

Post-Partum Complications

*post-partum is the time from **delivery of neonate and placenta to 6-8 weeks following delivery.**

* United States Joint Commission on Maternal Welfare: post-partum fever defined as **>38C on any two of first 10 days, excluding the first 24 hrs.**

- I. Post-partum fever
 - a. Uterine Infection
 - i. Risk Factors
 1. Route of delivery biggest risk factor
 - a. **C-section** >>> vaginal
 2. In vaginal deliveries => membrane rupture, prolonged labor, multiple cervical examinations, manual removal of placenta
 3. In C-sections => same + internal fetal monitoring. If all factors present and pt does not receive antibiotics w/ section 90% risk of pelvic infection
 4. If intrapartum chorioamnionitis – 13% risk of metritis
 5. Colonization w/ chlamydia, mycoplasma, ureaplasma, gardnerella associated with increased risk
 6. General anesthesia, multifetal gestation, young maternal age, nulliparity, prolonged labor induction, obesity, meconium stained fluid
 - ii. Micro
 1. Indigenous to genital tract (**GPCs, GNRs, anaerobes**)
 2. Group A strep
 3. MRSA
 4. Polymicrobial
 5. Chlamydia – late onset, indolent metritis
 - iii. Pathogenesis
 1. Vaginal – placental implantation site, decidua, myometrium, or cervicovaginal lacerations
 2. C-section – infection of surgical site
 - iv. Presentation
 1. fever
 2. abdominal pain
 3. parametrial tenderness or uterine tenderness
 4. foul lochia
 5. leukocytosis
 - v. Treatment
 1. **Ampicillin and gentamicin** if post-vaginal
 2. Anaerobic coverage indicated if c-section. Add **clindamycin**
 - b. Breast engorgement
 - i. 15% of women who do not breastfeed develop fever
 - ii. Rarely >39C or >24 hours
 - c. Urinary infections
 - i. Less common d/t normal diuresis post-partum

- d. Episiotomy and abdominal incision infection
 - i. Increased risk with obesity, DM, steroids, anemia, HTN, inadequate hemostasis
 - ii. Incisional abscess – **fever by 4th day**
 - iii. Episiotomy breakdown – localized to skin and sub-Q usually
- e. Adnexal abscess and peritonitis
 - i. Rare
 - ii. Present 1-2 wks post-partum
 - iii. May not see abdominal rigidity in peritonitis d/t post-partum laxity in abdomen**
- f. Perineal lacerations
- g. Septic pelvic thrombophlebitis
 - i. Rare
 - ii. Usually associated with endomyometritis
- h. Respiratory complications after c-section
 - i. Atelectasis (controversial cause of fever)

References

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