HEALTH HOLDING
HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Obstetrics and Gynecology (Ward)		
Document:	Departmental Policy and Procedure		
Title:	Intrapartum and Post- Partum Pyrexia		
Applies To:	All Obstetrics and Gynecology Staff		
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1. PURPOSE:

1.1 To set a policy regarding investigating & managing post-partum pyrexia.

2. DEFINITIONS:

2.1 **Post-Partum Pyrexia**- is defined as temperature of 38.0°C or higher taken by mouth after the first 24 hours following delivery, for at least two occasions 6 hours apart. However, high spiking fever (≥ 39°C within the first 24 hours after delivery that can be due to severe pelvic infection caused by group A or B streptococci bacteria.

3. POLICY:

3.1 Post-partum fever is a very important sign/ complains and it should not be ignored.
3.2 Cause of pyrexia could be as simple as transient breast engorgement or very serious as pelvic abscess, necrotizing fasciitis or peritonitis.
3.3 Stepwise investigations should be started as early as possible moving from the simplest to the more sophisticated one.
3.4 High grade fever ≥39°C on the first post-partum day should be managed properly and investigated as its most likely due to infection before delivery, e.g. PROM.

4. PROCEDURE:

4.1 Intra- partum fever:
- 4.1.1 Full examination should be done to know the cause of fever, investigate and treat intra partum fever.
  - 4.1.1.1 Investigation:
    - 4.1.1.1.1 Check urine for ketones (dehydration), nitrite, pus cells and manage if present.
    - 4.1.1.1.2 Take HVS (High Vaginal Swab) sample for Culture & Sensitivity.
    - 4.1.1.1.3 Take MSU (Mid-Stream Urine) sample for Culture & Sensitivity.
    - 4.1.1.1.4 Take blood culture (aerobic and anaerobic) if the temperature is above 38°C.
    - 4.1.1.1.5 Sputum Culture.
    - 4.1.1.1.6 Involve medical team early when especially when non pelvic sources are considered.
  - 4.1.1.2 Treatment
    - 4.1.1.2.1 Ampicillin 1 gram/ 6 hours/ I.V.
    - 4.1.1.2.2 Metronidazole 500mg/ 8 hours/ I.V.
    - 4.1.1.2.3 Paracetamol 500mg, 2 suppository/ Per Rectal / 6 hours

4.2 Post – Partum Fever
- 4.2.1 Review the patient's history:

4.2.1.1 PROM.
4.2.1.2 Intra partum fever.
4.2.1.3 Prolonged labor.
4.2.1.4 Instrumental vaginal delivery.
4.2.1.5 Manual removal of the placenta.
4.2.1.6 History of ante partum infections.

4.2.2 Ask about these symptoms:
4.2.2.1 Cough shortness of breath or dyspnea.
4.2.2.2 Dysuria, frequency or loin pain
4.2.2.3 Breast pain, discomfort & type of feeding.
4.2.2.4 Abdominal pains, colic's, and distension.
4.2.2.5 Wound pain.
4.2.2.6 Perineal pain or discomfort
4.2.2.7 Smelly vaginal discharge.
4.2.2.8 Pain in the legs.
4.2.2.9 Epidural analgesia.

4.2.3 Full clinical examination:
4.2.3.1 General look and vital signs.
4.2.3.2 Breast for congestion, tenderness or redness.
4.2.3.3 Chest for decrease air entry, wheezes or rales.
4.2.3.4 Renal angles for tenderness.
4.2.3.5 Bowel sounds.
4.2.3.6 Fundal level and uterine tenderness.
4.2.3.7 Caesarean Section wound for signs of infection.
4.2.3.8 Perineal wound for signs of infection.
4.2.3.9 Vaginal examination for:
4.2.3.9.1 Uterine tenderness.
4.2.3.9.2 Adnexal tenderness.
4.2.3.9.3 Parametrial mass, tenderness or indurations.
4.2.3.9.4 Hematoma.
4.2.3.9.5 Offensive vaginal discharge.
4.2.3.10 Examine legs for signs of DVT.

4.2.4 Investigations:
4.2.4.1 Septic Screening workup:
4.2.4.1.1 CBC and Differential count, lactate
4.2.4.1.2 HVS (High Vaginal Swab) sample for Culture & Sensitivity.
4.2.4.1.3 MSU (Mid-Stream Urine) sample for Culture & Sensitivity.
4.2.4.1.4 Blood Culture (if temperature is $\geq 38^0$ C) for aerobes and anaerobes.
4.2.4.2 Persistent fever (after 24-48 hours).
4.2.4.2.1 Chest X-Ray.
4.2.4.2.2 Abdominal X-Ray.
4.2.4.2.3 Pelvic Ultrasound.
4.2.4.2.4 Abdominal Ultrasound.
4.2.4.3 Specific Investigations:
4.2.4.3.1 Doppler studies (for suspected DVT).
4.2.4.3.2 Wound swab for C &S (for suspected wound infection).
4.2.4.3.3 Chest spiral C.T. scan (for suspected P. embolism)
4.2.4.4 Failed previous measures.
4.2.4.4.1 Medical consultation.
4.2.4.4.2 Microbiologist advice for changing antibiotic combination.

4.2.4.4.3 Investigate for typhoid, Para-typhoid, Brucella and Malaria.

4.3 Antibiotic Therapy.

4.3.1 Empirical antibiotics should be started while awaiting the results of C&S (culture and sensitivity).

4.3.1.1 Tetracycline should be avoided during breast feeding.

4.3.1.2 Third generation cephalosporin to be administered.

4.3.1.3 Amoxicillin & Flagyl is a good combination to start with to cover most of the genito – urinary and chest infections.

4.3.1.4 Cloxacillin or flucloxacillin for breast or wound infections.

4.3.1.5 Metritis and pelvic cellulitis: give the combination of Clindamycin, Gentamycin and Ampicillin.

4.3.1.6 For patients with renal insufficiency, replace Gentamycin with AZTREONAM.

4.3.1.7 For sepsis: tazocin/clindamycin; meropenem/clindamycin

5. MATERIAL AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

6.1 Physician

6.2 Nurses

7. APPENDICES:

7.1 Medication Sheet

8. REFERENCES:

8.1 Guidelines for Obstetrics and Gynecology/ Ministry of Health, General Directorate of Health Centers-Riyadh, 2013.

9. APPROVALS:

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