

The below information is taken from the Ministry of Health and Long-Term Care's website. You can view it online at <http://www.health.gov.on.ca/en/ccom/flu/h1n1/public/pregnant.aspx> .

# H1N1 Flu Virus

## Information for pregnant women

Pregnant women are no more likely to get the H1N1 flu virus than the rest of the population, but they are more likely to develop complications from an influenza infection.

Most pregnant women who get the H1N1 flu experience mild symptoms of influenza. They will be sick for a few days with fever and cough, and then recover. A small number may become severely ill and require hospitalization. As with seasonal influenza, pregnant women, especially those in the 2nd and 3rd trimester, and women up to 6 weeks after delivery are at a higher risk of developing complications from influenza (e.g., pneumonia).

### What are the signs and symptoms of H1N1 flu?

Symptoms of the H1N1 flu may include but are not limited to :

- Rapid onset of fever.
- New/ worse cough or shortness of breath.
- Sore throat.
- Aching muscles.
- Aching joints.
- Extreme exhaustion.

NOTE : Some individuals may not experience all of these symptoms.

### How does H1N1 influenza spread?

The H1N1 virus is thought to spread in the same way as seasonal flu. Flu viruses are spread mainly from person to person through coughing or sneezing. Sometimes people may become infected by touching objects or surfaces that have been contaminated with the flu virus and then touching their mouth or nose.

### What can pregnant women do to reduce their risks?

Pregnant women may be exposed to the H1N1 flu virus anywhere in the community, including at home, on public transit, in public venues, at work, and at faith community gatherings.

To reduce the risk of exposure to flu, including H1N1, pregnant women are encouraged to take the following steps :

- Receive the H1N1 vaccine.

- Practise frequent and thorough hand hygiene using soap and water or alcohol-based hand sanitizer (containing 60 to 90% alcohol).
- Cough and sneeze into a tissue or into their sleeve (if a tissue is not available) and encourage all close contacts to practise hand hygiene and correct cough/sneeze etiquette.
- Avoid touching eyes, nose or mouth.
- Keep common surfaces and items clean and disinfected.
- Be aware of early flu-like symptoms and contact their healthcare provider or Telehealth Ontario at 1-866-797-0000 if they start feeling ill with flu-like symptoms.
- Avoid being the primary caregiver for a family member with flu-like symptoms, if possible.
- If providing care for someone with flu-like symptoms, avoid being within 2 metres as much as possible, practise hand hygiene, and have the ill person wear a surgical mask if he/she can.
- Stay home if sick and remain at home until a fever is no longer present and they are feeling well. It is common to have a cough for days or weeks after a respiratory infection. Pregnant women who have a cough but no other symptoms can return to work.
- Talk to their healthcare provider and develop a personal plan to reduce the effect of H1N1 on themselves and their unborn child, including:
  - how to reduce exposure to the flu, including H1N1, in the home, community and workplace; and
  - how to get treatment if they develop flu-like symptoms.

### **Should pregnant women continue working?**

Pregnant women should continue normal activities such as going to work and participating in community events. However, caution should be taken when entering situations where there are many people in close quarters with little control over personal contact as this may increase the risk of transmitting the infection.

### **What is the recommended treatment for pregnant women?**

Although pregnant women are no more likely than anyone else to get H1N1, they are more likely to develop complications from influenza. Early treatment with antivirals is key to preventing complications. Because the risk of complications from the flu is greater in the later stages of pregnancy and after childbirth (i.e., up to 6 weeks after birth), it is particularly important for women who are in the 2nd and 3rd trimesters, women in labour, and women up to 6 weeks after delivery to receive treatment with antivirals within 48 hours of the onset of symptoms. Based on existing evidence, antivirals oseltamivir (Tamiflu®) and zanamivir (Relenza®) are not associated with an increased risk of adverse effects in the mother or unborn child.

**Women who are in labour** can be treated with antivirals for the flu. They should NOT be separated from their baby, unless the baby needs separate care for other health reasons.

**Women who are breastfeeding** can continue to nurse their babies while being treated with antivirals for the flu. A mother's milk is made to fight diseases in her baby. This is highly important in young babies whose immune system is still growing. They should be careful not to cough or sneeze in the baby's face and should wash their hands often with soap and water. They may want to consider a mask to keep from spreading the virus to their baby. If these women are too sick to breastfeed, they may pump and give the expressed milk to their baby