COVID-19 and flu risks during pregnancy

Why pregnancy changes the risk conversation

Pregnancy is a physiologically distinct state, not an illness, but it does alter the way the body responds to infection. Blood volume rises, oxygen demand increases, the diaphragm sits higher, and the immune response shifts in ways that support the fetus while also changing susceptibility to certain complications. For respiratory infections, those changes can matter quickly if fever, hypoxemia, or inflammation become significant.

That is why clinicians often take even seemingly "routine" flu-like symptoms more seriously in pregnancy. A mild infection can still stay mild, but the threshold for checking in is lower because maternal illness can affect placental function, hydration status, and uteroplacental oxygen delivery. In practice, that means a pregnant person with a persistent fever, escalating cough, chest tightness, or reduced ability to drink fluids should not wait for symptoms to "run their course."

It also means prevention is especially valuable. Viral infection prevention in pregnancy is not only about avoiding personal discomfort; it is about reducing the chance of maternal decompensation and downstream obstetric complications.

What COVID-19 can mean for mother and baby

Evidence from systematic reviews shows that COVID-19 during pregnancy is associated with increased risk of several adverse outcomes, including cesarean delivery, preterm birth, preeclampsia, stillbirth, fetal growth restriction, low birth weight, NICU admission, and perinatal mortality. Not every pregnant person with COVID-19 will experience these outcomes, but the association is strong enough that obstetric teams monitor the illness carefully.

For the pregnant person, the main concerns are respiratory compromise, fever, inflammatory stress, and the possibility that a severe illness may worsen blood pressure or other pregnancy-related conditions. For the fetus, risk is often indirect: maternal hypoxemia, placental dysfunction, or medically indicated early delivery can influence fetal growth and neonatal course. That is one reason a clinician may ask about fetal movement, fluid intake, and any preexisting conditions such as hypertension, obesity, diabetes, or asthma.

Severity matters. Many cases are mild, especially in vaccinated people, but moderate or severe disease deserves prompt evaluation. A worsening course can develop over days, not hours, and early contact can help clinicians decide whether testing, closer monitoring, or higher-acuity care is needed.

Why influenza is not "just the flu" in pregnancy

Influenza is a familiar seasonal virus, but pregnancy increases the risk of serious flu complications. The CDC notes that pregnant people are more likely to be hospitalized with influenza than nonpregnant adults of similar age, particularly when infection leads to pneumonia, dehydration, or worsening of underlying conditions.

One reason influenza deserves attention is its tendency to cause high fever, myalgias, and marked fatigue, all of which can be more taxing in pregnancy. Fever itself can be clinically important, and prolonged poor oral intake can lead to dehydration and ketone production, both of which may make a pregnant person feel significantly worse. If breathing becomes labored or chest symptoms appear, evaluation should not be delayed.

Influenza can also disrupt the normal rhythm of prenatal care. If a pregnant

person is too unwell to hydrate, rest, or attend follow-up, clinicians may need to consider supportive care or testing to reduce the risk of complications. The important point is that influenza is preventable in many cases and treatable when recognized early, which is much safer than waiting for it to become severe.

When COVID-19 and flu overlap

COVID-19 and influenza share many features: fever, cough, sore throat, fatigue, headache, and muscle aches. That overlap makes self-triage unreliable. In pregnancy, it is especially unhelpful to assume that symptom pattern alone will clearly identify the virus. Clinicians may recommend testing for one or both infections, because management and monitoring can differ.

Co-infection is possible, and overlapping infection can complicate the clinical picture. The key issue is not labeling the virus at home, but recognizing when illness is affecting breathing, hydration, or fetal well-being. A pregnant person who is short of breath at rest, has persistent vomiting, cannot keep fluids down, or feels significantly weaker than expected should seek medical advice promptly.

Even when symptoms are initially mild, the course can change. The safest approach is to keep track of temperature, breathing, intake of fluids, and any change in fetal movement if the pregnancy is far enough along for movement monitoring. That kind of simple observation can help a clinician decide how urgently an assessment is needed.

Prevention: vaccination, exposure reduction, and practical planning

For eligible pregnant people, vaccination is the central prevention strategy. The influenza vaccine in any trimester is recommended by major public-health agencies because it lowers the chance of severe flu, and updated COVID-19 vaccination is an important layer of protection against severe COVID-19 outcomes. These are not substitutes for one another; they address different viruses and together reduce overall respiratory risk.

Prevention also includes ordinary but meaningful steps: hand hygiene, avoiding close contact with people who are clearly ill when possible, improving ventilation, and staying current with prenatal visits so concerns can be raised

early. If you work in a high-exposure setting, travel, or have school-age children at home, a practical plan for symptom screening and sick contacts can be helpful.

For some families, vaccination decisions bring up anxiety about fetal safety. That is understandable. A discussion with an obstetric clinician can clarify expected benefits, timing, and any concerns based on medical history. In many cases, the benefits of prevention are greater than the risks of remaining unprotected during a respiratory virus season.

When to call a clinician and what treatment planning may involve

Pregnant patients do not need to wait for severe illness before calling. Contact a maternity-care clinician if fever persists, cough is worsening, shortness of breath appears, oral intake drops, or there is concern about decreased fetal movement. Emergency care is warranted for severe breathing difficulty, chest pain, confusion, fainting, blue lips, or inability to keep fluids down.

Management decisions in pregnancy should be individualized. A pregnancy medication risk-benefit assessment is important because treatment choices depend on gestational age, severity of illness, kidney or liver disease, and other maternal conditions. Clinicians may discuss antiviral therapy, fever control, hydration, or fetal monitoring depending on the case. The goal is not to self-select medication based on internet advice, but to use evidence-based options that fit the pregnancy context.

If symptoms improve, follow-up may still be recommended, especially after higher fever or significant respiratory symptoms. If they worsen, escalation should be quick. Pregnancy is a good time to be cautious, not fearful: a clear plan makes it easier to respond early and avoid preventable complications.