No3 COMMUNITY AND SECONDARY CARE FOR SYMPTOMATIC URINARY INFECTION (UTI) IN PREGNANCY - 14.07.2022 V4

Symptoms of UTI e.g., Burning / pain frequency, urgency during micturition

- Signs and symptoms of pyelonephritis +/- sepsis e.g., loin pain, pyrexia, uterine tightening, and tachypnoea – Screen for sepsis as per local guidance
  - Yes
  - ADMIT via Medics (medics to ensure Obstetric team aware of admission)
  - Follow local pathway for admission
  - TREAT
  - Ensure has card (with DAU code) and bottle/ specimen bag for day 7 testing- advise to drop to DAU or midwifery clinic
  - Arrange repeat MSU 7 days after completion of antibiotics
    - MSU Negative
    - MSU Positive
      - MSU Negative
      - Primary Care Review (can be virtual review) Consider discussion with microbiologist for appropriate treatment
      - Continue routine antenatal care
  - Community Midwife or GP to send MSU and start empirical antibiotics (if symptoms moderate and dipstick positive for nitrates. Refer to South Central antimicrobial network guidance (reference below) to guide treatment options
    - Positive Urine culture with a known urinary pathogen i.e., E. coli, Enterococcus, GBS (10⁵ / ml)- see GBS pathway 19
      - No - Stop Antibiotics
        - Recurrent UTI
          - Repeat MSU each trimester
          - Consider urology review if recurrent pain with UTI

This guidance does not replace the need for application of clinical judgment by clinicians to each individual presentation and specifics of the situation. Pathways current at time of Publication.