

Out-patient Management of Common Infections in Pregnancy

All doses specified apply to patients with normal renal and hepatic functions and, BMI < 30 (based on booking weight)

Clinical condition/diagnosis	Microbiology Investigation	First-line treatment	Alternative(s)
Urinary tract infection (UTI) <i>For empirical treatment please review previous urine culture results, if any</i>	Always send • MSU/CCU for C & S	PO nitrofurantoin 100mg m/r 12 hourly for 7 days (Contraindicated ≥ 37 weeks OR if eGFR <45ml/min) If sensitive to amoxicillin/cefradine (cefalexin): • PO amoxicillin 1g 8 hourly for 7 days • PO cefalexin 500mg 8 hourly for 7 days	If sensitive to trimethoprim • PO trimethoprim 200mg 12 hourly consider 5mg folic acid daily • (for 7 days) (Avoid in the first trimester. Also, in 2nd and 3rd trimester if patient is taking folate antagonists e.g. proguanil and antiepileptic)
Community acquired pneumonia (CAP) 'Low risk' (CRB65= 0)		• PO amoxicillin 1g 8 hourly for 5 days	• PO cefalexin 500mg 8 hourly for 5 days
Abnormal vaginal discharge: Common causes of abnormal vaginal discharge include: Bacterial vaginosis (BV), Vulvovaginal candidiasis (VVC), Trichomoniasis (TV) and other sexually transmitted infection (STIs). Please refer to PHE Primary care guidance on management and laboratory diagnosis of Abnormal Vaginal Discharge HVS culture is indicated in cases of: <ul style="list-style-type: none"> • Recurrent symptoms/treatment failure • Inconclusive assessment • Pre- or post-termination of pregnancy • Postnatal or post-miscarriage 			
• BV	Routine HVS culture is not recommended for laboratory diagnosis of BV	PO metronidazole 400mg 12 h for 5 days	Breast feeding • Intravaginal metronidazole gel (0.75%) once daily at night for 5 days OR • Intravaginal clindamycin cream (2%) once daily at night for 7 days
• VVC ('Thrush')	• Culture not required unless recurrent	Clotrimazole 500mg pv STAT + clotrimazole 1% cream 12 h for 10 days	
• Suspected (STIs): Gonorrhoea (NG)/Chlamydia (CT)/Trichomoniasis (TV)	• Self-taken vaginal swab or low/high vaginal swab in Chlamydia transport medium for CT/NG/TV PCR	Please refer to GUM IM ceftriaxone 500mg STAT + PO azithromycin 1g STAT + PO metronidazole 400mg 12 hourly for 5 days	
Mastitis (<i>If breast abscess: Please refer patient to hospital for I&D/aspiration of abscess</i>)	• Pus/aspirate	PO flucloxacillin 1g 6hourly for 5 days	Po clindamycin 450mg 6 hourly for 5 days

Abbreviations: CCU: Clean-catch urine, C&S: Culture and sensitivity, GUM: Genitourinary medicine, HVS: High vaginal swab, LVS: Low-vaginal swab, pv: *per vaginum*, MSU: Mid-stream urine, ST-VS: Self-taken vaginal swab