

# Intraamniotic Infection

(chorioamnionitis, intrauterine inflammation or infection)

## Definitions:

- Isolated maternal fever: Maternal oral temperature of  $\geq 39.0^{\circ}\text{C}$  **OR** maternal oral temperature of  $38.0\text{-}38.9^{\circ}\text{C}$  that persists when repeated after 30 minutes.
- Suspected intraamniotic infection (IAI): Fever  $\geq 38.0^{\circ}\text{C}$  without a clear source plus any of the following:
  - Fetal tachycardia
  - Maternal WBC  $>15,000$
  - Purulent fluid from cervical os
- Confirmed IAI: All of the above, plus
  - Amniocentesis proven infection (positive gram stain, low glucose, positive culture)
  - Placental pathology with diagnostic features of infection

## Management:

- Evaluate isolated maternal fever
  - Maternal/fetal assessment for fever source (PE, vitals, CBC, etc)
  - Other potential sources of fever:
    - Infectious: pyelonephritis, upper/lower respiratory tract infection, influenza, gastrointestinal etiology
    - Non-infectious: use of pyrogen (misoprostol), epidural, hyperthyroidism, elevated ambient temperature, dehydration
- Treat with antipyretics.
- If isolated maternal fever, suspected IAI or confirmed IAI would document as such in the chart. Treat with antibiotics (see table on next page).
- Cesarean delivery not indicated for IAI alone.

*These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.*

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## Antibiotic Regimen for IAI

<b>Recommended Antibiotics<sup>1</sup></b>	<b>Dose</b>
<b>No PCN allergy<sup>2</sup></b>	
<b>Ampicillin</b>	2g IV q 6 hours
<b><u>AND</u></b>	
<b>Gentamicin</b>	5mg/kg IV q24 hours
<b>Low risk PCN allergy<sup>2</sup></b>	
<b>Cefazolin</b>	2g IV q 8 hours
<b><u>AND</u></b>	
<b>Gentamicin</b>	5mg/kg IV q24 hours
<b>High risk PCN allergy<sup>2</sup></b>	
<b>Clindamycin</b>	900mg IV q 8 hours
<b><u>OR</u></b>	
<b>Vancomycin<sup>3</sup></b>	1g IV q 12 hours
<b><u>AND</u></b>	
<b>Gentamicin</b>	5mg/kg IV q 24 hours

1. If vaginal delivery, give one additional dose after delivery. IF cesarean delivery, add clindamycin 900 mg IV q 8 hours and continue antibiotics for 24 hours post-operatively (or 24 hours afebrile, whichever is longer)
2. See Mombaby PCN allergy guideline
3. Vancomycin if GBS positive and resistant to clindamycin or erythromycin or if sensitivities not available.