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

Pregnant women are at high-risk for serious complications of influenza infection such as ICU admission, preterm birth and maternal death. The following Algorithm is designed to aid practitioners in promptly assessing and treating influenza-like illness in pregnant women.

<table>
<thead>
<tr>
<th>Confirm Patient Presents With Influenza-Like Illness</th>
<th>YES</th>
<th>Any Positive Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza (flu)-like symptoms typically include fever ≥37.8°C (100.0°F), and one or more of the following:</td>
<td></td>
<td>ELEVATED RISK</td>
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<tr>
<td>• Cough</td>
<td>• Headaches or body aches</td>
<td>• Diarrhea and vomiting</td>
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<td>• Sore throat</td>
<td>• Fatigue</td>
<td>• If a patient does not report fever but has abrupt onset of symptoms suggestive of flu, consider influenza and proceed with the algorithm.</td>
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<td>• A runny nose</td>
<td>• Difficulty Breathing or shortness of breath</td>
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**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?
- Did she have flu-like 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*†‡§
- Plan for follow-up within 24–48 hours.

**MODERATE RISK**

- See 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. 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. Antiviral treatment should follow CDC guidelines*†‡§

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*Oseltamivir: 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.
‡Patient with influenza-like illness should be treated with antiviral medications presumptively regardless of vaccination status.
§Treatment within 48 hours of the onset of symptoms is ideal but should not be withheld if the ideal window is missed.

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

Vaccination with seasonal influenza will help reduce incidence of flu. Check the College’s Immunization for Women website at [www.immunizationforwomen.org](http://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). February 2015 • The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine.