12. Obstetric and Gynaecological conditions

- **Metronidazole** 400 mg every 8 hours plus
- **Gentamycin** 4.0mg/kg body weight i/m stat
- **Benzyl penicillin** 2 MU i/v every 6 hours

### 12.11. Post-abortal haemorrhage

- Assess patient, record vital signs
- Insert i/v line
- Resuscitate and stabilize the patient (*see Section 1.1 page 1*)
- Carry out vaginal examination
- Remove products of conception and/or foreign bodies
- **Oxytocin** 10 units i/m
- Perform (or if not possible refer) evacuation or manual vacuum aspiration (MVA) if gestation < 12 weeks
  
*If septic* treat as in *Section 12.12* below

### 12.12 Post abortal or puerperal sepsis

- Maintain hydration: set up an i/v line and give i/v fluids (*see Section 1.1 page 1*)
- **Paracetamol** 1 g stat
- **Benzyl penicillin** 5 MU i/v stat
- **Oxytocin** 10 units i/m to contract uterus
- Counsel the patient
- Refer for evacuation of the uterus to hospital with the midwife, blood samples, patient’s records

**At hospital:**
- Give analgesic for pain (*see Section 24.1 page 196*)
- Repeat as required to maintain uterine contraction
- Give antibiotic treatment for 7 days as follows:
  
*For sepsis:*
- **Metronidazole** 400 mg every 8 hours plus
- **Gentamycin** 4.0mg/kg body weight i/m stat
- **Benzyl penicillin** 2 MU i/v every 6 hours
- Consider uterine evacuation in some cases

*If not improving:*
- Reassess and consider the appropriate intervention:
- Change of antibiotics
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- Re-evacuation
- Laparotomy
- Referral to central hospital

12.13 Contraceptives

- Types: combined hormonal contraceptives, progestogen only contraceptive, contraceptive devices, emergency contraceptive, barrier methods.

12.13.1 Combined hormonal contraceptive (COCs)

- Most effective preparations for general use.
- Contain an oestrogen and a progestogen.
- Choose a preparation with the lowest oestrogen and progestogen content which gives good cycle control and minimal side effects in the individual woman.

  Indications
  - Contraception
  - Menstrual disturbances

12.13.2 Progestogen only contraceptive

- Suitable alternative when oestrogens are contraindicated
- Have a higher failure rate than COCs.
- Suitable for hypertensive women, migraine, valvular heart disease and diabetes mellitus.
- Menstrual irregularities (oligomenorrhea, menorrhagia) are more common but tend to resolve on long term treatment.

  Dose
  - 1 tablet daily at same time each day starting on day 1 of the menstrual cycle

12.13.3 Parenteral progestogens

- Injectable preparations e.g. Depo-Provera®
- Implant preparations e.g Jadelle® and Norplant®

12.13.4 Intrauterine progestogens

  Indications
  - Contraception