

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 ($\geq 39^{\circ}\text{C}$) 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 $\geq 39^{\circ}\text{C}$ 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 $\geq 38^{\circ}\text{C}$) 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

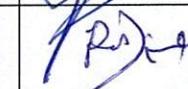
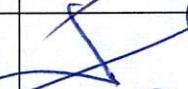
7. APPENDICES:

- 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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