

# H1N1 and Pregnancy



## Be on Your Guard for Complications

**P**regnant women are among the most at risk for complications from the 2009 H1N1 virus. According to the Centers For Disease Control, (CDC) expectant women are six times more likely than the general population to die from complications of this flu.

This heightened risk to women who are carrying unborn babies is naturally a matter of intense interest to obstetricians.

Thomas Davidson, MD, an obstetrician with Andover OB-GYN and the Chief of Obstetrics at Lawrence General Hospital, says that prevention is key for mothers-to-be. And prevention begins with vaccination.

“Pregnant women should get *both* the seasonal flu shot and the shot for H1N1,” he says. “In regards to the H1N1, one of the things we are seeing in case-reports from the CDC is that there seems to be a higher incidence of complications with women who are pregnant.”

Women are more vulnerable during pregnancy,” says Dr. Davidson.

“During pregnancy the immune system behaves differently,” he says. “In general, pregnancy suppresses the body’s tendency to reject foreign elements. There is a widely held theory that this prevents a pregnant woman’s body from rejecting the fetus. Whatever the cause, there’s no doubt that, if you are pregnant, you are less able to fend off viruses, and so it’s very important to be vaccinated.”

Dr. Davidson adds that the need to be vaccinated also applies for mothers of babies who are less than six months

of age, as well as anyone else in the household, in order to protect the infant.

If a pregnant woman begins having flu-like symptoms, she is urged to call her physician, *immediately*.

“Pregnant women who are having fever and chills and should get checked by a doctor and be tested,” says Dr. Davidson. “They run an influenza test, if this is positive then it is sent to a specialty lab to determine if it is the H1N1.”



*Thomas Davidson, MD  
Obstetrician, Andover OB/GYN*

Antiviral medications *are* recommended, in contrast to regular seasonal flu, because of higher complication rate,” says Dr. Davidson, and, he says, they should be given as promptly as possible.

Dr. Davidson’s recommendations are echoed at the national level. “Even though chances are that most pregnant women who get the H1N1 virus will only have mild symptoms like a fever and a cough, they still need to call their doctor as soon as they feel sick,” says Denise

J. Jamieson, M.D., a medical officer at the national Centers For Disease Control CDC.

“To prevent more severe complications, like pneumonia, it’s best to start treatment within 48 hours of the onset of symptoms.”

Likewise, an article in the September edition of *OB.GYN. News*, a national publication serving the profession, recommends prompt treatment with anti-viral medications like Tamiflu® or Relenza®, as a rule within 48 hours of the appearance of symptoms.

The article cited a CDC study showing that six women who received anti-viral medications later in the treatment of their flu subsequently died as a result of complications from the virus. Of these, one was in the first trimester, one in the second, and four were in the third. All were “fairly healthy” before their illness, the researchers said. All the viable babies were safely delivered via Caesarian sections. None had the flu.

“Pregnant women will be in the high-priority group to receive the H1N1 vaccine once it’s available,” says Dr. Jamieson, of the CDC. “Until then,” she says, “the best defense against the flu is still the simple rule you learned in kindergarten: wash your hands and cover your mouth with your sleeve or a tissue when you cough or sneeze. If you’re feeling flu-ish, stay home from work and alert your physician.”