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2009 H1N1 Flu and Pregnancy

This sheet talks about the risks that exposure to 2009 H1N1 flu can have during pregnancy. With each pregnancy, all women have a 3% to 5% chance of having a baby with a birth defect. This information should not take the place of medical care and advice from your health care provider.

What is the 2009 H1N1 flu?

The flu (influenza) is an infection of the respiratory tract. The 2009 H1N1 flu is caused by a new type of influenza virus. The H1N1 flu first appeared in the United States in April 2009. It is now spreading from person to person worldwide.

The symptoms of the H1N1 flu are similar to those seen with seasonal flu. You may have fever, headache, chills, muscle aches, coughing, congestion, runny nose, and sore throat. Sometimes H1N1 flu can cause stomach upset with vomiting and diarrhea.

Is H1N1 flu the same as the swine flu?

The H1N1 flu was originally called “swine flu” because the virus was found to be similar to viruses causing illness in pigs. However, it is now known that H1N1 contains parts of viruses found in pigs, birds, and people. H1N1 flu is spread from person to person. You cannot get H1N1 flu by eating pork or pork products.

Is H1N1 flu contagious? How does the virus spread?

Yes, H1N1 flu is contagious. The virus is spread from person to person in the same way that seasonal flu viruses are spread. Respiratory droplets containing the virus are spread through the air when people cough or sneeze. A person with the H1N1 flu is contagious for up to a week after he or she first develops symptoms.

How severe is H1N1 flu?

Illness from H1N1 flu ranges from mild to severe. Most people who get sick will recover without needing any medical treatment. However, there have been cases of hospitalizations and deaths from H1N1 flu. Young children, pregnant women, and people with underlying medical conditions are at increased risk for severe complications from H1N1 flu.

H1N1 is a new type of virus, so very few people have immunity to it. People who are under 25 years of age appear to be at greater risk for infection.

I have heard that pregnant women can get sicker than other people from the H1N1 flu. Is this true?

Yes. When you are pregnant your body has a harder time fighting infections. Pregnant women have an increased risk of developing serious complications from the H1N1 flu, such as respiratory distress (severe breathing problems).

Can having the H1N1 flu during pregnancy cause birth defects or put my baby at risk?

Since H1N1 is a new type of influenza virus, we do not yet have studies looking at the babies born to women who had H1N1 flu during pregnancy. However, other types of influenza viruses have not been shown to cause birth defects.

Having a high fever during pregnancy may increase the risk for birth defects. Therefore, fever during pregnancy should be treated. Acetaminophen is the drug of choice for reducing fever during pregnancy. Tylenol® is one brand of acetaminophen.

Being very sick from the flu may increase the risk of pregnancy complications such as miscarriage or premature delivery. It is important to talk with your doctor if you are pregnant and have symptoms of the flu.

How can I prevent getting the H1N1 flu?

Getting vaccinated is the best way to protect yourself and your baby. For the most complete protection, you will need to get *both* the seasonal and H1N1 flu vaccines. The injected forms of these vaccines (flu shots) are recommended during any trimester of pregnancy. The nasal-spray influenza vaccines are not recommended during pregnancy. Getting vaccinated during pregnancy can also help protect your baby from getting sick during the first six months of life. For more information about influenza vaccines, see the OTIS fact sheets [H1N1 Flu Vaccine during Pregnancy](#) and [Seasonal Influenza and the Vaccine during Pregnancy](#).

In addition to getting the flu vaccines, be sure that you and others around you are doing the following to help prevent spread of the flu:

- Wash your hands with soap and water frequently
- Avoid touching your eyes, nose, or mouth
- Try to avoid close contact with sick people
- Cover your nose and mouth when you cough or sneeze
- Stay home and avoid close contact with others if you are sick

What should I do if I get sick?

If you have flu-like symptoms, talk to your doctor right away. Your doctor may recommend antiviral medications to lessen the symptoms of the flu and to reduce the risk of serious illness. These medications work best if taken early in the course of the illness. For more information about antiviral medications, see the OTIS fact sheet [Antiviral Medications to Treat/Prevent Influenza during Pregnancy.](#)

If you are sick, stay home and avoid close contact with others to prevent passing the illness to other people. Be sure to drink plenty of fluids. Treat fever right away with acetaminophen (Tylenol®).

Should I talk to my doctor if one of my family members is sick?

Yes. Talk with your doctor if you have been in close contact with someone who has H1N1 flu. Pregnant women are at an increased risk for complications from the H1N1 flu. Some women may benefit from taking antiviral medications to prevent getting the flu after they have been exposed. Your health care provider can help you decide whether taking an antiviral medication for flu prevention is best for you.

Should I stop breastfeeding if I have the H1N1 flu?

No. Breastfeeding provides the best nutrition for your baby, and there are antibodies in your breast milk that may help prevent your baby from getting sick.

It is important to try to protect your baby from getting sick. Wash your hands with soap and water before holding your baby. Avoid coughing or sneezing on your baby. Consider wearing a mask over your nose and mouth while feeding and caring for your baby to help prevent you passing the illness to your baby. While you are ill, you may want to consider having a family member who is not sick help you with caring for your baby.

If your baby has the flu, it is especially important to breastfeed as often as possible. Your

baby will need extra fluids during this time. Your milk is better for this than anything else, even than things like Pedialyte®. Also, antibodies in your milk help your baby fight the infection and get better faster.

OTIS is currently conducting the [OTIS Vaccines and Medications in Pregnancy Study \(VAMPSS\).](#) The purpose of the study is to learn more about influenza vaccines and antiviral medication use in pregnancy. If you are pregnant and have received the seasonal influenza vaccine, the H1N1 vaccine, or have taken an antiviral medication to prevent or treat the flu (including Tamiflu® or Relenza®), and you are interested in learning more about this study, please contact the OTIS VAMPSS Coordinating Center at 877-311-8972.

October 2009.

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Selected References:

Centers for Disease Control and Prevention. 2009 H1N1 flu (swine flu) and feeding your baby: what parents should know. [Cited 2009 October 13]. Available at URL: <http://www.cdc.gov/h1n1flu/infantfeeding.htm>.

Centers for Disease Control and Prevention. 2009 H1N1 vaccine and pregnant women. [Cited 2009 September 24]. Available at URL: http://www.cdc.gov/h1n1flu/vaccination/pregnant_qa.htm.

Centers for Disease Control and Prevention. What should pregnant women know about 2009 H1N1 flu (swine flu)? [Cited 2009 October 13]. Available at URL: <http://www.cdc.gov/h1n1flu/guidance/pregnant.htm>.

Centers for Disease Control and Prevention. 2008. Prevention and control of influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 57(RR07):1-60.

Neuzil KM, et al. 1998. Impact of influenza on acute cardiopulmonary hospitalizations in pregnant women. Am J Epidemiol. 148(11):1094-1102.

Zaman K, et al. 2008. Effectiveness of maternal influenza immunization in mothers and infants. N Engl J Med 359(15):1555-64

If you have questions about the information on this fact sheet or other exposures during pregnancy, call OTIS at 1-866-626-6847.