ANTIMICROBIAL GUIDELINE (Obstetrics)

INFECTION	MANAGEMENT /COMMENTS	ANTIMICROBIAL	DURATION
BACTERIAL VAGINOSIS, GARDNERELLA	HVS MCS	**FIRST LINE**	
		Metronidazole 400mg orally, 12-hourly OR	7 days
		Metronidazole 0.75% Vaginal Gel	5 days
		SECOND LINE	
		Clindamycin 2% vaginal cream, 1 applicator full intravaginally at night	7 days
		If pregnant, Clindamycin 300mg orally, 12-hourly	7 days
		THIRD LINE	
		Metronidazole 2g orally as a single dose	
CANDIDA	HVS/ LVS MCS	Clotrimazole 1% vaginal cream 1 applicator full intravaginally at night	6 days
		Clotrimazole 100 mg pessary intravaginally at night	6 days
		Clotrimazole 500mg pessary once at night as a single dose	Once only
		Nystatin 100 000 units/5 g vaginal cream 1 applicator full intravaginally, 12-hourly	7 days
		Fluconazole 150mg stat (not in pregnancy)	Once only
CANDIDA: RECURRENT/RESISTANT	HVS/ LVS MCS Skin scrapings Exclude superimposed bacterial infection Exclude immune compromise (eg diabetes, steroid use)	Clotrimazole 500mg pessary	Once a week
		Nystatin 100 000 units/5 g vaginal cream 1 applicator full intravaginally	Once a week
	If *Candida glabrata*	Boric acid 600mg (in a gelatin capsule) intravaginally (not in pregnancy)	14 days
CAESAREAN PROPHYLAXIS	Refer to: Surgical bundle for abdominal surgery LOP	Cephazolin 2g IV as a stat dose before skin incision [1] ≤ 50 kg = 1g 51-120kg = 2g > 120kg = 3g	Once only
CHLAMYDIA	**1st catch urine or endocervical swab (green handle swab) Screen and treat all sexual partners****	Azithromycin 1g orally	Once only
		Doxycycline 100mg orally, 12-hourly (not in pregnancy)	7 days

ANTIMICROBIAL GUIDELINE (Obstetrics)

INFECTION	MANAGEMENT /COMMENTS	ANTIMICROBIAL	DURATION
CHORIOAMNIONITIS	HVS MCS & Gram stain MSU MCS Blood cultures if febrile	Ampicillin 2g IV, 6-hourly PLUS Metronidazole 500mg IV, 12-hourly PLUS Gentamicin* 5 to 7mg/kg pre pregnancy body weight	Review need for IV therapy at 48 hours
	Penicillin hypersensitivity	Lincomycin/Clindamycin 600mg IV, 8-hourly PLUS Gentamicin* as above	

ANTIMICROBIAL GUIDELINE (Obstetrics)

INFECTION	MANAGEMENT /COMMENTS	ANTIMICROBIAL	DURATION
ENDOCARDITIS PREVENTION	For at risk patients in labour or just before operative procedures	Amoxycillin/ampicillin 2g IV stat just before the procedure OR Amoxycillin/ampicillin 2g IM 30 minutes before the procedure	Once only
	Penicillin hypersensitivity	Vancomycin 15 mg/kg up to 1.5 g IV, ending the infusion just before the procedure **Maximum rate should not exceed 10mg/minute. ALERT DO NOT GIVE BOLUS DOSE**	
ENDOMETRITIS: MILD TO MODERATE	Cervical MCS HVS MCS Exclude RPOC	Amoxycillin + Clavulanate 875+125mg orally, 12-hourly	14 days Stat days 1 and 8
	Penicillin hypersensitivity	Metronidazole 400mg orally, 12-hourly PLUS Azithromycin as above	14 days
ENDOMETRITIS: SEVERE/ SEPSIS	Refer to: Sepsis in pregnancy and post partum LOP Blood cultures HVS MCS Exclude RPOC	Ampicillin 2g IV, 6-hourly PLUS Metronidazole 500mg IV, 12-hourly PLUS Gentamicin* 5 to 7mg/kg pre pregnancy body weight	Review need for IV therapy at 48 hours. Review micro results
	Penicillin hypersensitivity	Lincomycin/Clindamycin 600mg IV, 8-hourly PLUS Gentamicin * as above	Review need for IV therapy at 48 hours. Review micro results
FEVER (SEPSIS) IN LABOUR	Refer to: Sepsis in pregnancy and post partum LOP Blood cultures Urine cultures Chest Xray	Ampicillin 2g IV, 6-hourly PLUS Metronidazole 500mg IV, 12-hourly PLUS Gentamicin* 5 to 7 mg/kg pre pregnancy body weight	Review need for IV therapy at 48 hours. Review micro results
	Penicillin hypersensitivity	https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/feverinlabour2020.pdf	

ANTIMICROBIAL GUIDELINE (Obstetrics)

INFECTION	MANAGEMENT /COMMENTS	ANTIMICROBIAL	DURATION
GONORRHOEA	Cervical swab MCS HVS MCS First pass urine PCR +/- throat swab MCS Screen and treat all sexual partners**	Ceftriaxone 500mg IM/IV as a stat dose PLUS Azithromycin 1g orally as a stat dose	Once only
	Immediate severe or delayed severe penicillin hypersensitivity	Seek expert advice	
GROUP A, C & G STREPTOCOCCAL SEPSIS (TOXIC SHOCK)	Refer to: Group A, C & G sepsis LOP Blood cultures Urine cultures Chest xray	Benzylpenicillin 1.8g IV, 4-hourly PLUS Lincomycin/Clindamycin 600mg IV, 8-hourly	May require prolonged treatment. Seek expert advice
	Penicillin hypersensitivity	Lincomycin/Clindamycin 600mg IV, 8-hourly PLUS Cephazolin 2g IV, 8-hourly	
GROUP B STREPTOCOCCUS (GBS) PROPHYLAXIS IN LABOUR	Refer to: Group B Streptococcus (GBS) prophylaxis in labour LOP	Benzylpenicillin 3g IV stat then 1.2g IV, 4-hourly	Intrapartum until birth
	Penicillin hypersensitivity	Lincomycin/Clindamycin 600mg IV, 8-hourly ** consider vancomycin as per LOP** https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/groupbproph.pdf	

ANTIMICROBIAL GUIDELINE (Obstetrics)

INFECTION	MANAGEMENT /COMMENTS	ANTIMICROBIAL	DURATION
HIV	Refer to: Human immunodeficiency (HIV) in pregnancy, birth and post partum period LOP		
HSV: GENITAL HERPES SIMPLEX I OR II, IN PREGNANCY Refer to: Herpes simplex in pregnancy, birth and post partum period LOP	Refer to: Herpes simplex in pregnancy, birth and post partum period LOP Recurrent herpes infection in pregnancy from 36 weeks (or earlier if necessary)	Aciclovir 400mg orally, 8-hourly until delivery If primary episode, offer treatment but discuss risks.	Until delivery
MASTITIS	Refer to: Mastitis SESLHD guideline Feed/express from infected side to avoid milk stasis Ultrasound if not resolving after 48 hrs antibiotics, or if abscess suspected clinically Abscess fluid MCS	Flucloxacillin 2g IV, 6-hourly	Review need for IV therapy after 3 days.
	Penicillin hypersensitivity	Cephalothin 2g IV, 6-hourly OR Lincomycin/Clindamycin 600mg IV, 8-hourly	Review need for IV therapy after 3 days.
	Oral treatment	Flucloxacillin or Dicloxacillin 500mg orally, 6-hourly *5 days usually sufficient*	10-14 days
	Delayed non-severe penicillin hypersensitivity	Cefalexin/cephalexin 500mg orally 6-hourly *5 days usually sufficient*	5-10 days
	Penicillin hypersensitivity	Lincomycin/Clindamycin 450mg orally, 8-hourly *5 days usually sufficient*	10-14 days

ANTIMICROBIAL GUIDELINE (Obstetrics)

INFECTION	MANAGEMENT /COMMENTS	ANTIMICROBIAL	DURATION
PERINEAL WOUND INFECTION	Swab MCS Ultrasound if fluctuant collection not draining Exclude fistula	Amoxycillin + Clavulanate 875+125mg orally, 12-hourly	5 days
	If requiring IV therapy Refer to: Sepsis in pregnancy and post partum LOP	Ampicillin 2g IV, 6-hourly PLUS Metronidazole 500mg IV, 12-hourly	Review need for IV therapy after 3 days.
	Penicillin hypersensitivity	Cefazolin 2g IV, 8-hourly PLUS Metronidazole 500mg IV, 12-hourly	
PELVIC INFLAMMATORY DISEASE/INFECTION (PID)	*Empirical severe*	Ceftriaxone 2g IV, daily (for septic shock 1g IV 12-hourly) OR Cefotaxime 2g 8-hourly (for septic shock 2g IV 6-hourly) PLUS Azithromycin 500mg IV daily PLUS Metronidazole 500mg IV 12-hourly	Start therapy within 1 hour of presentation
	Empirical non severe	Ceftriaxone 500mg in 2mL of 1% lidocaine IM daily as a single dose OR Ceftriaxone 500mg Daily IV as a single dose PLUS EITHER Azithromycin 500mg orally as a single dose then repeat 7 days later OR Doxycycline 100mg orally 12-hourly for 14 days	Assess response within 72hrs
WOUND: ABDOMINAL, BREAST, OTHER LINE RELATED INFECTIONS	If requiring IV therapy Refer to: Sepsis in pregnancy and post partum LOP	Flucloxacillin 2g IV, 6-hourly PLUS Ceftriaxone 1g IV, daily	Review need for IV therapy after 3 days
	Penicillin hypersensitivity	Cephalothin 2g IV, 6-hourly PLUS Gentamicin* 5-7 mg/kg pre pregnancy body weight OR	
		Lincomycin/Clindamycin 600mg IV, 8-hourly PLUS Gentamicin* as above	

ANTIMICROBIAL GUIDELINE (Obstetrics)

PRETERM PRELABOUR RUPTURE OF MEMBRANES (PPROM)	Refer to: Preterm prelabour rupture of membranes (PPROM) LOP	Erythromycin (ethylsuccinate) 400mg orally, 6-hourly	10 days (minimum)
PNEUMONIA-COMMUNITY ACQUIRED SEVERE		Ceftriaxone 1g IV 12 hourly PLUS Azithromycin 500mg IV, daily	

ANTIMICROBIAL GUIDELINE (Obstetrics)

INFECTION	MANAGEMENT /COMMENTS	ANTIMICROBIAL	DURATION
PNEUMONIA-COMMUNITY ACQUIRED MODERATE	Consider respiratory viral testing in winter. Refer to: Sepsis in pregnancy and post partum LOP	Ceftriaxone 1g IV, daily PLUS Clarithromycin 500mg orally, 12-hourly	Review need for IV therapy after 48 hours
PNEUMONIA-COMMUNITY ACQUIRED SEVERE		Ceftriaxone 1g IV 12 hourly PLUS Azithromycin 500mg IV, daily	
	Penicillin hypersensitivity	Please refer to eTG - https://tgldcdp.tg.org.au.acs.hcn.com.au/viewTopic?topicfile=community-acquired-pneumonia-adults&guidelineName=Antibiotic&topicNavigation=navigateTopic	
PUBIC LICE	Wash underwear & bedclothes Screen and treat family & sexual partners +/- shave pubic hair **	Permethrin 1% topical lotion, wash off after 20 minutes, repeat in 7 days.[1]	Stat days 1 and 8
SYPHILIS See: Sexually Transmitted Infections (STI) / Blood Borne Viruses (BBV) Antenatal Screening And Treatment LOP**	Screen and treat sexual partner(s) Refer to Infectious diseases regarding need for lumbar puncture Send placenta Examine the baby for signs of congenital syphilis and consider treatment	Treatment may be complex. Consult Infectious Diseases team. **If primary or less than 2 years since onset of infection** Benzathine penicillin 1.8 g (= 2.4 million units) IM, as a single dose OR Procaine penicillin 1.5 g IM, daily for 10 days **If late latent, greater than 2 years or indeterminate duration** Benzathine penicillin 1.8 g (= 2.4 million units) IM, once weekly for 3 weeks OR Procaine penicillin 1.5 g IM, daily for 15 days In patients with penicillin allergy-contact infectious diseases	Single dose 10 days 3 weeks 15 days
TRICHOMONIASIS	HVS MCS, Screen and treat all sexual partners**	Tinidazole 2g orally, as a stat dose OR Metronidazole 2g orally, as a stat dose	Once only
	Relapse	Metronidazole 400mg orally, 12-hourly	5 days
UTI IN PREGNANCY	MSU Check MSU sensitivities & alter treatment as required Follow up MSU 48 hours after completion of treatment	Cephalexin 500mg orally, 12-hourly OR Nitrofurantoin 100mg orally, 12-hourly OR Amoxycillin + Clavulanate 500mg+ 125mg orally, 12-hourly	10-14 days
	If requiring IV therapy Refer to: Sepsis in pregnancy and post partum LOP	Ceftriaxone 1g IV, daily PLUS Gentamicin* 5-7 mg/kg pre pregnancy body weight	Review need for IV therapy after 48 hours
UTI: RECURRENT IN PREGNANCY-PROPHYLAXIS	MSU monthly Renal ultrasound Follow up MSU 48 hours after completion of treatment	Cephalexin 500mg orally at night [1]	Until delivery

ANTIMICROBIAL GUIDELINE (Obstetrics)

**Perform investigations for other sexually transmitted infections (STIs) (*Chlamydia trachomatis, Neisseria gonorrhoeae*, HIV and syphilis, and for patients who are not fully vaccinated, consider testing for hepatitis A and B)

REFERENCES

1. Antibiotic Expert Group. *Therapeutic Guidelines: Antibiotic. Version 164*. Melbourne: Therapeutic Guidelines Limited; 2019. Accessed through *eTG complete* (via CIAP) March 2020.
2. Management of Perinatal Infections. Edited by Pamela Palasanthiran, Mike Starr and Cheryl Jones. *Australasian Society of Infectious Diseases. 2014.*

RISK RATING High (2 year)

REVISION & APPROVAL HISTORY

Reviewed and endorsed Therapeutic & Drug Utilisation Committee May 2020
Approved Quallity & Patient Care Committee 15/2/18
Reviewed and endorsed Therapeutic & Drug Utilisation Committee 12/12/17
Changes made approved Therapeutic & Drug Utilisation Committee December 2016
Approved Quality & Patient Safety Committee 21/11/13
Endorsed Obstetrics LOPs 22/10/13
Reviewed October 2013 and changed to only Obstetrics
Obstetrics replaced to update Group A Strep & Group B Strep December 2010
Approved Quality & Patient Safety Committee 15/10/09
Endorsed Therapeutic & Drug Utilisation Committee 18/8/09
Reviewed August/September 2009
Approved Quality Council 17/2/03

FOR REVIEW : MAY 2022