



POSTNATAL CARE

MATERNAL INFECTIONS

KEY POINTS

Sepsis should always be considered in recently delivered women who feel unwell and have pyrexia.

The risk of sepsis is increased after prolonged rupture of membranes, emergency caesarean birth and if products of conception are retained.

Sepsis can be insidious in onset and have a fulminating course. The severity of the illness should not be underestimated and early management may be life saving.

The midwife must consult, refer and/or transfer to the support hospital or GP for medical review when the maternal temperature is $> 37.5^{\circ}\text{C}$ on two consecutive occasions¹ 1 hour apart or is 38.0°C on one occasion or there are other signs and/or symptoms of sepsis.

Whenever the maternal temperature is raised $> 37.5^{\circ}\text{C}$ a full set of vital signs must be recorded. This includes pulse rate, respiratory rate and blood pressure.

Potential causes:

The main causes of puerperal pyrexia are:

- Uterine infection (endometritis)
- Perineal or vaginal infection
- Urinary tract infection (UTI)
- Breast infection (mastitis)
- IV access site infection (thrombophlebitis)
- Caesarean Section wound infection

Common Symptoms of Sepsis may include;

- Fever
- Diarrhoea
- Vomiting
- Abdominal Pain
- Generalised rash
- Offensive vaginal discharge
- Signs of infection in a caesarean wound

Assessment to be Undertaken when the Women is Febrile

- Take a comprehensive maternal history of the signs and symptoms of any pain or discomfort.
- Take a full set of maternal observations and undertake a comprehensive physical assessment of the woman to identify if any signs of infection are present.
- Perform a gentle palpation observing any signs of uterine tenderness, guarding or rebound tenderness.
- Assess for renal tenderness and signs and symptoms of a UTI.
- Perform a urinalysis and take an MSU for MC&S (following verbal order if required).
- Review potential site of infection - perineum, breasts, caesarean wound or IV site involved and document findings.

Midwifery Care:

- Discuss findings with the woman and the indications for referral for medical review.
- Arrange for immediate referral to GP or support hospital for further investigations and management.
- Ensure that all maternity records accompany woman on transfer.
- Arrange for baby to accompany the mother into hospital if an admission is indicated.
- If possible, accompany the woman and give a formal handover if a hospital admission is required.
- Urgent transfer to the support hospital must occur if the women has any of the following signs/symptoms;
 - 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.
- Mode of transport must be determined on severity of maternal condition and as per CMP guideline 'Transfer from home to hospital'.

Breast infections:

- Mastitis and breast abscesses require a medical review

- Mastitis is generally treated with antibiotics that must be prescribed by a medical practitioner.

Where possible, breastfeeding should continue if the breast is not too painful. The breast milk can be gently expressed by hand, in a warm shower or by breast pump to maintain milk supply if breastfeeding is too painful (refer to CMP guidelines for management of breastfeeding related issues).

If the woman is still under the care of the Community Midwifery Program, then a follow up appointment should be undertaken, actions and any review documented accordingly

REFERENCES / STANDARDS

1. Women's and Newborns' Health Network, Policy for Publicly Funded Home Births including Guidance for Consumers, Health Professionals and Health Services, Feb 2012
2. Women and Newborn Health service, KEMH Clinical Guideline, Section B: Obstetrics and Midwifery guidelines, 9. complications of the postnatal period, 9.2.1 Puerperal Pyrexia
3. CMP guideline 4.3.1 Care of painful nipples, 2008
4. CMP guideline 4.3.2 Care of engorged breasts, 2008
5. CMP guideline 9.1.1 Transfer from home to hospital, 2010

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
4 Medication Safety

Legislation - Nil

Related Guidelines / Policies

RESPONSIBILITY

Policy Sponsor	Nursing & Midwifery Director OGCCU
Initial Endorsement	2008
Last Reviewed	July 2016
Last Amended	September 2016
Review date	September 2019

Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.

Department of Health Western Australia 2015

Copyright [disclaimer](http://www.kemh.health.wa.gov.au/general/disclaimer.htm) available at: <http://www.kemh.health.wa.gov.au/general/disclaimer.htm>