



Rebekah Teel, 6-12-24

Evaluation and management of (Chorioamnionitis)

1. Definition or Key Clinical Information (Jain et al., 2021, Posner et al., 2023)

Acute chorioamnionitis or intrauterine inflammation (IUI) is an inflammatory or an infectious disorder of the chorion, amnion, or both. This infection can progress and involve the umbilical cord, placenta and fetus which can put the birthing person and their fetus at an increased risk for developing serious complications.

2. Assessment

i. Risk Factors (Jain et al., 2021, Posner et al., 2023)

- a. young maternal age (less than 21 years old)
- b. low socioeconomic status
- c. first pregnancy
- d. long labor
- e. membranes that are ruptured for an extended period of time
- f. multiple internal examinations during labor
- g. bacterial vaginosis or GBS colonization
- h. meconium in the amniotic fluid
- i. use of internal monitoring
- j. epidural anesthesia

ii. Subjective Symptoms (Jain et al., 2021, Posner et al., 2023)

- a. fever
- b. racing heart
- c. uterine pain/tenderness
- d. foul-smelling amniotic fluid or discharge

iii. Objective Signs (Jain et al., 2021, Posner et al., 2023)

- a. elevated maternal temperature (100.4 or higher, 2 times 30 minutes apart)
- b. maternal tachycardia (above 100bpm) or fetal tachycardia (above 60bpm)
- c. uterine tenderness/guarding
- d. purulent vaginal discharge

iv. Clinical Impressions (Jain et al., 2021, Posner et al., 2023)

A combination of maternal fever and at least one other objective sign may indicate inflammation or infection.

v. Clinical Test Considerations (Jain et al., 2021, Posner et al., 2023)

- a. amniotic fluid glucose
- b. WBC count
- c. amniotic fluid culture

- d. test for histopathological infection/inflammation in the placenta, fetal membranes, or the umbilical cord vessels

“...tests are often not conclusive and almost always not available until after the infant is delivered. In addition, the findings are also not always aligned with clinical signs.” (Jain et al., 2021).

vi. Differential Diagnosis

- a. Dehydration
- b. Other point of infection
- c. chronic inflammatory disorder

3. Management plan

i. Therapeutic measures to consider within the CPM scope (Posner et al., 2023)

- a. IV fluids

ii. Therapeutic measures commonly used by other practitioners (Jain et al., 2021, Posner et al., 2023)

- a. broad spectrum antibiotics
(combination of ampicillin 2g IV q 6 hrs and gentamicin 1.5 mg/kg q 8 hrs)

“...overexposure of newborns to broad-spectrum antibiotics pending exclusion of early-onset neonatal sepsis, or for “presumed” early-onset neonatal sepsis in the absence of a definitive diagnosis, has potential short- and long-term adverse effects such as higher risks of neonatal morbidity and mortality” (Jain et al., 2021).

iii. Ongoing care (Mayo Clinic, 2023)

- a. Recommend prebiotics and probiotics to restore healthy gut flora
- b. Offer extra PP appointments to check on health of parent and baby

iv. Indications for Consult, Collaboration, or Referral (alsbm, 2018)

- a. Required care is out of scope of practice for an OOH midwife in the state of Alabama.
- b. Transfer care to a medical doctor if chorioamnionitis is suspected or confirmed for antibiotic treatment.

v. Client and family education (Jain et al., 2021, Posner et al., 2023)

- a. Chorioamnionitis often causes preterm labor.
- b. If not treated chorioamnionitis could develop into sepsis for the birthing parent or cause an infection in the baby.
- c. Ensure release of PHI documents signed.
- d. Offer a list of local doctors and send client files to chosen doctor.

4. References

Alabama State Board of Midwifery. (2018). Practice guidelines.

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Mayo Clinic. (2023). Prebiotics, probiotics and the microbes in your gut: Key to your digestive health.

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Posner, G. D., Dy, J., Black, A. Y. & Jones, G. D. (2013). Oxorn-Foote human labor & birth. (6th ed.). The McGraw-Hill Companies, Inc.

MCU Practice Guideline Template

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