

## Quick Reference Guide to Finding Antimicrobials on eTG

For restricted antimicrobials, obtain [Guidance MS](#) approval.

The management of the following infections is in accordance with the [Therapeutic guidelines](#) (access via CIAP).

For each infection search title as per table below:-

INFECTION	COMMENTS/ MANAGEMENT	eTG GUIDELINE Title
BACTERIAL VAGINOSIS, GARDNERELLA	HVS MCS	<ul style="list-style-type: none"> <li>Bacterial vaginosis in adults</li> </ul>
CANDIDA	HVS/ LVS MCS	<ul style="list-style-type: none"> <li>Candidal vulvovaginitis in adult females</li> </ul>
CAESAREAN PROPHYLAXIS	Refer to: Surgical bundle for abdominal surgery CBR	<ul style="list-style-type: none"> <li>Surgical antibiotic prophylaxis for specific procedures. See               <ul style="list-style-type: none"> <li>surgical prophylaxis for obstetric surgery</li> </ul> </li> </ul>
CHLAMYDIA	1st catch urine or endocervical swab (green handle swab) Screen and treat all sexual partners**	<ul style="list-style-type: none"> <li>Asymptomatic. See               <ul style="list-style-type: none"> <li>approach to chlamydia trachomatis infection</li> </ul> </li> <li>Symptomatic. See               <ul style="list-style-type: none"> <li>"pelvic inflammatory disease and postprocedural pelvic infection"</li> </ul> </li> </ul>
CHORIOAMNIONITIS	HVS MCS & Gram stain MSU MCS Blood cultures if febrile	<ul style="list-style-type: none"> <li>Intra-amniotic infection (chorioamnionitis)</li> </ul>
ENDOCARDITIS PREVENTION	For at risk patients in labour or just before operative procedures	<ul style="list-style-type: none"> <li>Prevention of infective endocarditis</li> </ul>
ENDOMETRITIS: MILD TO MODERATE	Cervical MCS HVS MCS Exclude RPOC	<ul style="list-style-type: none"> <li>Postpartum endometritis</li> </ul>
ENDOMETRITIS: SEVERE/ SEPSIS	Refer to: Sepsis in pregnancy and post partum CBR. Blood cultures HVS MCS Exclude RPOC	
FEVER (SEPSIS) IN LABOUR	Refer to: Sepsis in pregnancy and postpartum CBR. Blood cultures Urine cultures Chest Xray	<ul style="list-style-type: none"> <li>Postpartum endometritis</li> </ul> <p><i>Refer to Severe postpartum endometritis</i></p>
GONORRHOEA	Cervical swab MCS HVS MCS First pass urine PCR +/- throat swab MCS Screen and treat all sexual partners**	<ul style="list-style-type: none"> <li>Asymptomatic. See               <ul style="list-style-type: none"> <li>Approach to neisseria gonorrhoeae infection</li> </ul> </li> <li>Symptomatic. See               <ul style="list-style-type: none"> <li>pelvic inflammatory disease and postprocedural</li> </ul> </li> </ul>
GROUP A, C & G STREPTOCOCCAL SEPSIS (TOXIC SHOCK)	Refer to: Group A, C & G Streptococcus: Colonisation – Management of Pregnant/Postpartum Woman CBR. Blood cultures Urine cultures Chest Xray	<ul style="list-style-type: none"> <li>Directed therapy for bloodstream infections, including sepsis and septic shock. See               <ul style="list-style-type: none"> <li>staphylococcal toxic shock syndrome</li> </ul> </li> </ul>
GROUP B STREPTOCOCCUS (GBS) PROPHYLAXIS IN LABOUR	Refer to: Group B Streptococcus (GBS) Screening and Prophylaxis CBR	<ul style="list-style-type: none"> <li>Prevention of neonatal streptococcus agalactiae (group B streptococcus) disease</li> </ul>

HIV	Refer to: <a href="#">Human immunodeficiency (HIV) in pregnancy, birth and postpartum period</a> CBR	
HSV: GENITAL HERPES SIMPLEX I OR II, IN PREGNANCY	Refer to: Herpes simplex in pregnancy and birth CBR Recurrent herpes infection in pregnancy from 36 weeks (or earlier if necessary)	<ul style="list-style-type: none"> <li>Genital ulcer disease, including genital herpes</li> </ul>
MASTITIS	Refer to: Mastitis SESLHD guideline Abscess fluid/breastmilk MCS	<ul style="list-style-type: none"> <li>Mild to moderate. See <ul style="list-style-type: none"> <li>Lactational mastitis</li> </ul> </li> <li>Severe. See <ul style="list-style-type: none"> <li>Cellulitis and erysipelas</li> </ul> </li> </ul>
PERINEAL WOUND INFECTION	Swab MCS Ultrasound if fluctuant collection not draining Exclude fistula If requiring IV therapy- Refer to: Sepsis in pregnancy and postpartum CBR	<ul style="list-style-type: none"> <li>Prophylaxis of Repair of obstetric anal sphincter injuries</li> </ul>
PELVIC INFLAMMATORY DISEASE/INFECTION (PID)		<ul style="list-style-type: none"> <li>pelvic inflammatory disease and postprocedural pelvic infection</li> </ul>
WOUND: ABDOMINAL, BREAST, OTHER LINE RELATED INFECTIONS	If requiring IV therapy Refer to: Sepsis in pregnancy and postpartum CBR	<ul style="list-style-type: none"> <li>Post-traumatic wound infection</li> </ul>
PRETERM PRELABOUR RUPTURE OF MEMBRANES (PPROM)	Refer to: Rupture of Membranes (PPROM) – Preterm Prelabour – Assessment and Management CBR	<ul style="list-style-type: none"> <li>Prophylaxis for preterm Prelabour rupture of membranes</li> </ul>
SYPHILIS	Screen and treat sexual partner(s)  Refer to perinatal infection clinic  Examine the baby for signs of congenital syphilis, refer and consider treatment	<ul style="list-style-type: none"> <li>Refer to <a href="#">Sexually Transmitted Infections (STI)/ Blood Borne Viruses (BBV) Antenatal Screening and Treatment</a> CBR</li> </ul>
TRICHOMONIASIS	HVS MCS	<ul style="list-style-type: none"> <li>Approach to trichomoniasis</li> </ul>
UTI IN PREGNANCY	MSU Check MSU sensitivities & alter treatment as required  Follow up MSU 1-2 weeks after completion of treatment  If requiring IV therapy  Refer to: Sepsis in pregnancy and postpartum CBR	<ul style="list-style-type: none"> <li>Urinary tract infection and bacteriuria in pregnancy</li> </ul>
UTI: RECURRENT IN PREGNANCY-PROPHYLAXIS	MSU monthly Renal ultrasound Follow up MSU 1-2 weeks after completion of treatment	<ul style="list-style-type: none"> <li>Recurrent UTI and Bacteriuria in Pregnancy</li> </ul>