1. Describe the study design, why was this design selected. Describe the strengths and limitations of this type of study design.

2. Would a prospective data collection provide different data than this design? How might that affect the results? Would a prospective design be feasible?

3. The authors chose a variety of probabilities of preterm birth for women with influenza, starting with 12%. How does this compare to the preterm birth rate overall? What preterm birth rate would you expect in the setting of influenza infection during pregnancy?

4. Describe the analytic process of modeling. Review the methods on calculating the incremental cost-effectiveness ratio. Why did the authors use this ratio? How are quality adjusted life-years calculated?

5. Are there adverse fetal effects of the anti-viral agents? Did the authors consider the possible fetal effects of treatment? How high would the adverse event rate need to be to negate the beneficial effects of vaccination? Is this important?

6. How do the results of this study impact on the recommendation for women to receive vaccination against H1N1 and other types of influenza?

7. How will you manage pregnant women during the upcoming influenza season? Will you recommend vaccination, prophylactic antivirals for all pregnant women, prophylactic antiviral medications for women exposed to influenza, or other? Describe how you will counsel and manage these women when they come in for their next office visit.

8. Given the potential morbidity associated with H1N1 this season, do you plan to work with your community, hospital, local schools, or other social organizations to educate about H1N1, the preventative measures and when to seek interventions? Is education needed in your community? Are the members aware of what groups should be vaccinated and how to obtain the vaccine?