

Ob.Gyns. Urged to Join in Pandemic Flu Planning

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SEATTLE — Obstetricians should ensure that their hospitals' plans for pandemic flu take into account the unique needs of pregnant women, according to Dr. Richard H. Beigi of the department of obstetrics, gynecology, and reproductive sciences at Magee-Womens Hospital in Pittsburgh.

"Clearly, [obstetricians] take care of a special and often overlooked population that is very relevant when you think about pandemic influenza," Dr. Beigi said at the annual meeting of the Infectious Diseases Society for Obstetrics and Gynecology. For starters, pregnant women are often viewed as immunocompromised. Also, providers have little control over the timing of labor and delivery, so healthy



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DR. BEIGI

women will continue to need hospital services in a pandemic. And any planning must include the neonatal intensive care unit and consider visitation policies for family members.

"A lot of the planning for disasters typically doesn't involve obstetricians, and pregnant women are often forgotten in policy issues, planning forums, and such. So that really puts anybody who cares for pregnant women in a critical role. ... I truly believe that if we don't pay attention to this issue, nobody else is going to," he said.

Dr. Beigi reported on a survey of 12 large U.S. maternity hospitals that found 78% had formal plans in the event of pandemic flu regarding communication, surge capacity, and service degradation. However, fewer than half of the hospitals had plans for stockpiling and ensuring access to supplies.

"The biggest challenge these hospitals noted was really the ethical issues—how to determine who is going to get these limited supplies" and how to coordinate efforts with public health agencies, he said.

Dr. Beigi described the planning and preparation for pandemic flu at his own hospital, which has nearly 10,000 deliveries per year. The hospital formed a pandemic flu task force, which has tackled such issues as improving communication, dealing with surge capacity, triaging patients to keep those with and without flu apart, degrading services (by canceling elective procedures, for example), and distributing limited supplies of vaccine, medications, and equipment in both effective and ethical ways.

"Every hospital has its own issues," he commented. "I would suggest that [planning be] done in a very hospital-specific manner," involving not only health care providers and administrators, but also facilities staff, security, and ethicists. "In general, obstetricians are not critical care trained, so by definition, we often have to

partner with other specialties," Dr. Beigi said. "This is not necessarily a problem, but it is a layer of complexity that makes our hospital preparedness a little more challenging."

He added that obstetricians will soon receive some therapeutic guidance from the Centers for Disease Control and Prevention, which recently formed a committee specifically to address the issue of pandemic flu in pregnancy. The resulting guidelines are expected to be published lat-

er this year. In particular, the committee has discussed three lines of defense: vaccines, antivirals, and nonpharmacologic interventions.

Vaccination in the event of pandemic flu entails many issues, such as rapid production and distribution, according to Dr. Beigi. In addition, research suggests that fewer than half of obstetric patients and office personnel would accept or recommend a vaccine that had not been tested in pregnant women. "So that could po-

tentially be an issue we would have to deal with in the face of a pandemic," he said.

The antiviral agent oseltamivir (Tamiflu) may have some activity against the avian flu virus, said Dr. Beigi. The drug is pregnancy category C. Although a postmarketing study of pregnant women exposed to oseltamivir found no adverse outcomes, only 61 women were studied (*J. Antimicrob. Chemother.* 2005;55 [suppl. 1]:i5-i21).

Dr. Beigi reported that he had no conflicts of interest related to his presentation. ■



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