POSTGRADUATE COURSE
IN
REPRODUCTIVE HEALTH
POSTPARTUM INFECTION
INTRODUCTION

• Postpartum infection continue to be one of the major recognisable post-natal complications in developing countries
• Due to lack of modern obstetric practices
• Onset can be insidious and rapidly progress to fulminating septicemia
INTRODUCTION

- Difficult to estimate prevalence but ranges between 1 – 17 %
- Definitions differ
- Whether antibiotics are widespread in use
CAUSES OF MATERNAL MORTALITY

- Haemorrhage: 24%
- Indirect causes: 20%
- Puerperal sepsis: 15%
- Induced abortions: 13%
- Hypertensive diseases: 12%
- Other direct causes: 8%
- Dystocia: 8%

RISK FACTORS

- Prolonged rupture of membranes
- Prolonged labour
- Repeated vaginal examinations
- Operative deliveries
- Intrapartum fetal blood sampling
- Bacterial vaginosis
- Urinary tract infections
- Asymptomatic bacteriuria
- Too young age at marriage and delivery
MANAGEMENT OF PUERPERAL FEVER

Identify site

Localized
- Extrapelvic
  - Urinary tract
  - Respiratory
  - Breast
    - Specific treatment

- Pelvic
  - Endometritis
  - Parametritis
  - Myometritis
  - Salpingitis

Abscess

Drainage and Antibiotics

Non-localized
- Intercurrent or undiagnosed
- Exclude DVT pelvic thrombosis by US

Antibiotics

Appropriate Rx Antibiotics
Anticoagulants
Antipyretics
PELVIC INFECTIONS

• Predisposing factors:
  - PROM
  - Prolonged labour
  - Operative deliveries
  - Retained products of conception

• Clinical features - abdominal pain, uterine tenderness, offensive lochia
PELVIC INFECTIONS

• Investigations: Cervical swab C&S
  Blood C&S
  Uterine scan for POC

• Intravenous antibiotics initially followed by oral therapy

• Evacuation of POC
PELVIC INFECTIONS - Consequences

- Salpingitis
- Pelvic peritonitis
- Septicaemia – shock
- Chronic pelvic inflammatory disease
- Chronic pelvic pain
- Infertility
URINARY TRACT INFECTIONS

• Predisposing factors:
  - Previous urinary tract infection
    including asymptomatic bacteriuria
  - Aseptic catheterization
  - Operative deliveries

• Clinical features -- urinary frequency, urgency, dysuria, haematuria, renal angle pain
URINARY TRACT INFECTIONS

- Diagnostic tests: Mid-stream urine C&S

- Treatment: Antibiotics, Adequate fluid intake

- Consequences: Pyelitis, chronic renal infection, recurring cystitis
RESPIRATORY INFECTIONS

- Predisposing factors:
  - Chronic bronchitis
  - General anesthesia
  - Smoking

- Clinical features:
  - Productive cough, wheezing, chest pain
RESPIRATORY INFECTIONS

- **Diagnostic tests**: Sputum C&S
  - Chest X-ray

- **Treatment**: Physiotherapy
  - Antibiotics

- **Consequences**: to differentiate from pulmonary embolism
OTHER INFECTIONS

- Surgical wound infection:
  - reddened tender area
  - induration
  - Treat with local irrigation with anti-septic solution + antibiotics
  - May need drainage and resuturing
OTHER INFECTIONS

• Thrombophlebitis -- inspect legs

• Early ambulation to reduce DVT

• Breast abscess - uncommon in the postnatal ward as it occurs usually after 14th postnatal day. May need drainage + antibiotics
DELIVERY IN DEVELOPING COUNTRIES

• 60 % home deliveries relying on family or traditional care (WHO, Maternal Health and Safe Motherhood Programme, Geneva 1994)

• In Sub Saharan Africa only 1 of 22 countries had deliveries attended by the professional health care providers

• Deliveries by professional providers:
  - Indonesia, Pakistan, Bangladesh 10–30%
  - Phillipines has 66 %
  - Thailand 50 %
  - Sri Lanka 75 %
HOW CAN WE MAKE PREGNANCY SAFER IN POOR COUNTRIES?

- To emphasise on ensuring women’s access to *Emergency Obstetric Care*

  (Inter – Agency Group for Safe Motherhood. Colombo 1997)
CONCLUSION

• Postpartum infection still contributes significantly to maternal morbidity and mortality especially in developing nations.
• To make pregnancy safer, health facilities should be upgraded.
• Reproductive life in all parts of the world can be free from risks of morbidity, disability and death and should be life-saving.
THANK YOU
FOR YOUR ATTENTION