- **Gentamycin 240** mg i/m single dose daily or **Chloramphenicol** 500mg 6 hourly
- Continue for 48 hrs after the fever subsides, but not less than 5 days.
- Deliver urgently**.** Induce or accelerate labour with **Oxytocin**; do ceasarean section if necessary.
- If mother has amnionitis or if membranes were ruptured for more than 18 hours before delivery, start newborn on
  - **Benzylpenicillin** 50,000 IU/kg/dose i/m every 12 hours and
  - **Gentamycin** 5 mg/kg i/m once daily for 5 days if birth weight >1500 g).

12.9 Mastitis

General Measures

- Apply hot compresses and a constriction bandage to support the breast and relieve pain.
- Maintain lactation in the infected breast if there are no nipple fissures to prevent stasis
- In severe cases, avoid engorgement by reducing milk production

Treatment

- **Flucloxacillin** 500 mg every 6 hours for 7 days
- Doses should be taken at least 30 minutes before meals

Alternatively

- **Erythromycin** 500mg 8 hourly for 5 – 7 days
- **Aspirin** 600 mg after food every 6 hours as needed

12.10 Breast abscess

- If breast abscess forms, drain surgically.
- Change dressing everyday
- Give treatment as above

12.11 Postpartum haemorrhage (PPH)

- Blood loss from the genital tract of more than 500ml after delivery of a baby.
- *Causes:* uterine atony, retained products of conception, Genital tract trauma, coagulation problems, ruptured uterus
- Always actively manage the 3rd stage of labour

Treatment

- **Oxytocin** 10 units im given after delivery of the anterior shoulder and controlled cord traction for delivery of placenta

12.11.1 Primary PPH

- Abnormal vaginal bleeding within 24 hours of delivery
- Resuscitate: *Refer to Section 1.2 page 1*
  - Set up an i/v line and empty bladder
  - Replace blood loss with i/v fluids / blood
- Identify and treat the cause
- *If uterine atony:*
  - Rub up a contraction
  - Set up **Oxytocin** 40 units infusion
  - Give **Misoprostol** 1000mcg rectally
  - Refer to hospital with nurse
- *If retained placenta*
  - Attempt manual removal
  - Refer to midwife if this fails

12.11.2 Secondary PPH

- Abnormal bleeding 24 hours or more after delivery
- Not common but is as serious as primary PPH
- *Causes:* retained products, often with infection

Treatment

- Set up an i/v line
- Empty bladder
- Rub up a contraction
- **Oxytocin** 10 units i/m
- Replace blood loss with i/v fluids/blood *(see Section 1.1 page 1)*
- Refer immediately for evacuation of the uterus

Supportive measures

- **Amoxycillin** 500 mg every 8 hours plus **Metronidazole** 400 mg every 8 hours

Alternatively if penicillin sensitive

- **Erythromycin** 250 mg every 6 hours
- Assess the need for blood transfusion
- Give i/v fluids to sustain a high degree of perfusion

If the patient is toxic start i/v antibiotics as follows:

- **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