

2009–2010 Influenza Season Assessment and Treatment for Pregnant Women with Influenza-Like Illness

Confirm Patient Presents with Influenza-Like Illness

- Fever ≥ 37.8 degrees Celsius (100.0 F) **AND**
- Cough **or** sore throat

Some women with influenza illness will not have a fever. Other symptoms include chills, body aches/muscle pain, headache, fatigue, runny nose, and occasionally diarrhea and vomiting. If in your clinical judgment there are other reasons to suspect influenza it may be appropriate to pursue further evaluation as suggested below.

YES

Conduct Illness Severity Assessment

- Does she have difficulty breathing or shortness of breath?
- Does she have new pain or pressure in the chest, other than pain with coughing?
- Is she unable to keep liquids down?
- Does she show signs of dehydration such as dizziness when standing?
- Is she less responsive than normal or does she become confused?
- Did she have flu-like symptoms that improved, but then returned or got worse?

Any Positive
Answers

Elevated Risk

Recommend she immediately seek care in an Emergency Department or equivalent unit that treats pregnant women. Antiviral treatment should follow CDC guidelines*+.

No Positive Answers

Moderate Risk

See as soon as possible in an ambulatory setting with resources to determine severity of illness. Clinical assessment for respiratory compromise using physical exam and tests such as pulse oximetry, chest X-ray or ABG as clinically indicated. Antiviral treatment should follow CDC guidelines*+.

Assess Clinical and Social Risks

- Co-Morbidities (e.g., HIV, asthma)
- Obstetrical issues (e.g., preterm labor)
- Inability to care for self, or arrange follow-up if necessary

Any Positive
Answers

No Positive Answers

Low Risk

Begin antiviral treatment over the phone or in person following CDC guidelines*+. Plan for follow-up within 24 – 48 hours.

If yes to respiratory
compromise or complications

Admit patient
for further evaluation
and treatment.

If no respiratory
compromise or
complications and
able to follow-up with care

* Oseltamivir: 75-mg PO twice per day for 5 days **OR**
Zanamivir: Two 5-mg inhalations (10 mg total) twice per day for 5 days

+ Check with institution to determine requirements for testing. Do not wait for test results to initiate treatment.

**Vaccination with H1N1 and seasonal influenza will help reduce incidence of flu.
Check ACOG's website at www.acog.org for future updates on this information.**

This information is designed to aid practitioners in assessing and treating 2009-2010 influenza-like illness during pregnancy. This guidance should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources and limitations unique to the institution or type of practice.

Please be advised that this guidance may become out-of-date as new information on the 2009-2010 influenza in pregnant women becomes available from the Centers for Disease Control and Prevention (CDC).