



## MATERNAL AND FETAL OUTCOME IN PREGNANCY WITH SWINE FLU.

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**ABSTRACT** Maternal and Fetal outcome in pregnancy with swine-flu

**KEYWORDS :****INTRODUCTION**

- Influenza during pregnancy has been associated with considerable morbidity and mortality.
- Pregnant women were observed to be at high risk of complications such as pneumonia and death during the influenza pandemics of 1918, 1957, and 2009.
- During seasonal influenza outbreaks, pregnant women constitute a high-risk group for disease-related morbidity and mortality.
- There are also reports of an increased risk of miscarriage, and when pregnancy is associated with influenza infection.
- Infection during pregnancy has been associated with an approximately fivefold increase in preterm delivery, birth defect, perinatal mortality, including miscarriages, still-births and early neonatal diseases and death.
- About 50% of the pregnancy-associated deaths in the April–September 2009 H1N1 pandemic period were observed in the third trimester whereas 36% occurred during the second trimester

**AIMS AND OBJECTIVE**

- To study the demographic profile of antenatal patient with swine flu positive
- To study the clinical of antenatal patient with swine flu positive
- To know the feto-maternal outcome of antenatal patient with swine flu positive.

**MATERIALS AND METHODS**

- A cross sectional observational study was performed on the pregnant women with swine flu admitted in civil hospital Ahmedabad from July 2017 to September 2017.
- All the pregnant women with swine flu positive report were included in the study.
- Exclusion criteria included those with negative swine flu report. So during the above mentioned period we had 30 cases of pregnant women with positive swine flu report.
- Swine flu positive patient were diagnosed based on culture positive nasopharyngeal swab and x ray suggestive of pneumonia.
- Data entry and analysis were done using Microsoft excel 2007.

**RESULTS**

**TABLE 1: DISTRIBUTION OF SUBJECTS ACCORDING TO THE AGE. (N=30)**

Age	Frequency	Percentage
Less than 20	3	10
20 to 24	13	43.3
25 to 30	11	36.7
More than 30	3	10

**TABLE 2: DISTRIBUTION OF SUBJECTS ACCORDING TO THE LOCALITY. (N=30)**

LOCALITY	Frequency	Percentage
Rural	5	16.7
Urban	25	83.3

**TABLE 3: DISTRIBUTION OF SUBJECTS ACCORDING TO THE SYMPTOMS. (N=30)**

	Frequency	Percentage
Fever cough sore throat without breathlessness	5	16.7
Fever cough headache bodyache breathlessness	25	83.3

**TABLE 4: DISTRIBUTION OF SUBJECTS ACCORDING TO THE GRAVIDITY (N=30).**

	Frequency	Percentage
Primi	15	50
Second gravid	8	26.7
Multigravida	7	23.3

**TABLE 5: DISTRIBUTION OF SUBJECTS ACCORDING TO THE PAST HISTORY. (N=30)**

PAST HISTORY	Frequency	Percentage
Infertility treatment	5	16.7
Gdm	1	3.3
Tb	2	6.7
Anemia	3	10
Os tightening	2	6.7
Nad	17	56.7

**TABLE 6: DISTRIBUTION OF SUBJECTS ACCORDING TO THE ANC VISITS. (N=30)**

ANC VISITS	Frequency	Percentage
Private	17	56.7
Govt	7	23.3
Not taken	6	20

**TABLE 7: DISTRIBUTION OF SUBJECTS ACCORDING TO THE RESPIRATORY SYSTEM. (N=30)**

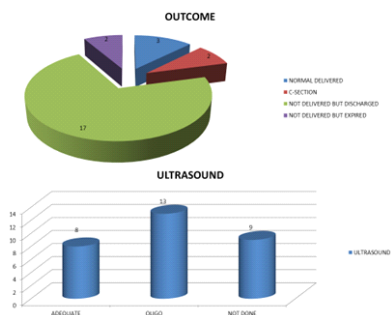
RS	Frequency	Percentage
Creps	23	76.7
Clear	6	20
Whizzing	1	3.3

**TABLE 8: DISTRIBUTION OF SUBJECTS ACCORDING TO THE ULTRASOUND (N=30).**

LIQUOR	Frequency	Percentage
Ligour adequate	8	26.7
Oligohydramnios.	13	43.3
Not done	9	30

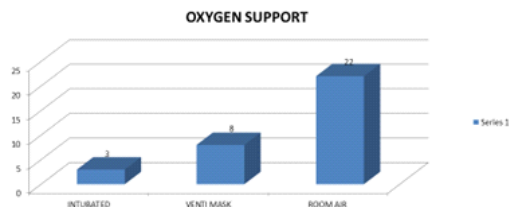
**TABLE 9: DISTRIBUTION OF SUBJECTS ACCORDING TO THE OUTCOME. (N=30)**

OUTCOME	Frequency	Percentage
Normal delivered	3	10
Cs	2	6.7
Not delivered but discharged	17	56.7
Not delivered but expired	2	6.7



**TABLE 10: DISTRIBUTION OF SUBJECTS ACCORDING TO THE O2 SUPPORT (N=30)**

O2 SUPPORT	Frequency	Percentage
Intubated	3	10
Venti mask	8	26.7
Room air.	22	73.3



**DISCUSSION**

Our data suggest that influenza viruses are an important causes of respiratory illness in pregnant females with considerable morbidity and mortality.

The risk of hospitalization in pregnant women has been observed to be 18-fold compared to non pregnant women even during the inter pandemic period, with risk being greatest among women in later stages of pregnancy.

The higher risk of severe disease and ICU admission is consistent with earlier reports with high rates of complication such as pneumonia and renal failure. Pregnant women once infected seem to develop severe infection.

The mechanisms that increase the risk of serious complications from influenza in pregnancy are incompletely understood.

A combination of cardiac, respiratory, hormonal, and immunological changes accompany pregnancy which impair responses to infection and increase the likelihood of serious complication that require admission to the hospital.

These changes include elevation of the diaphragm due to increased uterine size, increased intra-abdominal pressure increased respiratory rate, reduced chest compliance, and high risk of aspiration as a consequence.

Other physiological changes include reduced tidal volume and lung capacity and increased cardiac output and oxygen consumption.

An important observation of the current study was that none of the pregnant females had received influenza vaccination. The data also emphasize the need of improved awareness among healthcare professionals regarding influenza vaccination during pregnancy and early initiation of antiviral therapy when influenza infection is suspected.

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