

Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Obstetrics

Obstetrics

1. These are summary empiric antibiotic choices. For full detailed guidance see Women's and Children's (WAC) Directorate Guidelines on QPulse. See listed references below.
2. **Discussion with Microbiology or Infectious Diseases** recommended for patients showing signs of sepsis.
3. Identify need for further intervention to **address the source of infection** e.g. drainage or removal of source.
4. Consider country of origin and travel history, particularly travel in areas with risk for transmission of malaria, dengue fever or TB.
5. The regimens below may NOT cover Multi-drug Resistant Organisms (MDRO) in all cases. **See note on MDRO**.
6. **Duration of treatment** & oral switch is decided on a **case-by-case basis** depending on subsequent diagnosis as well as clinical progress.

Empiric Antibiotics for Obstetric Infections				
Infection	1 st Line Antibiotics	Penicillin allergy: delayed onset non-severe reaction See penicillin hypersensitivity section for further information	Penicillin allergy: immediate or severe delayed reaction	Comment
The regimens below may NOT cover Multi-drug Resistant Organisms (MDRO) in all cases. See note on MDRO				
Chorioamnionitis Discuss considerations around delivery with consultant obstetrician Or Endometritis (Post-partum) <i>If sepsis follow antibiotic treatment for sepsis</i> For full detailed guidance see WAC Directorate Guideline on the Management of Suspected Sepsis and Sepsis in Obstetric Care (QPulse CLN-OGCP-218)	Co-amoxiclav IV 1.2g every 8 hours + Gentamicin IV one dose per GAPP App calculator (use booking weight). See footnote* re further doses and monitoring	Ceftriaxone IV 2g every 24 hours + Gentamicin IV one dose per GAPP App calculator (use booking weight). See footnote* re further doses and monitoring + Metronidazole IV 500mg every 8 hours	Discuss with Microbiology or Infectious Diseases Ciprofloxacin IV 400mg every 12 hours. See footnote^ re use in pregnancy + Gentamicin IV one dose per GAPP App calculator (use booking weight). See footnote* re further doses and monitoring See footnote^ re use in pregnancy. + Vancomycin IV infusion, dose per GAPP App calculator (use booking weight). See footnote* re monitoring + Metronidazole IV 500mg every 8 hours	
Intrapartum Antibiotic Prophylaxis (IAP)	For full detailed guidance see WAC Directorate Guidelines and Procedure for the Management of Group B Streptococcus (QPulse CLN-LW-0033)			
Preterm Prelabour Rupture of Membranes	For full detailed guidance see WAC Directorate Preterm Prelabour Rupture of Membranes (PPROM) (QPulse CLN-LW-0012)			Duration 10 days
With <u>NO</u> evidence of sepsis/ Chorioamnionitis	Erythromycin PO 250mg every 6 hours			
Mastitis	For full detailed guidance see WAC Directorate Guideline on the Management of Mastitis and Breast Abscess in the Lactating Woman (QPulse CLN-OGCP-275) See Skin/Soft Tissue Section for summary empiric treatment options for Cellulitis / Mastitis			
Sepsis	For full detailed guidance, including antibiotics , see WAC Directorate Guideline on the Management of Suspected Sepsis and Sepsis in Obstetric Care (QPulse CLN-OGCP-218) See Sepsis Section for summary empiric treatment options for Sepsis in pregnancy (includes options in penicillin allergy)			
Urinary Tract Infection	For full detailed guidance see WAC Directorate Management of Urinary Tract Infections in Pregnancy (QPulse CLN-OGCP-227) See Urinary Tract Section for summary empiric treatment options for acute pyelonephritis in pregnancy			
^Gentamicin & Ciprofloxacin are recommended in pregnancy when benefit outweighs risk.				
* Review need for ongoing Gentamicin on a daily basis. Continue with once daily Gentamicin dosing ONLY if Consultant / Specialist Registrar recommended. For advice on monitoring see Aminoglycoside Dosing & Monitoring section .				

Refs:

1. WAC Directorate Guideline on the Management of Mastitis and Breast Abscess in the Lactating Woman (QPulse CLN-OGCP-275)
2. WAC Directorate Guideline on the Management of Suspected Sepsis and Sepsis in Obstetric Care (QPulse CLN- OGCP-218)
3. WAC Directorate Management of Urinary Tract Infections (UTI's) in Pregnancy (QPulse CLN-OGCP-227)
4. WAC Directorate Preterm Prelabour Rupture of Membranes (PPROM) (QPulse CLN-LW-0012)
5. WAC Directorate Guideline on the Management of Pyrexia in Labour (QPulse CLN-LW-0034)
6. WAC Directorate Guideline and Procedure for the Management of Group B Streptococcus (QPulse CLN-LW-0033)
7. Royal College of Obstetrics and Gynaecologists (RCOG). Bacterial Sepsis in & following Pregnancy, [Green-top Guidelines 64a & 64b 2 012](#).
8. Royal College of Physicians Ireland (RCPI). [Prevention of Early-Onset Group B Streptococcal Disease in Term Infants](#) . National Clinical Practice Guideline. HSE National Women & Infants Health Programme/ Institute of Obstetricians & Gynaecologists, 2023