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.

Assess Patient’s Symptoms

Influenza symptoms typically include fever ≥37.8°C (100.0°F) and one or more of the following:
- Cough
- Runny nose
- Sore throat
- Headaches or body aches
- Fatigue
- Difficulty breathing or shortness of breath

If a patient does not report fever but has abrupt onset of symptoms suggestive of influenza, proceed with the algorithm.

Conduct Illness Severity Assessment

- Does she have difficulty breathing or shortness of breath?
- Does she have new pain or pressure in the chest other than pain with coughing?
- Is she unable to keep liquids down?
- Does she show signs of dehydration such as dizziness when standing?
- Is she less responsive than normal or does she become confused when talking to her?
- Did she have influenza symptoms that improved but then returned or got worse?

Assess Clinical and Social Risks

- Comorbidities (eg, HIV or asthma)
- Obstetric issues (eg, preterm labor)
- Inability to care for self or arrange follow-up if necessary

Low Risk

Begin antiviral treatment over the phone or in person following CDC guidelines." Treatment via phone is acceptable to help reduce the spread of disease among other pregnant patients in the office. Plan for follow-up within 24–48 hours.

Moderate Risk

- See patient as soon as possible in an ambulatory setting with resources to determine severity of illness.
- When possible, send patient to a setting where she can be isolated.
- Clinical assessment for respiratory compromise includes physical examination and tests such as pulse oximetry, chest X-ray, or ABG as clinically indicated.
- Antiviral treatment should follow CDC guidelines."†‡

Elevated Risk

- Recommend she immediately seek care in an emergency department or equivalent unit that treats pregnant women.
- When possible, send patient to a setting where she can be isolated.
- Clinical assessment for respiratory compromise should follow CDC guidelines.*

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.

This information is designed as an educational resource to aid clinicians in providing obstetric and gynecologic care, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. It is not intended to substitute for the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology. The American College of Obstetricians and Gynecologists reviews its publications regularly; however, its publications may not reflect the most recent evidence. Any updates to this document can be found on www.acog.org or by calling the ACOG Resource Center.

While ACOG makes every effort to present accurate and reliable information, this publication is provided "as is" without any warranty of accuracy, reliability, or otherwise, either express or implied. ACOG does not guarantee, warrant, or endorse the products or services of any firm, organization, or person. Neither ACOG nor its officers, directors, members, employees, or agents will be liable for any loss, damage, or claim with respect to any liabilities, including direct, special, indirect, or consequential damages, incurred in connection with this publication or reliance on the information presented.

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 October 2018. American College of Obstetricians and Gynecologists.