

## 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

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### 12.11. Post-abortion haemorrhage

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- 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*

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### 12.12 Post abortion or puerperal sepsis

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- 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

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### 12.13 Contraceptives

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

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#### 12.13.1 Combined hormonal contraceptive (COCs)

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- 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

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#### 12.13.2 Progestogen only contraceptive

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- 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 (oligomenorrhoea, 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

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#### 12.13.3 Parenteral progestogens

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

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#### 12.13.4 Intrauterine progestogens

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##### *Indications*

- Contraception