



INFLUENZA IN PREGNANCY AND BREASTFEEDING

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

What is influenza?

Influenza is an infection of the respiratory tract and is commonly known as flu. Influenza can be caused by a number of different viruses. Common symptoms of flu include generally feeling unwell (malaise), fever, headache, runny nose, muscle aches and pains, sore throat and cough. The common cold tends to be milder and without the high fevers, muscle aches and pains.

Influenza is contagious and the virus is spread through contact with secretions of the nose and mouth of infected persons. This is why we emphasise the importance of hand washing and masks for people with symptoms such as cough and runny nose. The incubation period (the time between infection and the development of symptoms) is between 1 and 3 days.

What is 'Swine flu'?

A new strain of influenza A virus (novel influenza A H1N1) or swine flu started in Mexico early in 2009 and has rapidly spread from Central and North America to Europe, Asia, Australia and New Zealand. It is impossible to differentiate between swine flu and seasonal or regular flu on the basis of the symptoms. Laboratory analysis of nasal and throat swabs or blood tests are required to confirm the diagnosis. Routine testing is not currently occurring as the same treatment is recommended for both swine flu and seasonal flu.

What happens if you get flu when you are pregnant?

Pregnant women who get influenza are at greater risk of developing serious respiratory problems such as pneumonia which may result in their hospitalisation. This applies to all types of influenza, not just H1N1.

The other concern for pregnant women is the high fever that may be associated with influenza. Sustained temperatures over 39 degrees in the first 6 weeks of pregnancy may be a risk factor for miscarriage as well as other pregnancy complications.

Pregnant women with a high fever should take paracetamol regularly and ensure that they keep up their fluid intake. The recommended dose of paracetamol is 2 x 500mg tablets every 4-6 hours, to a maximum of 8 tablets in 24 hours. Taking paracetamol at the recommended doses has not been shown to increase the risk for pregnancy loss or birth defects.

What is the influenza vaccine?

The influenza vaccine is an inactivated virus vaccine, which means that it is non-infectious and cannot cause influenza. Most influenza vaccines contain virus particles from several different strains of influenza. This mixture of viruses is updated every year according to the current type of virus thought to be causing infection around the world. It is necessary to receive the influenza vaccine each year in order to be protected from the current flu virus. This vaccine is given as an injection in the upper arm. The vaccine lasts for 6 months or longer. Because the virus causing the flu changes each year, a flu shot should be given each year before the flu season begins.

Unfortunately the current flu vaccine does NOT protect against swine flu although scientists are currently working on developing a specific swine flu vaccine.



Is it safe for pregnant women to receive the influenza vaccine?

Yes. The influenza vaccine given by injection is considered safe for use anytime in pregnancy. The Australian Immunisation Handbook¹ recommends that the influenza vaccine be given to all pregnant women during influenza season as well as to those women who are likely to be pregnant in the flu season and to those women who have other medical conditions that increase their risk for complications from influenza. Only those women with an allergy or hypersensitivity to eggs should not receive the influenza vaccine as the virus used for the vaccine is grown in eggs.

Is it safe to get the influenza vaccine while breastfeeding?

It is safe to get the influenza vaccine while breastfeeding. It is actually recommended because it can help keep you from getting sick and passing the illness on to your baby. If you are breastfeeding and do become sick with the flu, do not stop breastfeeding your baby. You have antibodies in your breast milk that will help your baby stay well. Be sure to be careful to wash your hands before handling your baby and wear a mask or cover your mouth and nose if you are coughing and sneezing excessively. Make sure you drink lots of liquids such as water or juice so that you do not get dehydrated as this could reduce your milk supply. If you have a fever it is safe to take paracetamol while you are breastfeeding.

Are anti-influenza drugs safe in pregnancy and breastfeeding?

At any stage of pregnancy symptomatic treatment with paracetamol is recommended and the use of antiviral medication is strongly recommended to reduce the severity of the disease in the mother. Treatment with the anti-influenza viral drugs oseltamivir (Tamiflu®) and zanamivir (Relenza®) should be offered to women at any stage of pregnancy if deemed necessary. There is limited information about use of these drugs in pregnancy but available data has been reassuring. In the first trimester the emphasis should be on fever and symptom control. There is more data available about the use of these drugs in the second and third trimesters when the respiratory disease is more likely to be life-threatening in the mother and consequently putting the pregnancy at greater risk. There is more safety data about oseltamivir (Tamiflu®) in pregnancy. The advantage of zanamivir (Relenza®) is that it can be inhaled and given via a mask which can be helpful in women with nausea/vomiting or in those with severe respiratory disease who are on a ventilator. It also means that less drug is absorbed into the bloodstream and therefore less drug will cross to the baby.

It is strongly recommended to treat the mother with anti-influenza medications if she has influenza at the time of delivery or in the first three months after the birth. This will reduce the severity of illness in the mother as well and reduce the risk of transmission to her newborn baby. Both oseltamivir and zanamivir are considered to be compatible with safe breastfeeding.

References

1. Australian Immunisation Handbook - 9th Edition 2008 (NHMRC)

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>

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