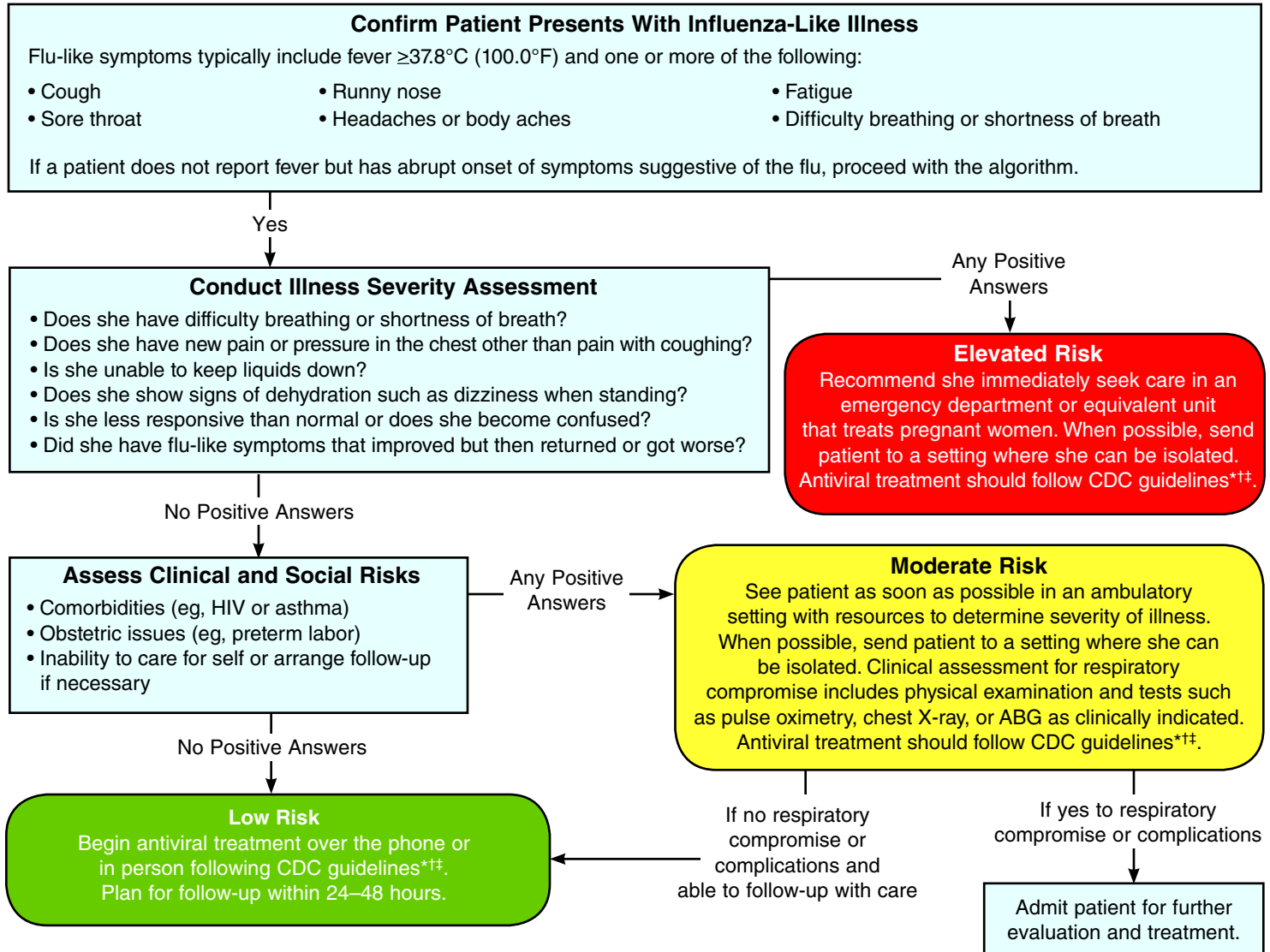




Influenza Season Assessment and Treatment for Pregnant Women With Influenza-Like Illness

Pregnant women are at high risk of serious complications of influenza (flu) infection such as intensive care unit admission, preterm birth, and maternal death. Patients with flu-like illness 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 flu-like illness in pregnant women.



Abbreviations: ABG, arterial blood gases; CDC, Centers for Disease Control and Prevention; HIV, human immunodeficiency virus.
*Oseltamivir (preferred) (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 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 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 10 days.

Vaccination with seasonal influenza will help reduce incidence of flu. Check the College's Immunization for Women website at www.immunizationforwomen.org for any future updates on this information.

This information is designed to aid practitioners in assessing and treating 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Please be advised that this guidance may become out-of-date as new information on influenza in pregnant women becomes available from the Centers for Disease Control and Prevention (CDC). Copyright February 2017. The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine.