Acute urinary tract infection (UTI) in postpartum

**DIFFERENTIAL DIAGNOSIS**
- Vaginitis (ex: yeast, BV), acute urethritis (ex: STI), pelvic inflammatory disease, painful bladder syndrome (interstitial cystitis)

**RISK FACTORS**
- Catheterization, number of vaginal exams, cesarean section, assisted vaginal birth, prolonged epidural anaesthesia, postpartum urinary retention, previous UTI in pregnancy, poor bladder hygiene

**PRESENTATION**
- Dysuria, urgency, frequency, hematuria, suprapubic pain

**LABORATORY INVESTIGATIONS**
- Midstream urine for culture and sensitivity (C&S)
- Urine macroscopy (dipstick) for blood, leukocytes, nitrites
- Urine for routine and microscopy (R&M)

**SEVERE SYMPTOMS OR TWO OF THE FOLLOWING:**
- Mild symptoms
- > trace leukocytes
- any amount of nitrites
- Pyuria on R&M

**CLINICAL MANAGEMENT OF SYMPTOMS**
- Increase fluid intake
- Review bladder hygiene
- Analgesic (acetaminophen)
- Consider cranberry extract

**TREAT**
- Base on antibiotic susceptibility results if available or review once available, change antibiotic or refer as needed

**FIRST LINE**
- Nitrofurantoin** 100 mg BID x 7 days
- OR
- TMP/SMX*(TMP 160 mg/SMX 800 mg) BID x 7 days
- OR
- TMP 100 mg BID x 7 days

**SECOND LINE**
- Ciprofloxacin 250-500 mg QID x 7 days
- OR
- NB: reserve for clients allergic or hypersensitive to other options

**SYMPTOMATIC**
- Consider
- Reorder longer course of treatment
- Change antibiotic
- REFER TO PHYSICIAN

**ASYMPTOMATIC**
- ROUTINE CARE

**AWAIT CULTURE AND SENSITIVITY**
- POSITIVE
- NEGATIVE
- ROUTINE CARE

**REFERENCES**

*Monitor infant during antibiotic treatment if chest/breastfeeding. Consult if vomiting, diarrhea and/or rash. Consider infant probiotic administration.** Macrobid (nitrofurantoin monohydrate macrocrystals) better tolerated than Macrodantin (macrocystalline nitrofurantoin). Use with caution when chest/breastfeeding premature infants, infants with hyperbilirubinemia or any infant in the first week of life. Avoid when chest/breastfeeding infant with G6PD.

† *E. coli* (most common uropathogen in UTI) has high antimicrobial resistance to TMP/SMX (38.61%)