

Subject/Title: <p style="text-align: center;">Guidelines for Management of Pregnant Women and Infants with Confirmed, Probable or Suspect Pandemic (H1N1) 2009 in Labour and Delivery, Emergency Departments, Post-partum Units and Newborn Nurseries</p>	Reference: 01-003 Effective Date: FROM: 22 Sep 09 TO:
Authorized by: EXECUTIVE MANAGEMENT	Revised: 06 Oct 2009

PURPOSE

To identify potential cases and prevent exposures of Pandemic (H1N1) 2009 in Alberta Health Services Labour and Delivery settings, Emergency Departments (EDs), Post-partum units and Newborn Nurseries (including Level II and Level III Neonatal Nurseries).

DIRECTIVE

This document has been developed to provide guidance for prevention and management of Pandemic (H1N1) 2009 in inpatient and out-patient obstetric and neonatal settings. Severe illness among pregnant women and infants has been reported during this pandemic; therefore, preventing infection in these populations is a priority. Healthy pregnant women should have access to prenatal care and labor and delivery services in settings where they can be separated from persons who are ill or potentially ill with Pandemic (H1N1) 2009. In addition, a cautious approach to the management of neonates with ill mothers is recommended which includes isolation and close observation. A fit-tested N95 respirator must be worn by all persons present in a room where an aerosol-generating medical procedure including nasopharyngeal swab or aspirate is being performed on a patient who has suspected or confirmed influenza-like illness. The strategies outlined in the accompanying algorithms are recommended; however, may be subject to change as more information about Pandemic (H1N1) 2009 becomes available.

APPLICABILITY

This directive applies to all Alberta Health Services staff, medical staff, volunteers, students and other persons acting on behalf of Alberta Health Services.

CONTACT

For more information or clarification, please contact your facility's Infection Prevention and Control Professional or Designate.

Guidelines for Management of Pregnant Women with Confirmed, Probable, or Suspected H1N1 Illness

Woman presents for Maternity Related Care:

Triage nurse to ask about sign and symptoms of influenza.

Does the mother have?: Acute onset of NEW cough or change in existing cough
 PLUS one or more of the following:
Fever ($\geq 38^{\circ}\text{C}$ on arrival or by history), Sore throat, Joint pain, Muscle aches, Severe exhaustion

Patient answers yes:

- Point of care risk assessment (PCRA) is to be conducted by staff for each patient encounter.
- Triage nurse to instruct patient to perform hand hygiene and to don a surgical/procedure mask/N95 respirator.
- Pt. should be placed in a private room or at least 2 metres from other patients.
- Contact and Modified Droplet Precautions required.
- Mask on patient can be removed if patient in private room AND staff wearing proper personal protective equipment (PPE).
- Nasopharyngeal swab to be done to test for H1N1.
- Physician to consider treatment with antivirals (Oseltamivir or Zanamivir).
- **Contact Infection Prevention and Control.**

Patient answers no:

- Triage and care to proceed as usual.

Patient to be admitted?

Yes:

No:

To antepartum or medical unit:

Contact and Modified Droplet Precautions to be maintained.

Baby

Mother

- Contact and Modified Droplet Precautions to be maintained while in hospital.
- Once discharged patient should be instructed to stay at home for at least 7 days and return to hospital if condition worsens.

Please refer to algorithm:

Guidelines for management of babies born to Women with Confirmed, Probable, or Suspected H1N1 Illness

PCR Result?

Influenza A H1N1 positive

Influenza A H1N1 negative

- Precautions to be maintained for 7 days or until pt are symptom free.
- Consult nearest Infectious Diseases specialist.

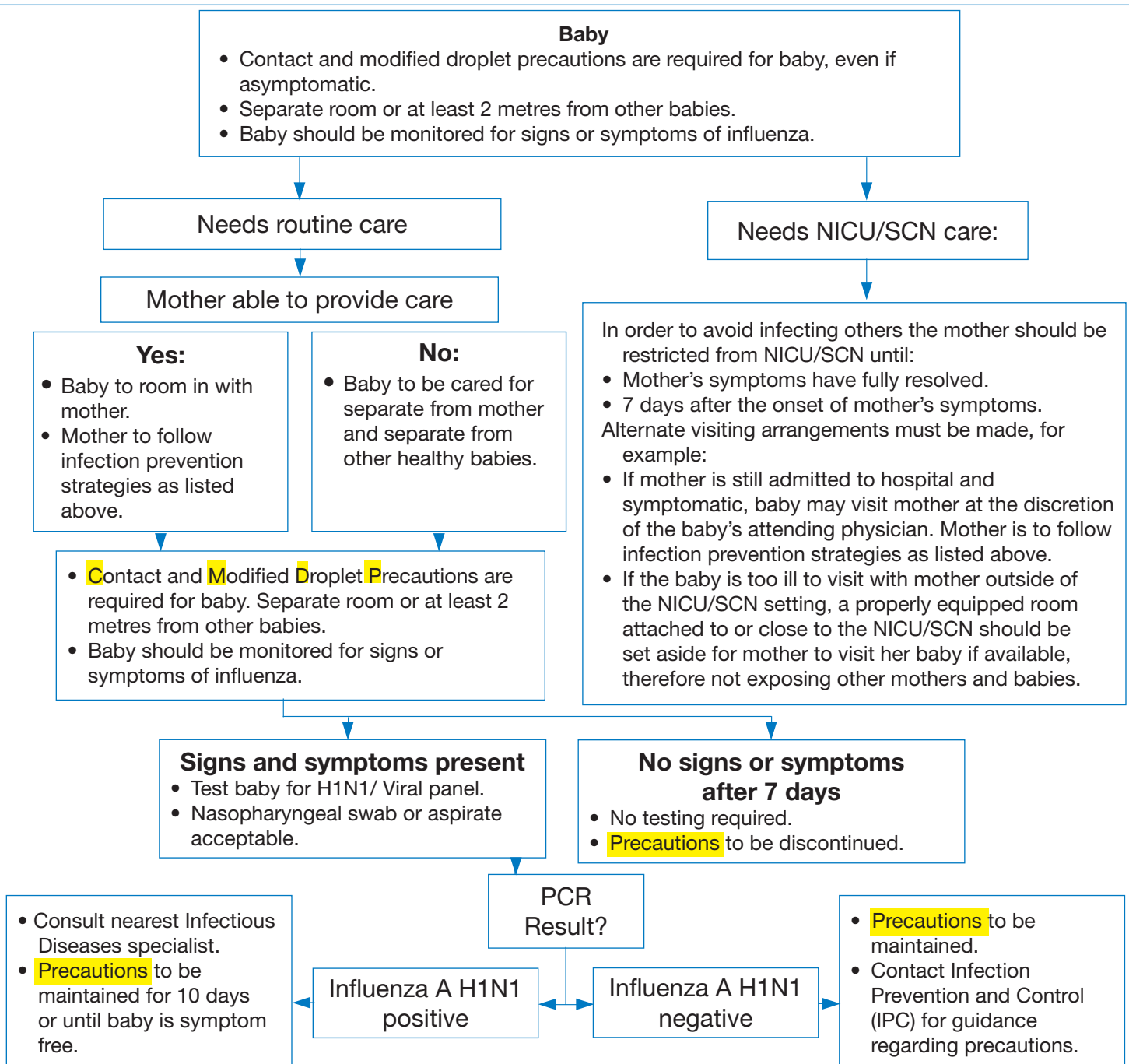
- Precautions to be maintained.
- Contact Infection Prevention and Control (IPC) for guidance regarding precautions.

Guidelines for Management of Pregnant Women with Confirmed, Probable, or Suspected H1N1 Illness

Mothers and infants should be kept together unless separation is absolutely necessary. The benefits of keeping the mother and baby together and breastfeeding outweigh the potential risks. The mother should be treated with antiviral medication to possibly reduce the duration of illness and transmissibility. While symptomatic, the mother should be encouraged to wear a mask, change to a clean gown or clothing, adhere to strict hand hygiene and respiratory etiquette while in contact with her baby. These precautions should be in place for at least 7 days after the onset of symptoms.

Breastfeeding

- If mother is not well enough to breastfeed, mother may express breast milk for her baby. The breast milk may then be bottle fed to the baby by a well person.
- Breastfeeding is encouraged if baby is in contact with mother.



Guidelines for Management of Pregnant Women with Confirmed, Probable, or Suspected H1N1 Illness

Family members who have been exposed to the mother may visit the baby if they are asymptomatic.

To prevent infection transmission to visitors of patients with suspected or confirmed Pandemic (H1N1) 2009 on Contact and Modified Droplet Precautions:

1. Ensure that the following information is provided to visitors:
 - a. Visitors are limited to a maximum of 2 at any time;
 - b. Visitors are limited to only those who are close family or necessary for patient well being or care;
 - c. If extenuating circumstances exist regarding visiting, contact the site administrator;
 - d. Visitors are to wear **Personal Protective Equipment (PPE)** (gloves, gown, surgical/procedure mask, eye protection) and are to follow the directions of the health care workers; and
 - e. Visitors are to clean hands with alcohol-based hand rub before putting on the PPE and after taking off the PPE.
2. Ensure PPE is available for Visitors.