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

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Conclusion

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