

Empirical Treatment of Maternal Sepsis

Notes:

- ALWAYS REVIEW MICROBIOLOGY RESULTS AND ADJUST ANTIMICROBIAL THERAPY ACCORDING TO SENSITIVITIES AND SOURCE OF INFECTION
- For information on antimicrobial coverage – refer to [MicroGuidance](#)
- Co-amoxiclav gives adequate coverage for anaerobes in sepsis without additional coverage from metronidazole
- Doses assume normal renal and hepatic function
- Penicillin allergy – refer to guidance – please confirm previous reaction after discussion with patient and de-label where possible

Severity	Initial IV Therapy	IVOST antenatal	IVOST post partum (including breast feeding)
	PLEASE ASK FOR MICROBIOLOGY OR ID ADVICE IF PATIENT DETERIORATING OR NOT RESPONDING	DURATION: 7 days total IV/PO and then review ALWAYS REVIEW MICROBIOLOGY RESULTS AND ADJUST ANTIMICROBIAL THERAPY ACCORDING TO SENSITIVITIES AND SOURCE OF INFECTION AND DISCUSS WITH MICROBIOLOGY OR ID IF NEEDED	DURATION: 7 days total IV/PO and then review ALWAYS REVIEW MICROBIOLOGY RESULTS AND ADJUST ANTIMICROBIAL THERAPY ACCORDING TO SENSITIVITIES AND SOURCE OF INFECTION AND DISCUSS WITH MICROBIOLOGY OR ID IF NEEDED
Sepsis Evidence of infection with inflammatory response**	IV co-amoxiclav 1.2g tds +/- IV gentamicin depending on severity Penicillin allergy: IV clindamycin 600mg qds + IV gentamicin	PO co-amoxiclav 625mg tds Penicillin allergy (no anaphylaxis or angiodema): PO cefalexin 1g tds + PO clindamycin (on current weight if possible) 300mg tds <50kg 450mg tds 50-90kg 600mg tds or 450mg qds >90kg or very severe infection	PO co-amoxiclav 625mg tds Penicillin allergy: PO co-trimoxazole 960mg bd*+ PO metronidazole 400mg tds
Septic Shock Sepsis induced hypotension or hypoperfusion that requires inotropic support or is unresponsive (within 1hr) to adequate fluid resuscitation	IV piperacillin/tazobactam 4.5g qds + IV clindamycin 1.2g qds + IV gentamicin Penicillin allergy: IV clindamycin 1.2g qds + IV gentamicin	PO co-amoxiclav 625mg tds Penicillin allergy (no anaphylaxis or angiodema): PO cefalexin 1g tds + PO clindamycin (dose based on current weight if possible) 300mg tds <50kg 450mg tds 50-90kg 600mg tds or 450mg qds >90kg or very severe infection	PO co-amoxiclav 625mg tds Penicillin allergy: PO co-trimoxazole 960mg bd*+ PO metronidazole 400mg tds

*co-trimoxazole – if breastfeeding monitor baby for hyperbilirubinaemia and kernicterus. If baby premature or already jaundiced, avoid and use ciprofloxacin 500mg bd + clindamycin 450mg tds (see link [here](#) for info on ciprofloxacin in breast feeding)

** Inflammatory response indicated by: sweats, chills, rigors, tachypnoea >20/minute, tachycardia >100 bpm, hypotension <90mmHg systolic or reduction of >40mmHg from baseline (NB patients may appear well perfused despite hypotension), MEWS score 1 red or 2 yellow, confusion

Developed by: Obstetrics/Pharmacy/Microbiology

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