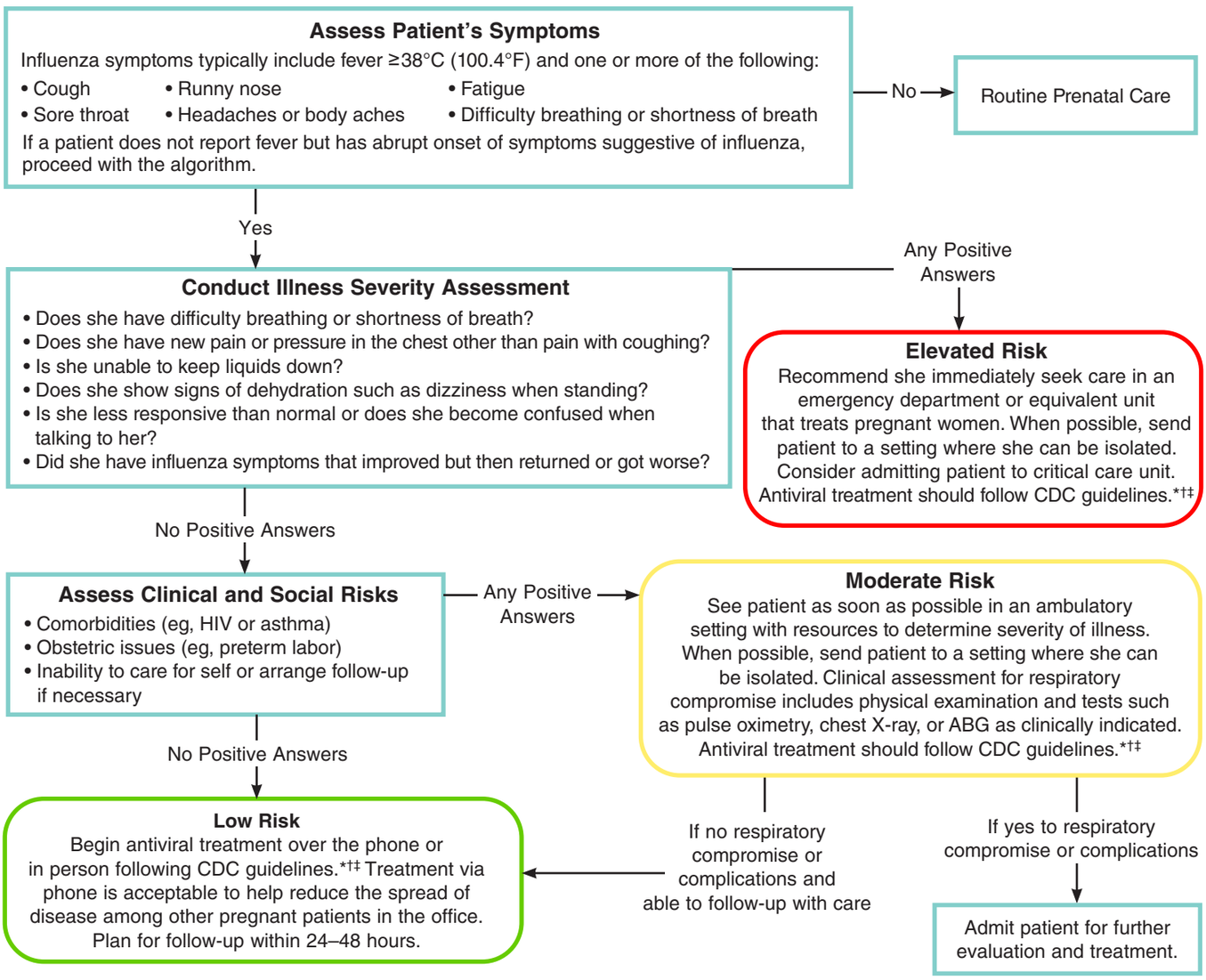
ACOG
The American College of Obstetricians and Gynecologists

Society for Maternal-Fetal Medicine
High-risk pregnancy experts

Assessment and Treatment for Pregnant Women With Suspected or Confirmed Influenza

Pregnant women are at high risk of serious complications of influenza (flu) infection such as intensive care unit admission, preterm delivery, and maternal death. Patients with suspected or confirmed influenza should be treated with antiviral medications presumptively regardless of vaccination status. Do not rely on test results to initiate treatment; treat presumptively based on clinical evaluation. The following algorithm is designed to aid practitioners in promptly assessing and treating suspected or confirmed influenza in pregnant women, and can be used for telephone triage.



Abbreviations: ABG, arterial blood gases; CDC, Centers for Disease Control and Prevention; HIV, human immunodeficiency virus.

*Oseltamivir (preferred) (75-mg orally twice daily for 5 days) or Zanamivir (two 5-mg inhalations [10 mg total] twice daily for 5 days).

†Check with institution to determine requirements for testing. Do not rely on test results to initiate treatment; treat presumptively based on clinical evaluation.

‡Treatment within 48 hours of the onset of symptoms is ideal but treatment should not be withheld if the ideal window is missed.

Because of the high potential for morbidity and mortality for pregnant and postpartum patients, the CDC advises that postexposure antiviral chemoprophylaxis can be considered for pregnant women and women who are up to 2 weeks postpartum (including after pregnancy loss) who have had close contact with infectious individuals. The chemoprophylaxis recommendation is oseltamivir 75 mg once daily for 7–10 days.

Seasonal influenza vaccination will help reduce incidence of influenza. Check ACOG's Immunization for Women website at www.immunizationforwomen.org for any future updates on this information.