

The background features a horizontal splash of ink in shades of blue and pink against a white background. The ink is concentrated in the center and spreads outwards, creating a soft, ethereal glow. The blue ink is on the left and the pink ink is on the right, with some overlapping in the middle.

Perinatal Care

APIC Text Chapter 43

Three most common prenatal infections are:

#1 CMV

- Pregnant women infected with CMV can pass along the virus to their baby during pregnancy
- About 1 out of 200 babies are born with CMV
- Only 1 in 5 babies will get sick or have long term health problems

How is CMV transmitted?

A. Vertically

B. Through body fluids

C. Airborne

D. Contact

#2 Group B Strep

- 1 in 4 women have bacteria that causes GBS disease
- Babies get ill from the bacteria and could die when mothers pass GBS bacteria to the newborn during childbirth
- GBS test is a simple test for pregnant women, they are usually tested between 35 & 37 weeks or if they go into preterm labor

**If a mom is
GBS
positive,
what is the
plan during
labor?**

A. Immunization for baby @ birth

B. Antibiotics during labor

C. No treatment needed

D. Perform a C-Section, deliver baby as soon as possible

#3 Listeriosis

- Listeriosis is a rare but serious infection
- It is caused by eating foods contaminated by the bacteria called Listeria
- A pregnant women is 10 times likely than others to get listeriosis

**What are
some
foods that
may cause
Listeriosis?**

A. Lunch meat

B. Raw milk products

C. Melon at room temperature
for more than 4 hours

D. All of the above

All of the following maternal infections would require withholding breast milk from the newborn except:

A. Breast abscess

B. HIV

C. Untreated active TB

D. Hepatitis C

Rational:

- Currently, maternal HCV is not considered a contraindication for breast-feeding. The decision to breast-feed in the presence of maternal HCV must be an informed decision made by the mother in consultation with her healthcare provider.

Risk factors for development of HAIs in women/newborns include all the following except:

- A. Uncontrolled diabetes
- B. Twin pregnancy
- C. Specific vaginal colonization/infections which includes; UTI, GBS, bacterial vaginosis
- D. High BMI

All of the labor associated risk factors increase the risk for infection except:

A. Preterm Labor

B. Rupture of Membranes

C. Laboring without an epidural

D. Multiple vaginal exams



Case Study:

Clinical Sequence:

- A morbidly obese 26-year-old in the 41st week of her first pregnancy was admitted to Labor & Delivery 3cm dilated and complaining of a sore throat. Her prenatal history included a positive Group B Strep test. The initial external fetal heart rate (FHR) tracing was Category 1; the nurse noted that FHR recording was complicated by the mother's size.
- **12 hours later**, the patient's temperature was 100.5°; she was given Ampicillin and her nurse midwife consulted with the on-call obstetrician (by phone) regarding a potential viral syndrome. The patient was not seen by the obstetrician.

Labor progressing:

6 hours later, the patient had progressed to 4cm; her temperature remained at 100.5° and she was given anti-flu medication (oseltamivir). Oxytocin was also administered.

5 hours later, the patient had progressed to 6cm dilation.

8 hours later, no cervical change.

4 hours later, the patient had progressed to 8cm and her membrane was artificially ruptured.

6 hours later (41 hours since her admission), the mother was fully dilated. Meconium-stained fluid was noted; the FHR tracing was Category 2 with decelerations.

1.5 hours later, chorioamnionitis was diagnosed and treated with antibiotics.

1 hour later, a female infant (3700g) was delivered vaginally; her Apgars were 1/3/5, and she died shortly after birth. Her cultures were negative; autopsy confirmed hypoxic ischemic encephalopathy.

Outcomes:

Allegation

- The mother sued the OB care team (midwife, obstetrician, nurse) alleging that a delay in the treatment of fetal distress and improper management of her labor led to her baby's death.

Disposition

- Experts who reviewed the case for the defense team concluded that a more aggressive response to non-reassuring FHR tracings (i.e., conversion to cesarean delivery) would have been appropriate. Coupled with a delay in the diagnosis and treatment of chorioamnionitis, the case was settled in the high range.