## Association of Acute urinary tract infection (UTI) in postpartum Ontario Midwives Updated June 2022 Delivering what matters. **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 **DIFFERENTIAL DIAGNOSIS** Vaginitis (ex: yeast, BV), **PRESENTATION** acute urethritis (ex: STI), Dysuria, urgency, frequency, pelvic inflammatory disease, hematuria, suprapubic pain painful bladder syndrome (interstitial cystitis) **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 SYMPTOMS ALONE CLINICAL MANAGEMENT OF SYMPTOMS** Increase fluid intake TWO OF THE FOLLOWING: Mild symptoms Review bladder hygiene > trace leukocytes Analgesic (acetaminophen) **AWAIT CULTURE AND SENSITIVITY** any amount of nitrites Consider cranberry extract · Pyuria on R&M TREAT\* Base on antibiotic susceptibility results if **ROUTINE POSITIVE NEGATIVE** CARE available or review once available, change antibiotic or refer as needed **FIRST LINE SECOND LINE** Nitrofurantoin\*\* 100 mg BID x7 days Ciprofloxacin 250-500 mg QID x7 days OR TMP/SMX<sup>‡</sup>(TMP 160 mg/SMX 800 mg) NB: reserve for clients allergic or BID x7 days hypersensitive to other options OR TMP 100 mg BID x7 days **ROUTINE ASYMPTOMATIC** SYMPTOMATIC CARE Consider **REFER TO** Reorder longer course of treatment **PHYSICIAN** Change antibiotic

\*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 (macrocrystalline 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%)

## References

- 1. College of Midwives of Ontario Standard on Prescribing and Administering Drugs. Toronto: College of Midwives of Ontario; May 2008.
- 2. Anti-infective Review Panel. Anti-infective guidelines for community acquired infections 2010 ed. Toronto:MUMS Guidelines. 2010.
- 3. Stray-Pedersen B. Screening and treatment of bacteriuria in pregnancy and postpartum period. International Urogynecology Journal. 1990 Jun;1(2):100-3.
- 4. Marchand V. Using probiotics in the paediatric population. Paediatrics & Child Health. 2012 Dec 1;17(10):575. Updated June 2019. Retrieved from: https://cps.ca/documents/position/probiotics-in-the-paediatric-population