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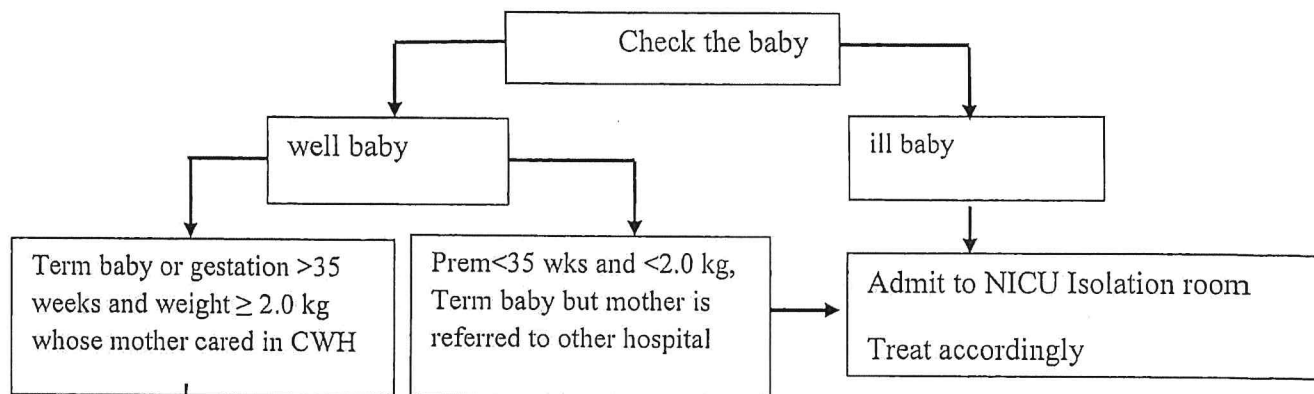
General Guideline for baby born to mother with
suspected or confirmed Seasonal Influenza A/H1N1
pdm 2009

Version (01)
(As of 9-8-2017)

General Guideline for Baby born to mother with suspected or confirmed H1N1 virus infection

The Pediatrician attend the delivery

1. must wear Surgeon Gown, Cap, N95 mask and Surgical glove ; ask from Delivery suite (OT or Labour Room)
2. inform oncall Consultant at any time
3. perform resuscitation as per Guideline (with separate Emergency Box designed for H1N1)



- Stay with mother in Isolation room which should be well ventilated (roomed -in)**
 - Encourage Breast feeding within one hour and frequently
(Mother expressed breast milk is given by cup and spoon by healthy adult)
 - Low birth weight baby (<2.5 kg) should be checked for Blood Glucose at 2-4 and PCV at 2-4 hrs of age and treated as required : discussed with on call consultant
 - Daily newborn check to the baby as usual (the Pediatrician must wear N 95 mask and cap)
 - Check any sign of illness and inform to oncall Consultant
- Note: Mother must follow the preventive measure**
(covering face mask when cough and sneeze and when caring breast feeding and handling the baby
Performing frequent hand washing especially before and after handling the baby)

- ❖ Testing the newborn infants
 - ❖ Treatment of the newborn infant
 - ❖ Rooming-in with mother**
- See in separate sheets

GENERAL GUIDELINE FOR PREGNANT WOMEN ,MOTHERS AND THEIR NEWBORNS DURING PANDEMIC INFLUENZA A (H1N1)

(REFERENCE)

1. Pregnancy and pandemic influenza A (H1N1) 2009: information for Programme managers and clinicians : WHO Accessed on 29 March 2010
2. Management guideline for Pregnant women and Neonates born to Women with suspected or confirmed Pandemic H1N1 influenza (Swine origin A/H1N1 influenza) Perinatal Services BC , updated May 2011.
3. Prevention and Control of influenza: Special consideration for Newborns and very Young Infants American Academy of Pediatrics:2011
4. Guidance on Swine Flu (H1N1v) for Pregnant Mothers-a joint statement from the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives
5. Responding to influenza, A toolkit for Prenatal Care Providers CDC guidance at <http://www.gov/flu/professionals/>
6. Guidance for the prevention and Control of Influenza in the peri-and Postpartum settings,CDC Recommendations of the Advisory Committee on immunization Practices-United States,2016-17 Season

Special considerations for pregnant women and new mothers and their babies during pandemic¹

1. Pregnant women and new mothers should avoid providing care for those with confirmed ,probable or suspected influenza infection ; except for their own newborns
2. Anyone with respiratory symptoms should not provide care for a pregnant women or a mother and newborn baby
3. An ill mother should practice cough or sneeze etiquette, perform hand hygiene regularly and kept her room well ventilated

Newborn Care and breast feeding

- Do not separate the baby from the mother (institute rooming in). Rooms should be adequately ventilated.
- Mothers should be encouraged to begin breastfeed frequently and exclusively including a period of pandemic. Infants who are not breastfed are more vulnerable to infectious diseases including severe respiratory infection 1
- Ensure adherence on WHO recommendations on protecting ,promoting and supporting breast feeding : initiate within first hour of life to establish exclusive breast feeding
- Early initiation of breastfeeding allows passive transfer of antibodies that protect the newborn infant from infection including respiratory infections.^{1,2,4}
- Breast feeding can continue while the mother receiving antivirals.
- Expressed breast milk is given by cup or spoon by healthy adult.
- Health care workers should follow recommended infection prevention services,including those for cleaning surfaces ,change linens and handling waste disposal

- Implement screening procedure and limit the number of visitors to maternities and newborn care Units

Rooming- in with mother

- Newborn infants of influenza-infected mother should stay in the same hospital room as mother if possible.
- Physical barrier (eg: a curtain between the mother and the newborn)
- keeping the newborn ≥ 6 feet away from ill mother.
- Ensuring a healthy adult is present to care for the newborn.(if no other healthy adult is present in the room to care for the newborn ,a mother with suspected or confirmed influenza should put a mask and then practice hand hygiene before each feeding or other close contact with her newborn.)
- Mother can take care to her baby when
 - the mother had received antiviral treatment for >48 hours
 - the mother was afebrile without antipyretics for >24 hours
 - the mother with no respiratory distress (uncontrollable cough, tachypnoea, supplemental O₂)
- Once contact between mother and infant is resumed, Droplet Precautions for influenza should continue to observed until at least 7 days after maternal illness onset.(Wearing face mask, frequent hand washing especially before and after handling the baby).

Monitoring the baby for signs of illness ¹

- Newborn infants less frequently present with typical influenza signs; such as cough and fever.
- Influenza or its complications in newborn infants may manifest as apnoea, low grade fever, fast breathing, cyanosis, excessive sleeping ,lethargy, feeding poorly and dehydration.
- Illness caused by influenza virus infection in newborn infants are difficult to distinguish based on sign alone from illness caused by other respiratory pathogen eg : respiratory syncytial virus.¹

****Neonates require admission to a nursery should be isolated as per standard NICU Respiratory precaution.**

If a newborn (either term or preterm) appear sick (temperature instability, not feeding well) should she/he be tested for influenza? AAP ³

Because hospitalized newborns may be in a group setting with a high potential for widespread infection ,such a newborn nursery or a neonatal intensive care unit(NICU),influenza testing can be a particularly important to prevent the spread of illness.

However,oseltamivir treatment should be started as soon as possible after illness onset during periods of high local influenza activity and should not be delayed while waiting for a definitive influenza test result.

RT-PCR and viral culture testing are preferred for neonates.

Treatment of Newborn infants AAP³ WHO¹

Term infants younger than 3 months of age(AAP)

- Oseltamivir 3mg/kg/dose twice daily for 5 days

(Chemoprophylaxis for infants younger than 3 months of age is not recommended unless the exposure situation is judged critical ; because of the lack of data on use of oseltamivir in this age group.)

- Data on treatment of newborn infants with pandemic(H1N1) virus infection are limited. However infants with severe or deteriorating illness should be treated with antivirals.(WHO 2010)
- Oseltamivir 3mg/kg/dose once daily for 5 days to newborn infants younger than 14 days .
- For older infants, give Oseltamivir 3mg/kg/dose twice daily for 5 days. (WHO)

Preterm infants (AAP)

- Current dosing recommendation are not intended for preterm infants who may have slower clearance of oseltamivir because immature renal function.
- Very limited data from a cohort of preterm infants suggest that a dose of 1mg/kg/dose twice daily produce comparable drug exposure as dose of 3mg/kg/dose in term infants.

NICU,CWH (Yangon)
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