

This sheet talks about the risks of exposure and the medication taken for influenza during pregnancy or while breastfeeding. With each pregnancy, all women have a 3% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

### Background

Pregnant women are known to be at a higher risk for severe symptoms from seasonal influenza.

Increased rates of pregnancy loss and preterm births have been reported following previous influenza pandemics, especially among women with pneumonia. Several studies indicate that pregnancy increases the risk for influenza complications for the mother and might increase the risk for adverse pregnancy outcomes or delivery complications.

### Symptoms

Pregnant women with influenza (seasonal and H1N1) will most likely show typical symptoms of respiratory illness (e.g., cough, sore throat, runny nose) and fever or feverishness. Many pregnant women will have influenza with no serious effects. But for some pregnant women, symptoms might progress quickly and develop serious illness, such as secondary bacterial infections, including pneumonia. A severely ill pregnant woman may experience fetal distress. Pregnant women who have suspected influenza virus infection should be tested.

### Prevention and Treatment

Pregnant and breastfeeding women should receive both the seasonal influenza vaccine and the H1N1 vaccine.

Pregnant women who have confirmed influenza infection or show symptoms associated with influenza should receive antiviral treatment.

Pregnant women in close contact with persons with confirmed cases or those who are suspected of having influenza should also receive antiviral medication.

- 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 doctor will decide if you need antiviral drugs such as Symmetrel® (amantadine), Tamiflu® (oseltamivir) or Relenza® (zanamivir). Antiviral drugs are prescription pills, liquids or inhalers that fight against influenza by keeping the germs from growing in your body. These medicines can make you feel better faster and make your symptoms milder.

- Current research indicates that antiviral medications do not increase the risk of birth defects when used for prevention and for treatment of influenza during pregnancy.
- 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. Your doctor will tell you how long you will need to take the medication.
- Tamiflu® and Relenza® are also used to prevent H1N1 influenza and are usually taken for 10 days.
- If you have side-effects when taking antiviral drugs, call your doctor right away.

### **Other ways to reduce risk for pregnant women**

The risk for influenza might be reduced by taking steps to reduce the chance of being exposed to respiratory infections. These steps include frequent hand washing, covering mouth while coughing, having ill persons stay home except to seek medical care, and limiting contact with others in the household who may be ill with influenza.

Additional measures that reduce the spread of influenza may also be taken, such as voluntary home quarantine of household members with confirmed influenza (or household members who show symptoms).

*For 25 years, the Pregnancy Risk Line has been answering questions about medications and other exposures during pregnancy and breastfeeding. The Risk Line is a joint effort of the Utah Department of Health and the University of Utah Health Sciences Center.*

Hours:

Monday - Thursday 8:00 A.M. - 6:00 P.M.



### **Breastfeeding considerations**

Women who are breastfeeding and have influenza can continue to nurse while receiving antiviral medications. Nursing moms who are ill with influenza should take steps to reduce the risk to their infants, such as frequent hand washing and by wearing a mask. Nursing may pass antibodies to the baby. Antibodies are a type of protein made by the immune system in the body and fight off infection.

### **References:**

Centers for Disease Control and Prevention (<http://www.cdc.gov/h1n1flu/>)  
 What Pregnant Women Should Know About H1N1 (formerly called swine flu) Virus (05/02/09)  
 Novel H1N1 Flu (Swine Flu) and Feeding your Baby: What Parents Should Know(05/02/09)

Tanaka T, Nakajima K, Murashima A, Garcia-Bournissen F, Loren G, and Ito S. Safety of neuraminidase inhibitors against novel influenza A (H1N1) in pregnant and breastfeeding women. 2009, Canadian Medical Association Journal; 181(1-2): 55-58.

Rasmussen SA, Jamieson DJ, and Bresee JS. Pandemic influenza and pregnant women. 2008. Emerging Infectious Diseases; 14(1): 95-100.

Additional information about influenza is available at  
[http://cdc.gov/H1N1flu/clinician\\_pregnant/](http://cdc.gov/H1N1flu/clinician_pregnant/)  
<http://health.utah.gov/epi/SwineFlu/>

