

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 28: Postpartum Infection

Rationale: Early recognition and treatment of postpartum infection decreases maternal morbidity and mortality.

Intended Learning Outcomes:

A student should be able to:

- List the risk factors for postpartum infection
- List common postpartum infections
- Develop an evaluation and management plan for the patient with postpartum infection

TEACHING CASE

CASE: A 24 year-old G1P1 African-American woman, 3 days post op from a primary Cesarean delivery, is evaluated for a fever of 102.2° F. She denies nausea or vomiting, but has noticed increased lower abdominal pain since last evening. Her pregnancy has been uncomplicated. She presented to the hospital at 38 6/7 days with rupture of membranes, with cervical dilation of 2 cm/50% effacement. She was given oxytocin to induce labor. She progressed slowly to the active phase, and 9 hours later, she was 5 cm/completely effaced and vertex at zero station, but her labor remained protracted. She had an intrauterine pressure catheter placed and the oxytocin dose was titrated to achieve adequate labor. Despite adequate contractions (240 Montevideo units per 10 minutes), she had no progress for the next 4 hours. The fetus developed tachycardia with a baseline heart rate of 170 beats per minute. At this time, a low transverse Cesarean delivery was performed. The surgery was uncomplicated. She delivered a viable male, 3750 grams, with Apgar scores of 9/9 at one and five minutes respectively. She was given perioperative antibiotic prophylaxis (Ancef 1 gm) at the time of the Cesarean delivery.

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

- Patient Care
- Medical Knowledge
- Systems-Based Practice

1. What findings in the history place this patient at risk for postpartum fever? Are there any other factors that place patients at risk for postpartum infection that we don't learn from this history?
2. What would you include in your differential for the cause of the postpartum fever?
3. How would you approach evaluating this patient?
4. How would you approach managing this patient?

REFERENCES

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- ACOG Practice Bulletin 120, Use of Prophylactic Antibiotics in Labor and Delivery, June 2011.
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