

Post abortal infection management strategies

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How common is post abortal infection ?

- 0.5 % - 23%
- Variable criteria (clinical, lab, symptom)
- Antibiotics for 'presumed' infection
- Variable study design (retrospective, prospective)
- High risk (PID, Chlam, GC, BV)
- Medical < surgical
- Antibiotics at abortion

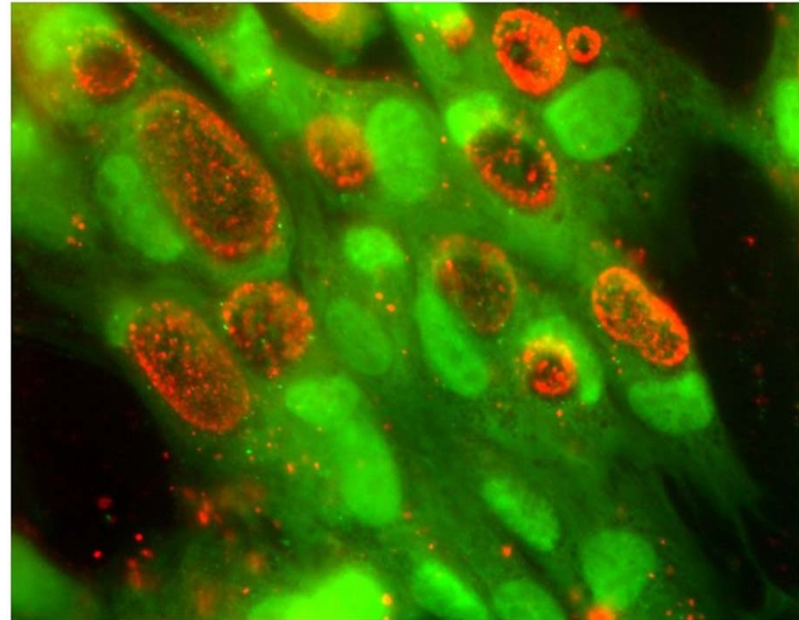
Prevention Strategies

1. Screen- and- treat
2. Antibiotic prophylaxis
3. Antibiotic prophylaxis & screen



1. Screen -and- treat

- Pre abortal testing
- Treat positives
- Chlamydia (4-7%)
- Gonorrhoea (0.5 -1%)
- BV (17% - 29%)



Screen- and-treat

Advantages:

- STI partner notification
- Prevent re-infection
- Selective antibiotics

Disadvantages:

- Limited organisms
- Turnaround time
- False negative



2. Antibiotic prophylaxis

Advantages:

- Cover organisms that not tested
- Reduced infection 'high risk' 50%
- Reduced infection 'low risk' 36%

(Sawaya et al 1996)

- Cheaper (Penney et al 1998)

Disadvantages:

- Compliance
- Failure to test for STI and partner notification
- Adverse effects & possible resistance

3. Antibiotic prophylaxis & screen

- Advantages of both strategies
- Combines costs



Optimal antibiotic regimens

- Tetracyclines (doxycycline, lymecycline)
- Nitroimidazoles (metronidazole, tinidazole)
- Meta analysis comparable protection
(Sawaya et al 1996)
- Duration regimens 1 day to 2 weeks

Suitable regimens

- Doxycycline 100mg oral BD 7 days
PLUS
- Metronidazole 1 G rectal or oral stat.

OR

- Azithromycin 1 G oral
PLUS
- Metronidazole 1 G rectal or oral stat

Conclusion

- Antibiotic prophylaxis
- 'Suitable' antibiotic regimen
- Test STI's to prevent re-infection
- Combined strategy advantages
- Cost