

CHALLENGES IN THE DIAGNOSIS AND MANAGEMENT OF INTRAUTERINE INFECTION, INFLAMMATION, OR BOTH

Sufia Athar • Sarfrazul Abedin

AL WAKRA HOSPITAL, HAMAD MEDICAL CORPORATION · QATAR

INTRODUCTION

- ✓ TRIPLE I is known to cause detrimental pregnancy outcomes .
- ✓ Not only does TRIPLE I leads to an increase in fetomaternal morbidity and mortality but also increases the financial burden on the patient and the healthcare facilities due to prolong hospital stay and the use of antibiotics.
- ✓ On one hand delay in the diagnosis of TRIPLE I can potentially cause adverse pregnancy outcomes, on the other hand, over-diagnosis leads to inapt antibiotic use, prolonged neonatal intensive care unit (NICU) stay, disruption of mother-infant bonding, delays in breastfeeding, economic burden and emotional stress from the prolonged hospital and NICU stay.

OBJECTIVE

To review the diagnostic challenges and the management issues in women with chorioamnionitis.

MATERIAL AND METHODS

- ❖ An MEDLINE and Embase search was conducted on studies published in English between January online 2000 and January 2022 on chorioamnionitis.
- ❖ 1204 studies were retrieved. Fifty-two quality studies published within the time zone reporting relevant data with good sample size and statistical analysis were included.
- ❖ Issues like diagnostic challenges in women with other causes of maternal pyrexia/tachycardia, challenges with CTG interpretations due to baseline tachycardia, safe mode of induction of labor to expedite delivery in women with poor BISHOP score, challenges in the management of refractory cases and criteria for NICU admission in suspected cases were addressed.
- ❖ The data focused on the challenges and management in chorioamnionitis was retrieved from the studies.

RESULTS

- ❖ The diagnosis of CA may perturb in situations with other causes of maternal pyrexia and after EA, however a good clinical history and examination may aid in excluding the differential diagnosis of CA.
- ❖ The use of Propess (vaginal delivery system) for IOL in these women should be preferred to reduce the induction-delivery interval and unnecessary vaginal examinations.
- ❖ Women with CA should have continuous fetal monitoring in labor, any abnormalities in CTG should be addressed in time to avoid neonatal complications. With isolated uncomplicated tachycardia, corresponding to maternal tachycardia, close observation is recommended but in cases with reduced variability and associated decelerations in CTG, delivery needs to be expedited. If pyrexia persists despite the treatment of CA, MDRO may be considered and placental culture results to be followed and antibiotics to be changed accordingly.
- ❖ Neonatal admission should be based on the clinical scenario and with the aid of Early Onset-Sepsis Calculator, unnecessary admissions can be minimized.

CONCLUSION

- ❑ The diagnosis and management of chorioamnionitis may be challenging in different scenarios.
- ❑ To avoid delay in the diagnosis of chorioamnionitis and unnecessary neonatal admissions, meticulous patient history with assessment of clinical scenarios and excluding the differential diagnosis proves to be beneficial.
- ❑ Future studies on CA will be helpful in deriving recommendations for these controversial issues

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