

## OGSS ADVICE FOR PATIENTS - H1N1 VIRUS IN PREGNANCY (adapted from RCOG, UK on 14<sup>th</sup> July 2009)



### Prevention

Good personal and household hygiene measures are key to preventing the spread of the virus.

1. Frequent handwashing or cleaning with a disinfecting hand rub is highly effective in preventing the spread of the virus on hands contaminated by droplets from the nose and throat.
2. Parents should also ensure that they wash their babies' hands.
3. Tissues should be used to cover the mouth and nose when sneezing and coughing, and all used tissues should be disposed of promptly if these have been near their mouths.
4. Work surfaces, children's play areas and toys and changing mats should be cleaned frequently.
5. Parents are also advised to limit the sharing of children's toys, and to wash or wipe toys after use.

### Treatment

1. Most of those people who have H1N1 flu, including pregnant women, will have mild symptoms, typical of seasonal flu. Common symptoms include a high temperature, sore throat, blocked or runny nose, body aches, tiredness, and occasionally diarrhoea and vomiting. In rare cases, the disease may rapidly progress to pneumonia (i.e. chest infection).
2. The most important step to take in pregnancy is to treat fever (high temperature). This can be controlled by taking paracetamol which is known to be safe in pregnancy.
3. If you think you have flu, you will be advised to:
  - **DO NOT** go to the obstetrician's clinic as you may spread your flu to other pregnant women.
  - Contact your obstetrician by phone.
  - You may be asked to get a swab test at one of the hospitals and be given antiviral medications.
4. Follow self-care advice, including:
  - Drink plenty of fluids
  - Take the antiviral medicine as prescribed
  - Take medicines such as paracetamol if required
5. If your symptoms get worse after having your assessment or treatment, you should contact your GP / obstetrician directly. You may be admitted into hospital if you have:
  - Severe breathlessness or chest pain
  - Severe / persistent vomiting
  - Deterioration of symptom since onset of illness
  - Altered mental status
  - Decreased fetal movement
6. To reduce risk of infection:
  - Wash or clean your hands frequently (particularly after contact with people who are ill)
  - Cover your mouth and nose with a tissue while sneezing or coughing
  - Dispose of used tissues promptly and carefully – bag and bin them
  - Wash hard surfaces (e.g. worktops, bathroom areas, play mats, changing mats, door knobs) with a domestic cleaner regularly
  - Avoid unnecessary travel
  - Avoid crowds where possible
  - Ensure your children follow this advice
  - Wear a facemask when in crowded settings

These measures can greatly reduce the risk of spreading the infection. However, the pandemic virus is highly infectious and many people will be infected, so the measures do not completely prevent the spread of flu.

# **OGSS DRAFT FAQ ABOUT PREGNANCY & H1N1**

## **(adapted from CDC, US on 14<sup>th</sup> July 2009)**

### **What if I get this new virus and I am pregnant?**

We do know that pregnant women are more likely to get sick than others and have more serious problems with seasonal flu. These problems may include early labor or severe pneumonia. We don't know if this virus will do the same, but it should be taken very seriously.

We do not know how this virus will affect the baby. Experience with previous influenza pandemics show that the influenza virus rarely affects the baby directly unless there is untreated high fever or when there are severe complications such as pneumonia from the flu infection.

### **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. 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.
- Have a plan to care for sick family members.

### **What should I do if I have close contact with someone who has H1N1 flu or is being treated for exposure to H1N1?**

- Call your obstetrician. He may prescribe you medications to prevent flu.

### **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 H1N1?**

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 you get sick with flu-like symptoms, stay home, limit contact with others, and call your doctor. Your doctor will decide if testing or treatment is needed. If a swab test needs to be done, you will be asked to go to one of the hospitals. Tests may include a throat swab which is best to do within the first 4-5 days of getting sick. Like regular flu, H1N1 flu may make other medical problems worse. Antiviral medications may be prescribed.
- 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.

### **How is H1N1 flu treated?**

- Treat any fever right away. Paracetamol 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 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 5 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 doctor 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 paracetamol

### **How should I feed my baby?**

Flu can be very serious in young babies. Babies who are breastfed do not get as sick and are sick less often from the flu, than do babies who are not breastfed.

Breast milk protects babies. Breast milk passes on antibodies from the mother to a baby. While these antibodies are not specific to the H1N1, they help the babies fight off other infections. The risk for H1N1 transmission through breast milk is unknown. However, experience with seasonal influenza infection suggests that the risk of virus crossing into the breast milk is rare.

### **Is it ok to breastfeed my baby if I am sick with H1N1?**

- If you not have anyone to help with infant care, you could continue to breastfeed only if the following measures are adhered to:
  - Wear a mask to keep from spreading this new virus to your baby.
  - Be careful not to cough or sneeze in the baby's face.
  - Hands must be washed and kept clean at all times when in contact with your baby.
  - Clothes which may be contaminated from used tissues or runny noses should be changed and washed.
  - Take special care over your baby's hygiene – wash thoroughly with soap and water any items that have been in the baby's mouth.
  - Keep the baby away from persons who are ill and out of crowded areas.
  - Limit sharing of toys and other items that have been in infants' mouths.
  - Keep surroundings, cots and other equipment clean.
- If you have someone to help with infant care when you are ill, there are 2 schools of thoughts:
  - *Continue skin to skin breast feeding*
    - This should be done only if the measures listed above are strictly adhered to.
  - Pump out the milk and have someone give the expressed milk to your baby
- You may wish to discuss with your obstetrician on what you should do.

### **Is it ok to take medicine to treat or prevent H1N1 flu while breastfeeding?**

Yes. Mothers who are breastfeeding can continue to nurse their babies while being treated for the flu.