

Worried about H1N1 (Swine flu)?

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As winter approaches, and “flu season” hits, warnings about the dangers of the H1N1 flu are everywhere. Women who are pregnant, breastfeeding, or mothering small children may be especially concerned. Yet good information is hard to find. Because H1N1 is a new virus, scientists are unsure about how it is going to act, and the official recommendations keep changing.

This is being called a moderate pandemic, which means the virus is easily spread between people and is currently affecting a wide geographic area. It does not mean that it is dangerous for most people, and, in fact, the overwhelming majority of people have mild flu symptoms and make a full recovery without needing anti-viral medication or treatment in hospital.

Some people are at greater risk, though. Pregnant women who get the H1N1 virus become much sicker, much faster than any other group, and there have been a number of pregnant women who have died. Right now we don't know why that is so.

The H1N1 virus can live outside the body, and remains infectious for up to eight hours on a hard surface or a few minutes on something soft like cloth. People can spread the virus for at least a day before they have any symptoms, and they are contagious for up to seven days after symptoms start.

You can reduce the risk(s?) for your family by following these steps:

- Wash hands frequently (or use hand sanitizer in the absence of soap and water)
- Do not share drinking glasses or eating utensils
- Be conscientious about not touching your face, nose and mouth when out in the community

If someone in your family or workplace is ill, please avoid attending events (such as LLLC meetings) where you might be around pregnant women. Remember that you can spread the illness before you have any symptoms.

If you are pregnant...

The Centers for Disease Control in the US is recommending that pregnant women should receive the H1N1 vaccine as soon as it becomes available.

If you are pregnant, and develop symptoms of the flu, contact your doctor as soon as possible. Symptoms include headache, chills and cough followed by fever, loss of appetite, muscle aches and fatigue, runny nose, sneezing, watery eyes and throat irritation. Nausea, vomiting and diarrhea may also occur. Antiviral medication may be recommended for you.

If you develop the H1N1 flu shortly before your baby is born, you may be advised not to be in contact with your baby until you have been on antiviral medication for 48 hours, you no longer have a fever and you can control any coughing. If you are separated from your baby, you can pump your milk and have this given to the baby, who will benefit from the antibodies. Experts don't believe that the H1N1 virus can be transmitted through your milk.

If you are breastfeeding...

Breastfeeding offers your baby protection from all respiratory infections in both specific (antibodies) and non-specific ways. If you are breastfeeding and develop H1N1, you may want to wear a mask while breastfeeding. If you cough or sneeze, use a tissue or handkerchief. Don't cough or sneeze into your

bent elbow, as some health experts recommend for other people who have the flu, because that puts the virus too close to where you hold a breastfeeding baby's head.

You may be prescribed antiviral medications; these are considered compatible with breastfeeding.

If you are too ill to take care of your baby, you may want to pump your milk and have someone else feed it to him or her. If you are feeding your baby formula some of the time, it's recommended that you do what you can to increase the amount of human milk your baby is getting, to maximize the amount of antibodies passed on. Your La Leche League Leader can help you figure out a strategy that will work for you and your family.