

Postpartum Infection

Infections in the genital canal or breast at any time after 28 days of delivery, miscarriage or abortion are considered postpartum infections or puerperal infection. These infections are typically normal vaginal flora that are able to penetrate into the tissue or bloodstream during the childbirth. The most common postpartum infection is endometritis, followed by wound infections at the cesarean incision site or episiotomy, UTIs, and mastitis.



PLAY PICMONIC

Diagnosis

Fever > 100.4F After 24 Hours (38 C)

Fever-beaver with (100) Bill and (.4) Fork beside 24-hr-clock

After the first 24 hours any fever greater than 100.4F (38C) on 2 or more successive days within the first 10 days postpartum is diagnostic in the USA. A rise in temperature is a response the body uses to combat infection.

Risk Factors

Multiple Vaginal Examinations

Multiple Vagina-violet Examiners

The number of vaginal examinations should be minimized. Multiple vaginal examinations increase opportunities to introduce external pathogens, increase the risk of physical trauma, and risk disrupting the pH of the vaginal canal.

Vaginal Trauma

Vagina-violet Trauma-spike

Minor tears in the vaginal wall often occur during delivery allowing bacteria entry into the body. Trauma also happens to tissue during procedures, such as an episiotomy or even accidentally, when instruments are inserted into the vaginal canal during deliveries requiring forceps or vacuum suction.

Prolonged Rupture of Membranes

Prolonged Membranes being Ruptured

Prolonged rupture of membranes (PROM) is an extended period of time following amniotic sac rupture without delivery, usually greater than 24 hours. This rupture allows pathogens to enter the uterus and places the mother and infant at higher risk of infections, respiratory distress syndrome, and sepsis.

Cesarean Birth

C-section

Deliveries via cesarean methods are at a higher risk of infection as pathogens are given the opportunity to enter into the abdominal and uterine cavity. Ensure proper wound care education is completed.



Anemia of Pregnancy

Anemone from Pregnant-woman

Anemia causes a decrease in the number of circulating oxygenated blood cells. This leads to a potential decrease in tissue oxygenation. Severe anemia could decrease the body's natural defense mechanisms in fighting infections.

Retained Placental Fragments

Placenta-present Fragments

After delivery, the placenta is examined for completeness. Placental fragments that remain in the uterus pose the risk for infection as they deteriorate inside the uterus after delivery of the infant.

Poor Health Status

Poor and Unhealthy

Poor health status of the mother increases the risk of infection just as it does with a normal patient. Particularly harmful conditions are diabetes, obesity, cardiac disease, as well as a general poor nutritional intake of the mother.