

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Antenatal Infections / Prophylaxis / Sepsis

Differentials

- Chorioamnionitis
- Listeriosis / Septic miscarriage
- Pre-term Pre-labour Rupture of Membranes (PPROM)
- Severe Life-Threatening Antenatal Sepsis – Source Unclear
- Urinary tract infection, e.g. cystitis, pyelonephritis

Tests to send

Bloods

- FBC, CRP, U&E, LFTs, Coag and lactate (if systemically unwell)

Microbiology

- Blood cultures
- Urine C&S
- HVS (if PROM)
- Sputum C&S
- Viral nose/throat swab (if influenza suspected)

Pause before prescribing

- Check computer system for history of resistant organisms, e.g. MRSA, ESBL
- Checks patient's allergy status and stage of pregnancy

Comments

- **N.B.** Antenatal infections where the source cannot be elucidated (after meticulous clinical evaluation) should be treated as [chorioamnionitis](#) until a definitive diagnosis can be made.
- In cases of severe sepsis+septic shock, refer directly to guideline on [severe life-threatening antenatal sepsis](#).

Indication

Obstetrics - Chorioamnionitis / Sepsis - Source Unclear ^{18,21-23}

First Line Antimicrobials

Benzylpenicillin 2.4g QDS IV

AND

[Gentamicin](#) 5mg/kg once daily IV

AND

Metronidazole 500mg TDS IV

Penicillin Allergy Alternatives

DELAYED-onset Penicillin Hypersensitivity

Cef-TRI-axone 2g daily IV

AND

[Gentamicin](#) 5mg/kg once daily IV

AND

Metronidazole 500mg TDS IV

IMMEDIATE-onset or SEVERE Penicillin Hypersensitivity

Clindamycin 900mg TDS IV

AND

[Gentamicin](#) 5mg/kg once daily IV

Note : If GBS resistant to clindamycin has been isolated, replace clindamycin with [vancomycin 25mg/kg loading dose \(max 2g\), followed by](#) 15mg/kg BD IV AND metronidazole 500mg TDS IV.

Comments

- If the patient does not respond to initial empiric treatment or is severely unwell, contact Consultant Microbiologist for advice.

