Antibiotic Therapy Prescribing Guidance for Obstetric Patients

NHS Grampian

STOP AND THINK BEFORE YOU GIVE ANTIBIOTIC THERAPY! The antibiotics and doses recommended on this poster apply to women aged ≥16 - consult the BNF/BNFC before prescribing for women <16 years. Always obtain cultures and consider delay in therapy unless there is a clear anatomical site of infection with high probability of bacterial aetiology, if sepsis syndrome is present or if there is clinical deterioration. IV antibiotics are only required for patients who are severely ill, unable to tolerate oral treatment, or when oral therapy would not provide adequate coverage or tissue penetration. This document should not be used to guide therapy if the organism is known and there are microbiology sensitivity results available. If the infection is not obstetric-related and the woman is post-natal and not breastfeeding please refer to the Empirical Antimicrobial Therapy Prescribing Guidance for Adults.

ORAL THERAPY USUALLY RECOMMENDED

Urinary Tract

Asymptomatic Bacteriuria in Pregnancy

Start treatment once microbiology results known. Take urine culture 7 days after completion of therapy as test of cure

UTI in Pregnancy

First Trimester

1st line - Nitrofurantoin oral 100mg m/r 12 hourly

2nd line - Cefalexin oral 500mg 12 hourly

Second & Third Trimester up to 36 weeks

1st line - Nitrofurantoin oral 100mg m/r 12 hourly

Avoid nitrofurantoin after 36 weeks and during labour

2nd line - Trimethoprim oral 200mg 12 hourly

Trimethoprim is no longer licensed for use in pregnancy but is considered safe in 2nd and 3rd trimesters. Avoid in all trimesters for those with established folate deficiency, low dietary folate intake or taking other folate antagonists

Third Trimester after 36 weeks

1st line - Trimethoprim oral 200mg 12 hourly

see note above

2nd line - Cefalexin oral 500mg 12 hourly

Duration SEVEN days. Take urine culture seven days after completion of therapy as test of cure

Urosepsis / Pyelonephritis

Gentamicin* IV with senior review after 1st dose
+ Amoxicillin IV 1g 8 hourly

Switch to oral option guided by microbiology sensitivities. If empirical switch required,
Co-amoxiclav oral 625mg 8 hourly

In penicillin allergy

Gentamicin* IV monotherapy with senior review after 1st dose

Switch to oral option guided by microbiology advice.

Total duration (IV + oral): 7 days. Take urine culture 7 days after completion of therapy as test of cure

DOCUMENT indication and stop / review date

REVIEW ANTIBIOTIC THERAPY DAILY:

STOP? SIMPLIFY? SWITCH?

RATIONALISE ANTIBIOTIC THERAPY when microbiology results become available or clinical condition changes

Review IV therapy daily and remember IV-ORAL SWITCH – see IVOST policy on intranet

Genital System

Refer to Sexual Health clinic if STD suspected

Bacterial Vaginosis

Metronidazole 400mg oral 12 hourly
Duration: 7 days

2nd line
Metronidazole 0.75% vaginal gel 5g PV at night
Duration: 5 nights

If metronidazole not suitable:
Clindamycin 2% cream 5g PV at night
Duration: 7 nights (Caution in the 1st trimester)

Trichomoniasis

Metronidazole 400mg oral 12 hourly
Duration 5-7 days

Genital Herpes

Aciclovir oral 400mg 3 times daily (unlicensed for use in pregnancy but considered safe in all trimesters)

Duration
1st and 2nd Trimester (until 27+6 weeks)
5 day course then prophylaxis from 36 weeks ie aciclovir oral 400mg 3 times daily until delivery
3rd Trimester (from 28 weeks)
Aciclovir oral 400mg 3 times daily until delivery

Vaginal Candidiasis

Clotrimazole vaginal pessary 500mg at night
(During pregnancy the pessary should be inserted without using the applicator)
Duration: 7 nights

Refer to **BNF Clotrimazole - Pregnancy** section for more information

Endometritis

Check chlamydia status and treat if positive

If **oral** antibiotics appropriate,
Co-amoxiclav oral 625mg 8 hourly

In penicillin allergy
Clarithromycin 500mg oral 12 hourly
+ Metronidazole 400mg 8 hourly
Duration: 7 days

*If **IV** antibiotics required,*
Co-amoxiclav 1.2g IV 8 hourly
+ Gentamicin* IV with senior review after 1st dose

In penicillin allergy
Clindamycin 900mg IV 8 hourly
+ Gentamicin* IV with senior review after 1st dose
Total duration (IV + oral): 7 days

Skin

Mastitis

*If **oral** antibiotics appropriate:*
Flucloxacillin oral 500mg - 1g 6 hourly

In penicillin allergy,
Clarithromycin oral 500mg 12 hourly
Duration: 10 days

*If **IV** antibiotics required,*
Flucloxacillin IV 1g 6 hourly
(Increase to 2g if BMI>30kg/m^2)

If not responding consider adding
Clindamycin IV 900mg 8 hourly

In penicillin allergy or MRSA
Vancomycin* IV If not responding consider adding
Clindamycin IV 900mg 8 hourly
Total duration (IV + oral): 10 days

Caesarean Section Wound Infection

*If **oral** antibiotics appropriate:*
Flucloxacillin oral 500mg - 1g 6 hourly

If anaerobes suspected
+ Metronidazole oral 400mg 8 hourly

In penicillin allergy
Clarithromycin oral 500mg 12 hourly

If anaerobes suspected
+ Metronidazole oral 400mg 8 hourly
Duration: 10 days

*If **IV** antibiotics required,*
Flucloxacillin IV 1g 6 hourly
(Increase to 2g if BMI>30kg/m^2 or not responding)

If anaerobes suspected
+ Metronidazole IV 500mg 8 hourly

If sepsis consider adding
Gentamicin* IV with senior review after 1st dose

In penicillin allergy
Clarithromycin IV 500mg 12 hourly

If anaerobes suspected
+ Metronidazole IV 500mg 8 hourly

If sepsis consider adding
Gentamicin* IV with senior review after 1st dose
Total duration (IV + oral): 10 days

Gentamicin* for acute infections

- **see prescribing guidance appropriate to age**
- **use booking weight for calculating dose**
- **ensure senior review after 1st dose**

Vancomycin* for acute infections

- **use prescribing guidance appropriate to age**
- **use booking weight for calculating dose**

Blood

Pyrexia in Labour

(defined as 38ºC once or 37.5ºC on two occasions 2 hours apart)

Co-amoxiclav 1.2g IV 8 hourly

In penicillin allergy
Clarithromycin IV 500mg 12 hourly

REVIEW after delivery. **STOP** if mother well and inflammatory markers normal. If antibiotics need to continue switch to:

Co-amoxiclav oral 625mg 8 hourly

In penicillin allergy
Clarithromycin oral 500mg 12 hourly
Total duration (IV + oral): 5 days

Postnatal Pyrexia

No obvious source. Treat as probable endometritis until source confirmed

Sepsis no obvious source <Give antibiotics within 1 hour>

Co-amoxiclav IV 1.2g 8 hourly
+ Gentamicin* IV with senior review after 1st dose

Contact duty microbiologist for advice at an early stage

If suspected Streptococcal Group A infection
+ Clindamycin 900mg IV 8 hourly
(can increase to 1.2g 6 hourly if life –threatening)

If MRSA
+ Vancomycin* IV

Switch to oral option guided by microbiology sensitivities
If empirical switch required,
Co-amoxiclav 625mg oral 8 hourly

In penicillin allergy
Clindamycin IV 900mg 8 hourly
(can increase to 1.2g 6 hourly if life threatening)
+ Gentamicin* IV with senior review after 1st dose

If MRSA
+ Vancomycin* IV

Switch to oral option guided by microbiology advice
Total duration: 7-14 days

Antibiotic Prophylaxis Non Surgical

Pre-term Pre-labour Rupture of Membranes

Erythromycin 250mg oral 6 hourly
Duration: maximum 10 days

2nd line
Amoxicillin 500mg 8 hourly
Duration: maximum 10 days

Group B Streptococcus (GBS) Intrapartum Prophylaxis

- **ALL** confirmed preterm labourers <37 weeks
- GBS carriage in current pregnancy (however detected)
- History of a previous baby who was affected by GBS infection
- History of GBS colonisation in any previous pregnancy

Benzylpenicillin 3g IV at start of labour and then 1.5g every 4 hours until birth

In penicillin allergy
Vancomycin IV 1g every 12 hours until birth

If vancomycin not appropriate,
Clindamycin IV 900mg 8 hourly until birth can be used as an alternative if the GBS sample is sensitive to clindamycin

Acute Uterine Inversion

Co-amoxiclav 1.2g IV **single dose**

In penicillin allergy
Clindamycin 900mg IV **single dose**
+ Gentamicin IV 3mg/kg (ideal body weight) **single dose**

Antibiotic Prophylaxis Surgical

All antibiotics should be **single dose** unless the operation lasts > 4 hours or >1500ml blood loss. Please refer to the full **obstetric surgical prophylaxis guideline** for details

http://nhsgintranet.grampian.scot.nhs.uk/depts/GrampianMedicinesManagementGroup/MedsGuidelinesandPolicies/Medicines%20Guidelines%20and%20Policies/Policies/NGHS_ObsPr.pdf

Caesarean Section
Given ≤ 30 minutes before incision
Cefuroxime IV 1.5g

In penicillin allergy
Clindamycin IV 900mg - if gram-negative cover required add Gentamicin 3mg/kg (ideal body weight)

Assisted Vaginal Delivery
Antibiotics given following delivery

Perineal Tear
(3rd or 4th degree involving anal sphincter/rectal mucosa)
Antibiotics given during the repair procedure

Manual removal of placenta
Antibiotics given prior to procedure

Cervical Cerclage
Antibiotics given prior to procedure

For above procedures (all single doses)
Co-amoxiclav IV 1.2g

In penicillin allergy: **Clindamycin** IV 900mg + **Gentamicin** IV 3mg/kg (ideal body weight)

Evacuation of incomplete miscarriage
Antibiotic prophylaxis is not recommended

FURTHER ADVICE can be obtained from the Duty Microbiologist or Clinical Pharmacist or the Infectious Diseases Consultant On-Call.
The full antibiotic guidelines and policies can be found on the intranet at:
https://www.nhsgrampian.org/service-hub/medicines-management/antimicrobial/

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