Chorioamnionitis

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Overview

- Case Presentation
- Definition
- Etiology & Risk Factors
- Signs & Symptoms
- Diagnosis
- Treatment
- Complications
Case Presentation

- 29 y/o G1P0 at 41.3 weeks presented w/ c/o “leaking fluid” since 3:50am on DOA. Denied UCs, VB, +FM.
- PMH/PSH: denies
- OB/GYN Hx: G1P0, no h/o abNL paps, STDs
- FH: Non-contributory
- SH: denies EtOH, tobacco, drugs, DV
Case Presentation cont..

- PNC: first visit at 11wks x 11 visits total. PPW 145-164, BP range WNL, BPP NL, AFI NL, EFW 8.4lbs.
- PE: vitals stable
  - Amnisure positive
  - VE: 1cm/50%/vtx -3
  - FHR: 130s, mod variability, +accels
- Plan: admit, IVF, consult for cytotec
Case Presentation cont..

- **L&D course:**
  - DOA: Cytotec 25mcg x 2 given (2:15pm, 7:15pm) w/ no cervical changes → UCs started after second cytotec, q5min, irregular
  - Next day: Pitocin started 8:50am
  - 12:20pm: Late decels x 2, pit stopped
  - 12:30pm: Fetal tachycardia in 170s noted w/ maternal T99.7, WBC 22.3 → Ancef 1gm and tylenol given. VE: 3cm/80%/vtx -1
  - 1:40pm: FHR improved, chorio presumed based on fetal tachycardia, odorous fluid, leukocytosis → cesarean
Definition

- Intraamniotic infection (IAI), Amnionitis, Amniotic fluid infection
- Infection of amniotic fluid, membranes, placenta, and/or decidua
- Inflammation of the fetal membranes (amnion, chorion)
Etiology & Risk Factors

- Caused by bacteria ascending from vagina into uterus
- Nulliparity
- Prolonged rupture of membranes (>18hrs before onset of labor)
- Prolonged labor
- Meconium stained amniotic fluid
- Excessive vaginal exams
- Genital tract pathogens/infections
Signs & Symptoms

- Foul odor noted during vaginal exam
- Maternal
  - Fever
  - Leukocytosis
  - Tachycardia
- Fetal
  - Tachycardia
Diagnosis

- Maternal fever and at least two of the following:
  - Maternal leukocytosis (>15,000)
  - Maternal tachycardia (>100bpm)
  - Fetal tachycardia (>160bpm)
  - Uterine tenderness
  - Foul odor of amniotic fluid
Treatment

- Broad spectrum antibiotics should be started immediately following diagnosis
- Standard: Ampicillin 2gm q6hrs + Gentamicin 1.5mg/kg q8hrs
- Alternatives:
  - Ampicillin-Sulbactam 3gm q6hrs
  - Ticarcillin-Clavulanate 3.1gm q4hrs
  - Cefoxitin 2gm q6hrs
- Anaerobes major player with post-cesarean endometritis
  - Add Clindamycin 900mg or Metronidazole 500mg
Complications

- Maternal
  - Septic shock, coagulopathy, ARDS
  - Cesarean, uterine atony, PPH
  - Post-op hemorrhage, wound infection, pelvic abscess, thromboembolism, endomyometritis

- Fetal
  - Pneumonia
  - Meningitis
  - Sepsis
  - Neurodevelopmental delay, cerebral palsy
Questions? Comments?
Thank you!
References
