

9 COMPLICATIONS OF THE POSTNATAL PERIOD

9.2 INFECTIONS

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9.2.1 Puerperal Pyrexia
Section B
Clinical Guidelines
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9.2.1 PUERPERAL PYREXIA

AIM

The appropriate detection and management of maternal pyrexia in the postnatal period.

KEY POINTS

1. Sepsis should always be considered in recently delivered women who feel unwell and have pyrexia.
2. The risk of sepsis is increased after prolonged rupture of membranes, emergency caesarean birth and if products of conception are retained after miscarriage, termination of pregnancy or birth.
3. Sepsis can be insidious in onset and have a fulminating course. The severity of the illness should not be underestimated; early management may be life saving.
4. The medical officer must be informed when the maternal temperature is $\geq 37.5^{\circ}\text{C}$ on two consecutive occasions 1 hour apart or is $\geq 38.0^{\circ}\text{C}$ on one occasion or there are other signs and or symptoms of sepsis.
5. Whenever the maternal temperature is $\geq 37.5^{\circ}\text{C}$, a full set of vital signs must be recorded. This includes pulse rate, respiratory rate, oxygen saturation level and blood pressure.
6. The medical officer shall, on being informed of a maternal temperature as above
 - Immediately review the patient.
 - Obtain a full history.
 - Perform a full examination of the patient.
 - Order specimen collections as required and review bacteriological results as soon as they are available.

Endocervical smears and cultures for genital tract infection.

Midstream or catheter specimen of urine for urinary tract infection.

Swabs and smears of breast abscess or 5-10mL of expressed breast milk.

Other investigations may include blood cultures and virological studies.

- Identify urgent specimens and include their mobile phone number on the pathology request form to be informed of results immediately.



- Commence appropriate intravenous antibiotic therapy- targeted if there is a specific area of sepsis e.g. mastitis. Or otherwise commence antibiotics to cover a broad spectrum of bacterial pathogens.
See section [P4 Specific Medication Guidelines](#)
- Escalate care if the patient's condition deteriorates.
- If the woman has any of the signs below, review by the senior registrar or consultant must be requested urgently:
 - Tachycardia: heart rate > 100bpm
 - Bradycardia: heart rate < 50bpm
 - Hypotension: systolic pressure < 90
 - Tachypnoea: respiratory rate >20 breaths per minute
 - Confusion / disorientation or agitation.
 - Oliguria: urinary output < 30ml/hour
 - Rash
 - Joint pain in any area of the body.