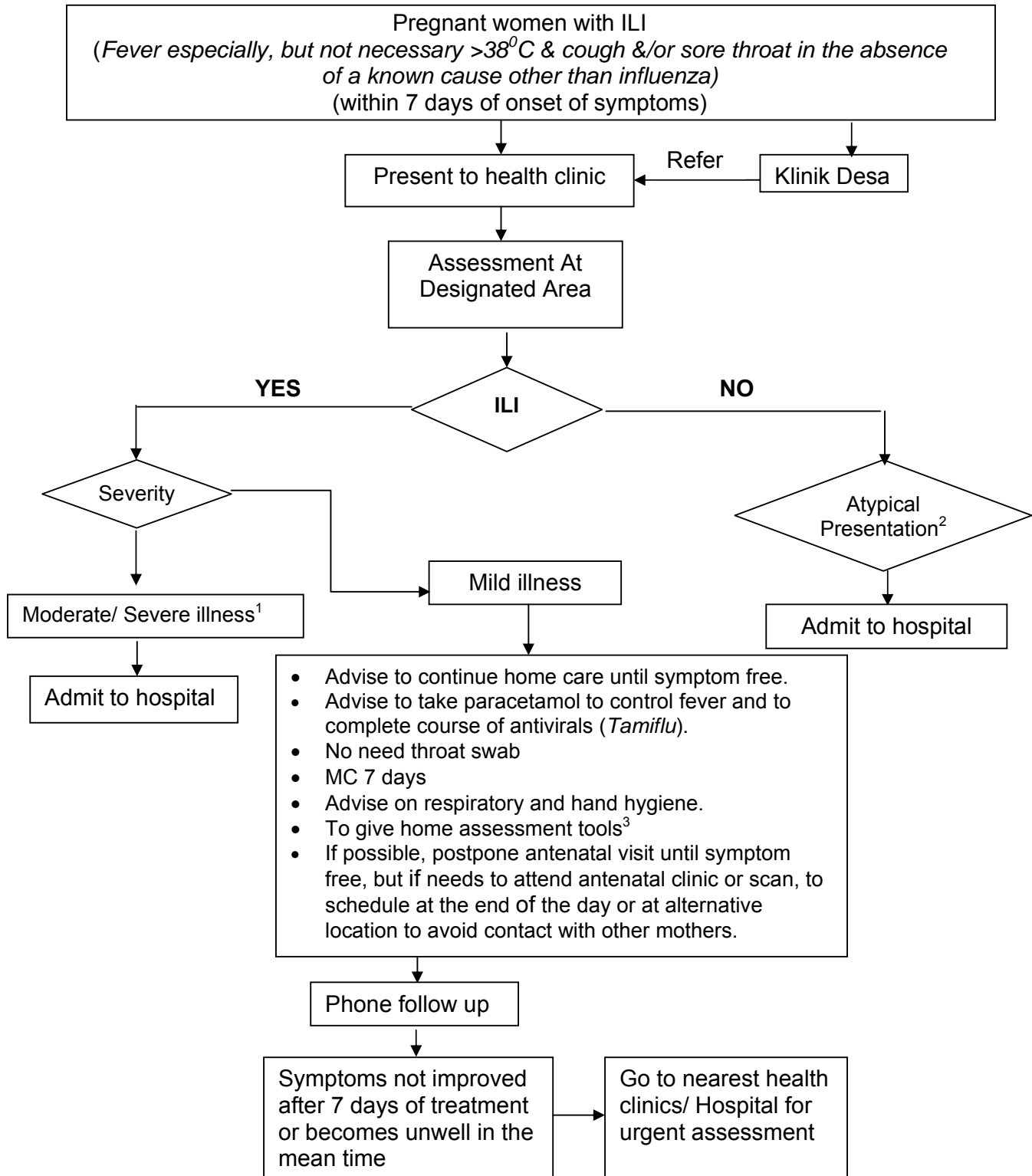


Algorithm for the Management of ILI in Pregnant Women in the Health Clinics



Adopted from:
Obstetric and Gynaecology Department.
Hospital Raja Permaisuri Bainun
Ipoh, Perak (August 2009)

GUIDELINES FOR MANAGEMENT OF PREGNANT WOMEN WITH ILI

1. Pregnant women with ILI should not be exposed to other pregnant women. This is to reduce transmission to other pregnant women.
2. Each clinic need to create a designated area (Ruang/ Bilik menunggu khas) to evaluate pregnant women and other patients with ILI, so that these women will be separated from other antenatal/postnatal women during clinic visits.
3. Pregnant women with ILI who present themselves to the Out Patient Department (OPD) will be managed in the designated area (Ruang/ Bilik menunggu khas) OPD. Medical and Obstetric assessment will be carried as required in the OPD. Treatment as out-patient or referral to the hospital will be decided after evaluating the pregnant women.
4. Pregnant women with ILI, who are well and has no co-morbidity will be given antiviral therapy (Tamiflu) for 5 days. They will be sent home with advice of danger signs (see Appendix A). They will be given a HOTLINE TEL NO to contact whenever necessary (preferably direct hospital labour ward contact number).
5. Pregnant women with ILI requiring admission for obstetric problems, will be managed in the designated area.
6. Pregnant women with ILI with obstetric/ medical complications will be referred to the hospital.
7. Antiviral therapy (Tamiflu) will be made available for all suspected/confirmed H1N1 cases. Ensure antiviral therapy stocks are available in the health clinics.
8. Pregnant women with ILI who have delivered, need to have their babies separated from them, so as to reduce transmission to their babies. Breastfeeding is NOT CONTRAINDICATED, but proper advice should be given to these mothers regarding breastfeeding. (see appendix B)
9. Mothers with ILI will be given proper advice with regards to the care of newborns and breastfeeding at home (see appendix B)

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Clinical Assessment Tool for:

1. Moderate to Severe Symptoms

Respiratory impairment e.g. respiratory rate $>24/\text{min}$, use of accessory muscles, unable to complete full sentence, saturation $\leq 92\%$, decreased effort tolerance, exhaustion, chest pains.

Dehydration or shock e.g. SBP < 90 mmHg, DBP < 60 mmHg, capillary refill time > 2 secs, reduced skin turgor

Altered conscious level e.g. confusion, agitation, seizures

Others e.g. rapidly progressive or serious atypical illness, severe & persistent vomiting & diarrhea.

2. Atypical Presentation

Myocarditis, pericarditis, rhabdomyositis, rhabdomyolysis with myoglobinuria & renal failure, encephalitis, Reye's syndrome, GBS, transverse myelitis, toxic shock syndrome

3. To give Home Assessment Tools

Shortness of breath, blue discoloration of lips
Coughing out blood
Persistent chest pain
Persistent vomiting & diarrhoea
Fever more than 3 days or recurring after 3 days
Abnormal behaviour, confusion, less responsive, convulsion
Dizziness when standing &/or reduced urine production