Pregnancy and Post Natal Empirical Treatment of Infection Guidance

NHS Tayside

- THINK SEPSIS IN ALL WOMEN RECENTLY DELIVERED WHO FEEL UNWELL OR HAVE PYREXIA OR HYPOTHERMIA
- FULL GUIDANCE IS AVAILABLE IN TAYSIDE GUIDE TO ANTIBIOTIC USE (www.nhstaysideadtc.scot.nhs.uk) OR LINK ON STAFFNET HOME PAGE
- ENSURE INDICATION AND DURATION ARE DOCUMENTED IN MEDICAL NOTES AND ON MEDICINE CHART
- TO REDUCE EMERGENCE OF RESISTANCE AND *CLOSTRIDIUM DIFFICILE* INFECTION USE NARROW SPECTRUM ANTIBIOTICS WHEREVER POSSIBLE LIMIT PRESCRIBING OVER THE TELEPHONE TO EXCEPTIONAL CIRCUMSTANCES
- NORMAL HEPATIC AND RENAL FUNCTION IS ASSUMED AND DELIVERY OF A HEALTHY, FULL TERM INFANT WHERE RELEVANT – SEEK ADVICE IF NECESSARY
- IF THE PATIENT IS PREGNANT YOU MUST STATE THIS ON ANY MICROBIOLOGY REQUESTS

General Points

SURGICAL PROPHYLAXIS	Refer to full guidelines on TAF website for obstetric procedures
USE OF MEDICINES IN PREGNANCY AND BREASTFEEDING:	If in doubt always check BNF, contact your ward or locality pharmacist, or Medicines Information, for clarification before prescribing. *Co-trimoxazole - If breastfeeding monitor baby for hyperbilirubinaemia and kernicterus due to small amounts in breastmilk. If baby premature or already jaundiced, avoid and seek advice on alternative.

Pregnancy

Vaginal discharge is heavier in pregnancy – swabs are only indicated if there is associated discomfort or foul odour

MATERNAL SEPSIS	Refer to hospital immediately. Refer to full policy and complete sepsis bundle within 1 hour.
GROUP B STREP	Refer to policy
PRE-TERM PRE LABOUR RUPTURE OF MEMBRANES	Erythromycin 250mg qds for maximum 10 days or until labour established. Refer to policy.
UTI OR ASYMPTOMATIC BACTERIURIA	1st or 2nd trimester nitrofurantoin MR 100mg bd or 50mg qds. 3rd trimester trimethoprim 200mg bd (unlicensed). 2nd line (any trimester) cefalexin 500mg tds or as per sensitivities. Treat for 7 days and sample for test of cure.
RECURRENT UTI AND RECURRENT ASYMPTOMATIC BACTERURIA	If 2 or more positive MSUs then test 3-4 weekly and treat each positive sample as above
PYELONEPHRITIS	Consider hospital admission or advice from obstetric team. Co-amoxiclav 625mg tds or co-amoxiclav IV 1.2g tds for 7 days then review. Send urine for test of cure 7 days after end of antibiotic course. (if penicillin allergy PO cefalexin 1g tds or IV ceftriaxone 2g od – seek advice in severe allergy)
CHLAMYDIA	**COMPLETE PARTNER NOTIFICATION CONSENT BOX ON ICE REQUEST PRIOR TO TESTING.** Azithromycin 1g as a single dose then 500mg od for 2 days (unlicensed) or erythromycin 500mg qds (7 days). Test of cure at least 3 weeks after end of treatment. Rescreen in 3rd trimester.
THRUSH	Clotrimazole 500mg pessary stat + clotrimazole 1% cream 2-3 times daily.
BACTERIAL VAGINOSIS	Metronidazole 400mg bd for 5-7 days or metronidazole vaginal gel 0.75% 5g at night for 5 nights or clindamycin 2% vaginal cream 5g at night for 7 nights
TRICHOMONIASIS	Metronidazole 400mg bd for 5-7 days. Refer to Sexual Health Clinic.
PELVIC INFLAMMATORY DISEASE	Requires inpatient IV therapy refer to policy
GENITAL HERPES	FIRST EPISODE EVER IN 3RD TRIMESTER – URGENT REFERRAL TO SEXUAL HEALTH & INFORM OBSTETRICS MULTIPLE RECURRENCES IN PREGNANCY, OR FIRST EPISODE EVER IN 1ST/2ND TRIMESTER – ROUTINE REFERRAL TO SEXUAL HEALTH AND INFORM OBSTETRICS Aciclovir 400mg tds for 5 days. Patient advice about symptom relief. Specialist may consider suppressive therapy from 36 weeks.
CHICKEN POX	Refer to local guidance on treatment and advice on contacts

Post-Natal

SEPSIS SHOULD BE CONSIDERED IN ALL RECENTLY DELIVERED WOMEN WHO FEEL UNWELL OR HAVE PYREXIA OR HYPOTHERMIA. PATIENTS IN COMMUNITY SHOULD BE URGENTLY REFERRED TO HOSPITAL.

MATERNAL SEPSIS	Refer to full policy and complete sepsis bundle within 1 hour
ENDOMETRITIS	Co-amoxiclav 625mg tds + metronidazole 400mg tds for 7 days (If penicillin allergy *co-trimoxazole 960mg bd + metronidazole 400mg tds) **If uterine tenderness or signs of sepsis refer to hospital urgently.**
POST CS WOUND INFECTION	Flucloxacillin 1g qds + metronidazole 400mg tds **OR** clindamycin (dose as per cellulitis guidance) for 7 days then review. Adjust according to swab results if necessary.
3RD OR 4TH DEGREE PERINEAL TEAR	Refer to Obs/Gynae surgical prophylaxis guideline for pre-procedure one off IV antibiotics followed by oral co-amoxiclav 625mg tds for 7 days (In penicillin allergy: *co-trimoxazole 960mg bd + metronidazole 400mg tds)
PERINEAL INFECTION	As per oral antibiotics for perineal tear above

Breast Feeding

MASTITIS	Ensure complete drainage of breast at each feed by baby +/- expressing. Symptom relief with NSAIDs and warm compresses can help. Consider antibiotics if symptoms do not improve or are worsening after 12-24 hours. Flucloxacillin 1g qds or clindamycin (dosing as per cellulitis guidance) if penicillin allergy for 7-10 days.
BREAST ABSCESS	Send pus for culture. Flucloxacillin 1g qds or clindamycin (dosing as per cellulitis guidance) if penicillin allergy for 7-10 days. Adjust treatment according to culture sensitivity if indicated.
THRUSH	Ensure good attachment of baby to the breast, and treat mother and baby simultaneously. For further management information see NHS Breastfeeding help & support information page. **FOR MOTHER:** Miconazole 2% **cream** (do not use oral gel on mother) applied to nipple and areola after each feed for 7 days. Gently wipe away any residue before the next feed. If pain is severe or deep within the breasts after feeds systemic treatment may be needed with fluconazole 300mg on day one followed by 150mg daily for at least 10 days (unlicensed treatment). Review diagnosis if no improvement after 10 days and refer for further breastfeeding assessment. Caution is required if baby <6 weeks old. **FOR INFANT:** Miconazole oral gel Unlicensed in < 4 months. Apply gently to oral mucosa to avoid choking: neonate 1ml 2-4 times a day, 1month – 1 year 1.25ml qds, over 1 year 2.5ml qds. Smear carefully around the inside of the mouth for at least 7 days after lesions have healed. Nystatin oral suspension 1ml qds after feeds for 48h after symptoms have cleared (unlicensed in neonates)
NIPPLE FISSURE	Only treat if signs of infection e.g. yellow discharge or crusts around fissures. If isolated use topical fusidic acid applied sparingly 3 or 4 times daily after feeds, if widespread use antibiotics as for mastitis.

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ANTIBIOTIC GUARDIAN