Management of Puerperal sepsis

**Midwifery level**
- Post partum visits
  - Fever/purulent vaginal discharge/pelvic pain
  - Assume Puerperal sepsis
  - Admit immediately
- Very sick (high fever, altered consciousness, rapid pulse)-Assume critically ill.

**Non specialist unit**
- Assess-signs of shock, septicaemia, anaemia & treat accordingly
- Abdominal examination for uterine size and tenderness
- Check for uterine haemorrhage & control it
- Penicillin 2 million units IV/IM every 6 hours +gentamicin 80mg
- Amoxycillin- clavulanic acid -1.2 g intravenous 8 hourly or 625mg oral 8 hourly/bd
- (IV/IM every 8 hourly +metronidazole) 500mg every 8 hours orally.
- IV fluids-1 litre, 5% dextrose or N. saline rapidly followed by
- 3000 mls every 24 hours.
- Vital signs every 6 hours

- Improvement in 24 hours
  - Yes
  - Continue IV antibiotics for 3 days
  - No
  - Transfer to specialist hospital

- Yes
  - Resolved completely
  - Discontinue IV
  - Discharge the patient
  - Oral antibiotics for 4-7 days
  - Check haemoglobin and treat anaemia
  - Advice to return if following recurres
    - Fever
    - Vaginal discharge
    - Pelvic pain
  - No
  - Transfer to specialist hospital

**Specialized Unit**
- Physical examination & Ultrasound to rule out:
  - Pelvic abscess
  - Pelvic thromboplebitis
  - Retained products
- Culture and sensitivity test for vaginal discharge, Gram stain
- Renal,liver, coagulation profiles
- Blood culture
- Continue IV therapy
  - Amoxycillin- clavulanic acid (Amoxyclyv)-1.2g intravenous 8 hourly with or without gentamicin
  - Imipenem 500 mg intravenous 8 hourly
  - Ticarcillin-clavulanic acid 3.2 g intravenous 8 hourly.may be used in place of Amoxycillin- clavulanic acid (Amoxyclyv).
- Review and change antibiotic based on sensitivity

- If evidence of septicaemia, present attend to resuscitation and transfer immediately

- If very ill
  - Septicaemic in shock
  - in respiratory distress
  - bleeding tendency
  - present
  - Manage in ICU

**Assessment**
- Referral

**Low risk**
- No

**At risk**
- Yes

**Alarming**
- Yes

**Assessment**
- No

**Referral**
- Yes

**Needs an ultrasound to exclude retained products – Placental segments as a cause of sepsis**
- Refer to specialist unit for ultrasound or further advice