CHORIOAMNIONITIS

DEFINITION:
- Infection of the amniotic membranes, fluid and cavity
- Usually an ascending infection from the lower genital tract

INCIDENCE:
- 0.5-10.5% of deliveries
- Prolonged premature rupture of membranes (PPROM) is major risk factor
- Maternal morbidity: postpartum endometritis, bacteremia, dysfunctional labor, need for c-section, hemorrhage, postsurgical infections
- Neonatal morbidity: neonatal sepsis, white brain matter injury, cerebral palsy

ORGANISMS:
- Usually polymicrobial, derived from vaginal flora most commonly
- Aerobes: Group B Strep, Enterococcus, E. Coli, Klebsiella, Proteus, Staph
- Anaerobes: peptostreptococcus, bacteroides, and Clostridium, fusobacterium
- Other: Chlamydia, genital mycoplasmas, Gardnerella, Herpes

DIAGNOSIS:
- Fever (100.4 F or 38 C) and TWO of the following:
    - Maternal tachycardia (> 100 beats per minute)
    - Fetal tachycardia (> 160 beats per minute)
    - Uterine tenderness
    - Leukocytosis (WBC > 15,000)
    - Foul smelling amniotic fluid
- Definitive diagnosis of amniocentesis = gram stain and culture

TREATMENT:
- Initiate if delivery not imminent (<1 hour):
  Ampicillin 2 g IV Q6 + gentamicin 1.5 mg/kg Q8 hours

  Alternative regimens:
  Cefoxitin 2 g IV Q6 hours
  Ticarcillin/clavulanic acid (Timentin) 3.1 g IV Q4 hours
  Ampicillin/sulbactam (Unasyn) 3 g IV Q6 hours

- Can use Tylenol for fever if fetal tachycardia (reduces hyperthermic stress on baby)

- After delivery, may add Clindamycin 900 mg IV Q6 hours or Metronidazole 500 mg IV Q8 hours to increase anerobic coverage

- Continue therapy until clinical improvement and afebrile for 24-48 hours; watch use of antipyretics (may mask fever). No oral antibiotics needed unless staph bacteremia present (rare).

REFERENCES:
Uptodate.Com, 2007
Family Practice Obstetrics, 2nd Edition, 2001