

'Type A (H1N1) influenza (swine flu)' – Guidance for Midwives

The RCM provides the following guidance to midwives to support their work in providing information to pregnant and breastfeeding women about the H1N1 influenza 'flu' outbreak. The guidance has been drawn from government health departments' guidance and policy documents, and professional sources, including the RCOG and BNF on line. It is important to be aware that as with any new strain of 'flu virus, there will low immunity to this infection, and therefore the public should take precautions to limit the spread of infection especially for those at higher risk, such as the very young, and the elderly or immune compromised.

What are seasonal, swine, avian and pandemic flu?

There are differences between *seasonal flu*, *swine flu* and *avian flu* all of which could give rise to a pandemic i.e. an infection that becomes prevalent throughout the world.

Seasonal 'flu includes the viruses that circulate in the human population and generally are more prevalent during the winter. This can be prevented by use of seasonal flu vaccines, though flu viruses do tend to mutate and develop quite rapidly. Swine flu (**H1N1**) is a virus similar to that existing in which has affected to humans. Avian flu (e.g. H5N1) mainly currently affects birds – but has in the past been transmitted to humans living in close proximity to the birds.

Pandemic flu occurs across many countries infrequently, when a new influenza virus initially emerges which is markedly different from those recently circulating in the human population, causes disease in people and spreads easily between people because they have little or no immunity to it. This is happening with the current H1N1 strain. Thus far in the pandemic there is no sign of mutation.

What are the symptoms I need to look out for?

As this is a respiratory illness, the symptoms of this strain of flu include a raised temperature, cough and potentially shortness of breath. Other symptoms (similar to other strains of flu virus) may be experienced, such as loss of appetite, aching muscles, headache, runny nose and sneezing.

How can I prevent it happening to me...

Vaccination is the best method of prevention and this is covered later in this document. Spread of this virus is through droplet infection, and therefore is spread by coughing, sneezing and direct transfer from the nose, face and hands to other people or hard surfaces.

Prevention of spread of infection can therefore be achieved through:



1. Covering the nose and mouth when coughing or sneezing, and using a clean tissue – carry clean tissues with you.



2. Effective disposal of used tissues – use each tissue ONCE only



3. Good hygiene – washing hands frequently with soap and water, and drying hands thoroughly after washing;



4. If you are unwell, stay at home.



5. Wipe surfaces – including door handles, telephones etc with an antiseptic spray cleaner on a regular basis

I have seen people wearing face masks..should I wear one?

The use of masks is unlikely to be effective (as from advice from the Health Protection Agency HPA and the RCOG), and therefore of limited use. These often quickly become damp and could therefore also potentially enhance transmission

Pregnant women should seek further advice from their Midwife or General Practitioner should they have the symptoms of 'flu, or any specific concerns. They may wish to make contact by telephone initially.

And if I get the 'flu – what should I do?

If you are ill, or think you may be ill, you will be advised to:

- Stay at home
- Contact the national flu line service (Call the Swine Flu Information Line **on:**
 - o **0800 1 513 513**

to hear the latest advice. – via which you will receive an assessment and be authorised antiviral medicine treatment if symptomatic (unless contraindicated)

If a pregnant woman's symptoms get worse after having contacted the flu line, she should contact her GP

- Follow self care advice, including:
 - o Drink plenty of fluids
 - o Take medicines such as Paracetamol to reduce fever and relieve your symptoms (do not give aspirin to children under 16). Women who are pregnant or breastfeeding should use Paracetamol only to relieve symptoms unless otherwise advised by a doctor. (Ibuprofen should not be taken in pregnancy)
- To reduce risk of infection:
 - o Wash hands frequently (particularly after contact with people who are ill)
 - o Cover your mouth and nose with a tissue while sneezing or coughing
 - o Dispose of used tissues promptly and carefully – bag and bin them
 - o Wash hard surfaces (eg, worktops, door knobs) with a domestic cleaner regularly
 - o Ensure your children follow this advice
 - o Because a pandemic virus will be highly infectious, these measures can only reduce – not stop – the risk of spreading the infection.

(adapted from Department of Health Guidance May 2009)

What about information for women and families?

The Department of Health in England and other UK countries have released an advice leaflet on line, and have delivered copies to all homes. It is also available in other languages, so you may refer to this at antenatal clinics and when providing postnatal care. You could use a link worker or translator, or access one of the relevant leaflets: Welsh; Arabic; Bengali; Chinese; Farsi; Dari; French; Gujarati; Polish; Portuguese; Punjabi; Somali; Spanish; Tamil; Turkish; Urdu.

Pregnancy and Breastfeeding considerations

Usual precautions for passing on infection must be emphasized.

Babies who are not breastfeeding may be more vulnerable to infection and hospitalization for severe respiratory illness, and therefore breastfeeding should be encouraged. Women who have given birth should be encouraged to initiate breastfeeding early and feed frequently.

Unnecessary formula supplementation should be avoided, so the baby can receive as much of the maternal antibodies as possible.

If a woman is ill, she should continue breastfeeding and increase feeding frequency. If maternal illness prevents safe feeding at the breast, she may be able to use expression if she is feeling well enough. The risk for influenza A (H1N1) transmission through breast milk is unknown. However, reports of viraemia with seasonal influenza infection are rare. Women who are breastfeeding should continue while receiving antiviral treatment or prophylaxis as they are not contraindicated in breastfeeding.

Mothers who are breastfeeding should be advised to take precautions to avoid unnecessary risks by frequent hand washing and also avoiding toy sharing by children.

National Breastfeeding Help Line for further support: 0300 100 0212

More information is available via:

http://www.dh.gov.uk/en/Healthcare/Children/Maternity/Maternalandinfantnutrition/DH_099965

So should I continue to provide antenatal clinic and postnatal care?

Yes – Women will still require a high standard of maternity care. You will need to ensure that women that you are seeing are aware of the ways in which they can reduce the risk to themselves, and also that if they feel unwell, they should stay at home and contact you by telephone.

If there is a larger outbreak in your area, you may wish to look at providing the care in the women's homes rather than at a clinic, but this will need to be discussed and agreed locally. (See guidance on maternity services)

What about immunisation?

There is immunisation available which pregnant women can receive via their GP. As a midwife you will be able to guide women through locally agreed arrangements. There are **two forms** of vaccine currently licensed and further information can be found on the NHS immunization site at <http://www.immunisation.nhs.uk/>

What should I be advising women about vaccination?

The current advice is from the Department of Health guidelines, and based on current evidence, which suggests that pregnant women are at higher risk of the serious consequences and complications of swine flu (See UCOS information – link below). Information from the World Health Organization suggests that seven to ten percent of all hospitalised patients with swine flu are pregnant women in their second or third trimester. Note that only 1% of the general population is pregnant at any time.

It is really important that pregnant women look at the information available, and be aware that they might be at a greatest risk. The midwife can provide guidance and information which can help the woman make her choice. The vaccine has been licensed as safe for use by pregnant women, and the side effects are minimal. If they have any worries, they should discuss any concern with the GP and midwife.

What are the concerns with the vaccine?

Both vaccines being used by the Department of Health have been licensed for use in pregnant women. Licensed vaccines, including influenza vaccines, are of a very high standard of safety and the vaccines would not be licensed if they were considered unsafe. Across Europe, at least 5 million doses of Pandemrix have now been administered, including tens of thousands of pregnant women. No serious new side effects or adverse effects in pregnancy have been identified (DoH November 2009).

Are there any side-effects of the vaccine?

Some reactions such as soreness over the injection site, tiredness, fever and headache have been reported, but these diminish within a couple of days. The vaccine does NOT cause flu itself, as it uses an inactive virus.

People who have had a previous confirmed anaphylactic reaction to a vaccine, should not receive this vaccine. For people who are allergic to eggs, one of the vaccines has used eggs in its manufacture, so the alternative (made by Baxter) should be used.

If the woman has already had swine flu should she still get the vaccine?

If the woman has had swine flu (and it is better to have had this actually confirmed), then having the vaccination may not be necessary. However, it is being recommended that priority groups and this includes pregnant women have the vaccine.

Can expectant mothers not just wait to see if they get swine flu and then take anti virals rather than the vaccination?

The guidance is that it is better to have the flu vaccination. This would appear on balance to be a better alternative than the antiviral medications (once you have the infection) which themselves have side effects, and only shorten the illness by about a day.

What about antiviral therapy?

The NHS has a clear contingency plan for the 'flu outbreak including making available stocks of Tamiflu (which could be provided to staff at risk), and to the antiviral Relenza (Zanamivir), designed specifically for pregnancy, that can be prescribed for women who have contracted 'flu.

Both Tamiflu and Relenza are licensed for use in pregnancy, as it has been shown that the benefits outweigh the risks. It should therefore not be used as a self medication (RCOG 2009). Both of these antivirals can reduce the severity of an infection if taken early in the illness especially in the first 48 hours. They can also prevent infection where an individual has been in contact with someone confirmed to have been infected. (See BNF on line for further information: <http://bnf.org/bnf/>). Both drugs have similar modes of action however Relenza, as it is inhaled, is effective directly in the respiratory tract and does not circulate systemically. If the pregnant woman has pre-existing respiratory disease or where her condition worsens despite treatment with Relenza, Tamiflu may be then prescribed.

Are there other things I should be aware of?

There will be local arrangements in place should the outbreak of this 'flu (or any other) become more serious. Your Head of Midwifery and Hospital Trust will have information available to you should this be needed. All maternity services have in place an action plan for use in the event of a widespread outbreak.

Generally it is thought that as a respiratory illness, the risk to the fetus are not high, however, women will be concerned about their babies, and therefore support and information should be provided in simple and accessible terms.

Information and Resources

There is a range of important information available from the UK Departments of Health for those providing maternity services, and this should provide the framework for service provision. This resource list also includes links to key web-site such as the Nursing and Midwifery Council. It is important to keep up to date with changes, and to also monitor news stories, as this may increase the flow of questions from women and their families. :

England Department of Health:

'Swine flu' resources for professionals:

<http://www.dh.gov.uk/en/Publichealth/Flu/Swineflu/InformationandGuidance/index.htm>

Vaccination programme information for professionals:

http://www.dh.gov.uk/en/Publichealth/Flu/Swineflu/InformationandGuidance/Vaccinationprogramme/DH_105455

The document *Clinical Professionals Brief on Swine Flu Vaccination* contains a more detailed discussion of the issues including full references, and can be accessed using the following URL:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107650

A detailed discussion of the vaccine and its use is available in *chapter 23a: pandemic influenza A(H1N1)v 2009 (swine flu) in: Immunisation against infectious disease-The Green Book* at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_107408.pdf

Advice for professional staff who are pregnant:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_107647.pdf

Department of Health Swine Flu and Vaccination fact sheet:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_107346.pdf

Swine Flu and Pregnancy – How to protect yourself and your baby:

<http://www.dh.gov.uk/en/Publichealth/Flu/Swineflu/InformationandGuidance/Pregnancy/index.htm>

General Information leaflet on Swine Flu:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098685

Pandemic influenza: guidance on preparing maternity services:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091737

Pandemic 'flu – Frequently asked questions and answers:

http://www.dh.gov.uk/en/Publichealth/Flu/PandemicFlu/FAQonly/DH_065088

Scotland Department of Health:

Pandemic flu and

www.scotland.gov.uk/pandemicflu

Swine flu leaflet and poster plus a radio advert available on line:

<http://www.scotland.gov.uk/Topics/Health/health/AvianInfluenza/mexicanswiuneflu/mexicanswinefluQandA/vaccination/leaflet/Q/forceupdate/on>

NHS 24 - http://www.nhs24.com/content/default.asp?page=home_SwineFlu

The Scottish Government Health and Community Care site:
<http://www.scotland.gov.uk/Topics/Health/health/AvianInfluenza/mexicanswiuneflu>

Wales Department of Health:

www.wales.gov.uk/pandemicflu

Specific advice:

<http://wales.gov.uk/topics/health/protection/communicabledisease/flu/guidance/?lang=en>

Northern Ireland Department of Health, Social Services and Public Safety:

DHSSPS (Department of Health, Social Services and Public Safety) website
www.dhsspsni.gov.uk

DHSSPS Pandemic contingency plan

www.dhsspsni.gov.uk/index/phealth/pandemicflu/pandemic-contingency.htm

Contingency plan for influenza pandemic NI

<http://www.dhsspsni.gov.uk/ni-plan-2008-revised-2.pdf>

Nursing and Midwifery Council (NMC)

Influenza pandemic: NMC position statement and general information

<http://www.nmc-uk.org/aArticle.aspx?ArticleID=3857>

Pregnancy and Breastfeeding

Pregnant Women and Novel Influenza A (H1N1) Considerations for Clinicians (US Based – updated October 2009)

http://www.cdc.gov/h1n1flu/clinician_pregnant.htm

Breastfeeding Network (updated April 2009):

http://www.breastfeedingnetwork.org.uk/pdfs/Anti_viral_treatment_for_swine_influenza_April_2009.pdf

Royal College of Obstetricians and Gynaecologists (RCOG)

In addition the RCOG have provided useful guidance available at:

<http://www.rcog.org.uk/news/swine-flu-alerts>

And

UK Obstetric Surveillance System (UKOSS) update

<http://www.rcog.org.uk/files/rcog-corp/UKOSS%20interim%20Flu%20Report%20-%20final%20for%20website.pdf>

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