Postpartum Fever & Endometritis

For the reluctant obstetrician...
Postpartum Fever

• Sepsis in puerperium is a leading cause of maternal mortality worldwide
• Most commonly due to genital tract infection / endometritis
• Need to have a structured / broad DDx
  • Genital tract infection / endometritis
  • VTE
  • Urinary Tract Infection
  • Pneumonia
  • Surgical site infection (caesarean scar, intraabdominal collection, vertebral)
  • Mastitis / breast abscess
Endometritis

• Genital tract infection
• May occur with or without retained products of conception
• Causative organisms:
  • Gram Positive: Staphylococcus / Streptococcus*
  • Gram Negative: E. Coli / Proteus / Enterobacter
  • Anaerobic: Bacteroides / Peptostreptococcus / Clostridium
• Assessment:
  • Hx: Lower abdominal pain, foul-smelling lochia, increase in bleeding
  • Exam: Fever / systemic signs / lower abdominal & **uterine tenderness** / discharge
  • Ix: Inflammatory markers / blood cultures / vaginal swabs / ultrasound*
Endometritis

- **Management:**
  - **Empirical IV Antibiotics**
    - Broad spectrum reflects environment / broad causative agents
    - Options below
  - Supportive care as required for sepsis
  - D&C if retained products of conception

<table>
<thead>
<tr>
<th>Parenteral Options</th>
<th>Oral Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ampicillin / Gentamicin / Metronidazole</td>
<td>Amoxycillin / Clavulanate</td>
</tr>
<tr>
<td>Ceftriaxone/Metronidazole</td>
<td>Cephalexin / Metronidazole</td>
</tr>
<tr>
<td>Amoxycillin/Clavulanate</td>
<td></td>
</tr>
<tr>
<td>Clindamycin/Gentamicin</td>
<td></td>
</tr>
</tbody>
</table>
Postpartum Fever & Endometritis

For the reluctant obstetrician...