

GYNAECOLOGY & OBSTETRICS UPDATE

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The choice of Antibiotics for Uncomplicated Urinary Tract Infection in Pregnancy

- * Urinary-tract infection (UTI) in *pregnancy* requires prompt treatment to prevent progression to acute pyelonephritis even if the UTI is asymptomatic (i.e. asymptomatic bacteruria should be promptly treated and if in doubt sent a repeat MSU before antibiotics are started to confirm culture results).
- * *Uncomplicated UTI* means the patient is not septic and infection is in absence of renal disease or catheterization.
- * Common organisms associated with UTI: *E.coli*, other coliforms, enterococci, *Staph saprophyticus*.
- * In spite of the recent changes in the antibiotics prescribing policy for adults; **Cefalexin 500mg BD** remains the empirical antibiotic of choice for UTI in pregnant women as recommended in the new policy (Collect MSU specimen before starting antibiotics).
- * Once urine culture results are available antibiotics should be selected according to the reported *sensitivities*
 - * **Cefalexin** can be used.
 - * **Nitrofurantoin** may be used but it should be **avoided at the last trimester especially near term.**
 - * **Trimethoprim** should **be avoided in the first trimester.**
 - * **Sulphonamides, quinolones, and tetracyclines should not be used during pregnancy.**
- * Treatment should be for **7 days.**

Reference:

East Sussex NHS Trust Hospital Antibiotics Prescribing Policy for Adults: 2009

Merry Christmas

