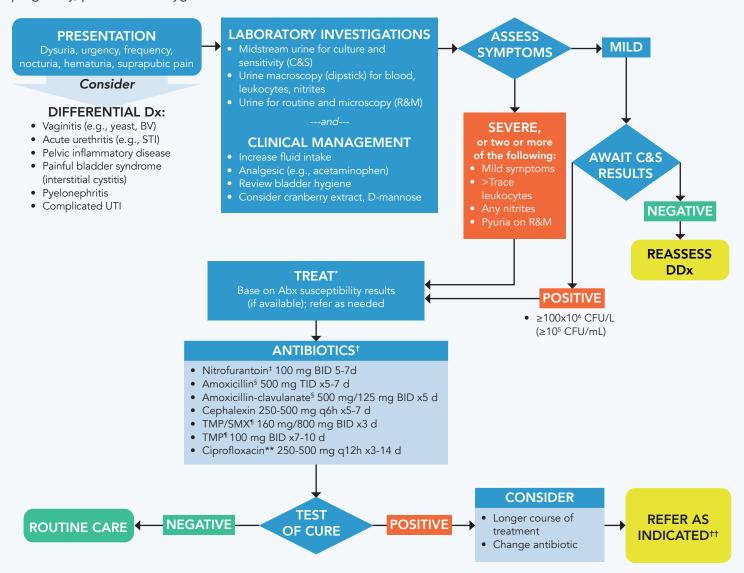
CLINICAL TREATMENT ALGORITHM

Acute urinary tract infection (UTI) in postpartum

RISK FACTORS: Catheterization, number of vaginal exams, CS, AVB, prolonged epidural, PP urinary retention, UTI in pregnancy, poor bladder hygiene



^{*} Monitor infant during treatment if chest/breastfeeding. Consult if vomiting, diarrhea and/or rash. Consider infant probiotic administration (*Lactobacillus rhamnosus and Saccharomyces boulardii*) for antibiotic-associated diarrhea prevention.

REFERENCES

Schneider R, Sant'Anna A. Using probiotics in paediatric populations. Paediatrics & Child Health. 2022 Dec 2;27(8):482-91.

Vazquez JC, Abalos E. Treatments for symptomatic urinary tract infections during pregnancy. Cochrane Database of Systematic Reviews. 2011(1).

[†] Recommended treatment regimens may vary by community and local antimicrobial resistance rates, **this is not an exhaustive list** of antibiotic options for treatment. Further, this algorithm only includes drugs within prescribing scope for Ontario midwives at the time of publication. Additional drugs may be appropriate; midwives may refer as indicated or order/administer under directive as per Ontario Regulation.

[‡] Avoid during first month postpartum if chest/breastfeeding. Avoid if chest/breastfeeding infant at risk for hyperbilirubinemia or G6PD.

[§] E. coli (most common uropathogen in UTI) has high antimicrobial resistance to amoxicillin (up to ~85%). Consider alternate drug for empiric therapy when susceptibility results not yet available.

[¶] Use TMP(/SMX) with caution during first month postpartum if chest/breastfeeding, or if chest/breastfeeding infant with G6PD, or who is jaundiced, unwell or premature. E. coli (most common uropathogen in UTI) has high antimicrobial resistance to TMP(/SMX) (up to ~40%). Consider alternate drug for empiric therapy when susceptibility results not yet available.

^{**} Generally fluoroquinolones avoided if chest/breastfeeding, but can consider if no appropriate alternatives available.

^{††} Assess for urgency & complications (e.g., suspected pyelonephritis) and refer accordingly (community vs. urgent care).