

**POSTGRADUATE COURSE
IN
REPRODUCTIVE HEALTH**

**POSTPARTUM
INFECTION**

INTRODUCTION

- **Postpartum infection continue to be one of the major recognisable post-natal complications in developing countries**
- **Due to lack of modern obstetric practices**
- **Onset can be insidious and rapidly progress to fulminating septicemia**

INTRODUCTION

- **Difficult to estimate prevalence but ranges between 1 – 17 %**
- **Definitions differ**
- **Whether antibiotics are widespread in use**

CAUSES OF MATERNAL MORTALITY

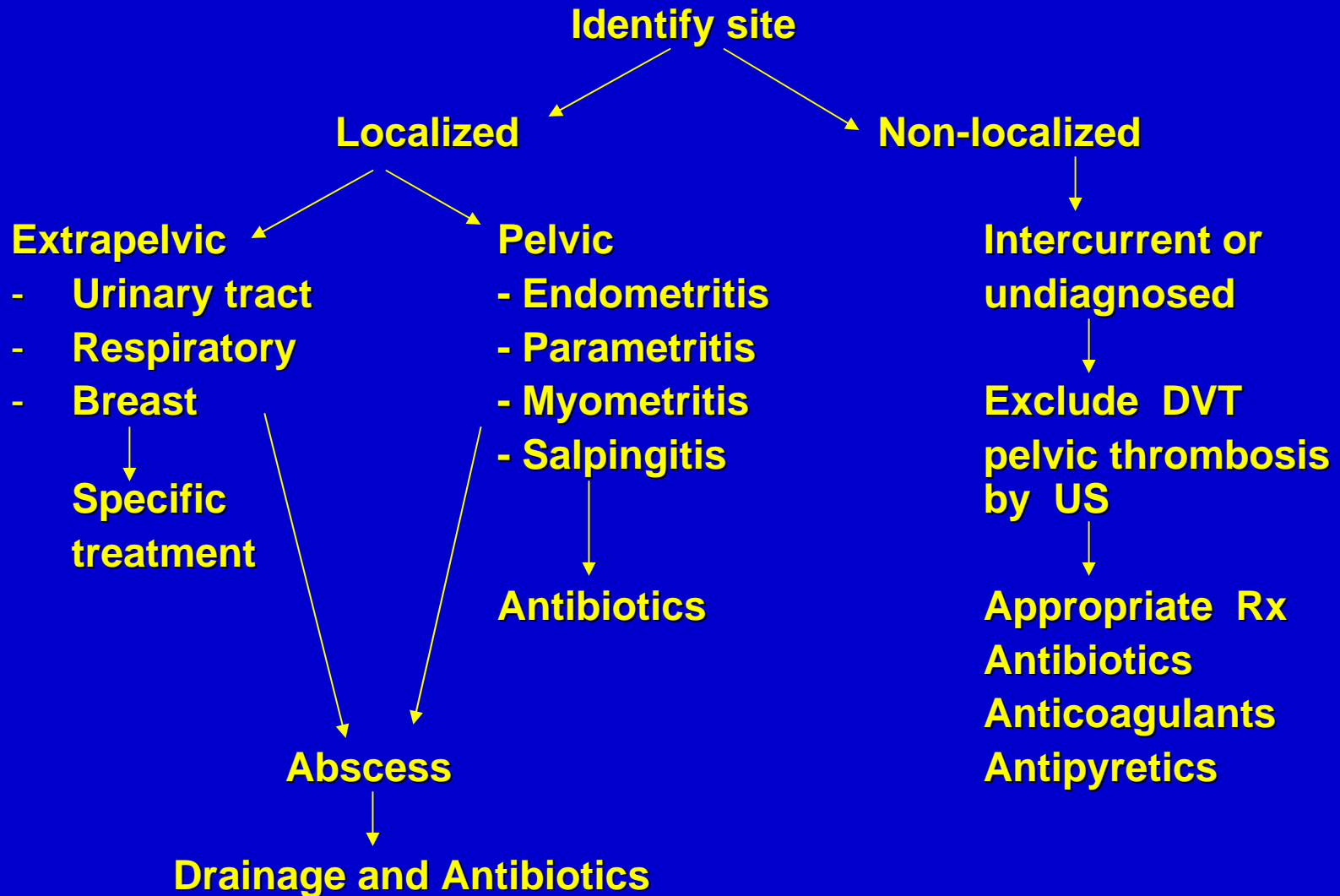
- **Haemorrhage** 24%
- **Indirect causes** 20%
- **Puerperal sepsis** 15%
- **Induced abortions** 13%
- **Hypertensive diseases** 12%
- **Other direct causes** 8%
- **Dystocia** 8%

(Liskin LS, 1992 . Int J Gynecol Obstet , 37: 77 – 78)

RISK FACTORS

- **Prolonged rupture of membranes**
- **Prolonged labour**
- **Repeated vaginal examinations**
- **Operative deliveries**
- **Intrapartum fetal blood sampling**
- **Bacterial vaginosis**
- **Urinary tract infections**
- **Asymptomatic bacteriuria**
- **Too young age at marriage and delivery**

MANAGEMENT OF PUERPERAL FEVER



PELVIC INFECTIONS

- **Predisposing factors :**
 - **PROM**
 - **Prolonged labour**
 - **Operative deliveries**
 - **Retained products of conception**
- **Clinical features - abdominal pain , uterine tenderness , offensive lochia**

PELVIC INFECTIONS

- **Investigations :** **Cervical swab C&S**
 Blood C&S
 Uterine scan for POC
- **Intravenous antibiotics initially followed by oral therapy**
- **Evacuation of POC**

PELVIC INFECTIONS - *Consequences*

- **Salpingitis**
- **Pelvic peritonitis**
- **Septicaemia – shock**
- **Chronic pelvic inflammatory disease**
- **Chronic pelvic pain**
- **Infertility**

URINARY TRACT INFECTIONS

- **Predisposing factors :**
 - **Previous urinary tract infection including asymptomatic bacteriuria**
 - **Aseptic catheterization**
 - **Operative deliveries**
- **Clinical features -- urinary frequency , urgency , dysuria , haematuria , renal angle pain**

URINARY TRACT INFECTIONS

- **Diagnostic tests : Mid-stream urine C&S**
- **Treatment : Antibiotics**
Adequate fluid intake
- **Consequences : Pyelitis , chronic renal infection , recurring cystitis**

RESPIRATORY INFECTIONS

- **Predisposing factors :**
 - **Chronic bronchitis**
 - **General anesthesia**
 - **Smoking**
- **Clinical features -- productive cough , wheezing , chest pain**

RESPIRATORY INFECTIONS

- **Diagnostic tests : Sputum C&S**
Chest X – ray
- **Treatment : Physiotherapy**
Antibiotics
- **Consequences : to differentiate from**
pulmonary embolism

OTHER INFECTIONS

- **Surgical wound infection :**
 - **reddened tender area**
 - **induration**
 - **Treat with local irrigation with anti – septic solution + antibiotics**
 - **May need drainage and resuturing**

OTHER INFECTIONS

- **Thrombophlebitis -- inspect legs**
- **Early ambulation to reduce DVT**
- **Breast abscess - uncommon in the postnatal ward as it occurs usually after 14th postnatal day .**
May need drainage + antibiotics

DELIVERY IN DEVELOPING COUNTRIES

- **60 % home deliveries relying on family or traditional care** (WHO , Maternal Health and Safe Motherhood Programme , Geneva 1994)
- **In Sub Saharan Africa only 1 of 22 countries had deliveries attended by the professional health care providers**
- **Deliveries by professional providers :**
Indonesia , Pakistan , Bangladesh 10 –30%
Phillipines has 66 % , Thailand 50 % and Sri Lanka 75 %

HOW CAN WE MAKE PREGNANCY SAFER IN POOR COUNTRIES ?

- **To emphasise on ensuring women's access to *Emergency Obstetric Care***

(Inter – Agency Group for Safe Motherhood . Colombo 1997)

CONCLUSION

- **Postpartum infection still contributes significantly to maternal morbidity and mortality especially in developing nations.**
- **To make pregnancy safer , health facilities should be upgraded .**
- **Reproductive life in all parts of the world can be free from risks of morbidity , disability and death and should be life-saving .**

THANK YOU

FOR YOUR ATTENTION