

Intrauterine Infection

Information for women who have intrauterine infection during pregnancy or breastfeeding

The information provided below is for readers based in the United States of America. Readers outside of the United States of America should seek the information from local sources.

What is intrauterine infection during pregnancy?

The term *intrauterine infection* refers to the presence of a [bacterial infection](#) within the womb. Since it often affects the membrane layers that surround the developing baby (the chorion and the amnion), the fluid in which the baby floats (amniotic fluid), or parts of the placenta, the condition also has been called an intra-amniotic infection and [chorioamnionitis](#) (the traditional term for the condition). The latter term also encompasses the presence of inflammation (an immune system reaction that produces swelling, and often heat and other characteristics) with the infection, although infection can be present with or without inflammation. Related to this, additional terms used are intrauterine inflammation and intrauterine infection-inflammation (III). A common risk factor for intrauterine infection is rupture of the membranes (breaking of the water) followed by long labor, but intrauterine infection can happen with no membrane breakage, plus it can happen on rare occasions as a result of needle procedures into the womb, such as amniocentesis.

How common is intrauterine infection during pregnancy?

A very high number of pregnant women experience intrauterine infection, but often without any apparent consequences for the pregnancy. In this case, the infection is discovered only through laboratory analysis of the products of birth that come out with the newborn, such as the placenta, and the umbilical cord.

Intrauterine infection is present in 40-70 percent of cases of premature birth in which there is either [premature rupture of membranes](#) (early water breaking), or labor that simply develops too early.

Intrauterine infection also causes problems in 11-13 percent of pregnancies that end in term birth (birth at 38-40 weeks gestation). Premature membrane rupture raises the risk of intrauterine infection particularly if the membrane rupture is followed by labor lasting at least 12 hours. The risk goes up still

more if labor lasts more than 18 hours. Alcohol and [tobacco](#) use raise the risk of intrauterine infection even more than long labor raises it.

How is intrauterine infection during pregnancy diagnosed?

Doctors will be suspicious that there may be an intrauterine infection if the woman has a temperature above 38°C, tenderness in the upper portion of the uterus, and a heartbeat greater than 100 beats per minute if the amniotic fluid has a bad odor, and if the heartbeat of the baby is greater than 160 beats per minute. Additionally, blood tests can help confirm the diagnosis, as most women with an intrauterine infection will have an elevated white blood cell count, and many will also have abnormally high levels of various substances, such as C-reactive protein, soluble intercellular adhesion molecule 1, lipopolysaccharide-binding protein, and interleukin-6. Doctors may also take a sample of amniotic fluid, usually through a needle (amniocentesis) and have the sample tested for the presence of various types of bacteria. Following delivery, the placenta and umbilical cord may be tested for changes in the appearance of their cells, and for the presence of bacteria.

Does intrauterine infection cause problems during pregnancy?

A mother with an intrauterine infection has an elevated risk (2-3 times the normal risk) of requiring a cesarean section. She also has 2-4 times the risk of developing an infection in any of the various tissues surrounding the uterus, of developing [sepsis](#) (infection throughout the blood and body), and of having a postpartum hemorrhage (severe bleeding after giving birth).

Does intrauterine infection during pregnancy cause problems for the baby?

Intrauterine infection may lead to loss of the baby, and also complications in the newborn, particularly sepsis and a condition called fetal inflammatory response syndrome (FIRS). The newborn also is at risk to suffer pneumonia, bleeding in the ventricles of the brain, and brain damage, including a condition called cerebral palsy.

What to consider about taking medications when you are pregnant or breastfeeding:

- The risks to yourself and your baby if you do not treat the intrauterine infection
- The risks and benefits of each medication you use when you are pregnant
- The risks and benefits of each medication you use when you are breastfeeding

What should I know about using medication to treat intrauterine infection during pregnancy?

There is a very strong base of evidence and clinical experience supporting the use of antibiotic medications to treat an intrauterine infection. This approach works very well in reducing or eliminating dangerous complications. Additionally, anti-fever medication can help, such as [acetaminophen](#) (in the US) and [paracetamol](#) (in Europe, Middle East).

Who should NOT stop taking medication for intrauterine infection during pregnancy?

If you have an intrauterine infection, you need to take antibiotics, or you are putting yourself and your developing baby at severe risk.

What should I know about choosing a medication for my intrauterine infection during pregnancy?

Evidence is strong that complications of the infection are best avoided through the use of what doctors call broad-spectrum antibiotics, meaning antibiotic medications that protect against numerous organisms. A woman can take these drugs while doctors are awaiting the results of tests that will determine the identity of the specific bacterial organisms. Specific antibiotics also are selected based on their safety profile in pregnancy (drugs are selected that are thought to be safe for the developing baby).

As for anti-fever medication, acetaminophen and paracetamol are safe during pregnancy.

You may find Pregistrys expert reports about the individual medications used to treat intrauterine infection [here](#). Additional information can also be found in the sources listed at the end of this report.

What should I know about taking a medication for my intrauterine infection when I am breastfeeding?

An antibiotic can be chosen that minimizes risk to a nursing infant. Acetaminophen and paracetamol, given for [fever](#), are thought to be relatively safe in mothers who breastfeed.

What alternative therapies besides medications can I use to treat my intrauterine infection during pregnancy?

Traditionally, obstetricians have made efforts to perform a cesarean section as soon as possible after the discovery of intrauterine infection. However, studies show that early delivery does not improve results for the mother and baby beyond what is achieved through the prompt administration of antibiotic treatment.

What can I do for myself and my baby when I have an intrauterine infection during pregnancy?

Cooperate with your physicians. It is very important to diagnose an intrauterine infection early and begin antibiotic therapy.

Resources for intrauterine infection in pregnancy:

For more information about **intrauterine infection** during and after pregnancy, contact a <http://www.womenshealth.gov/> (800-994-9662 [TDD: 888-220-5446]) or check the following links:

- Healthline: Chorioamnionitis: [Infection in Pregnancy](#)
- Cleveland Clinic: [Chorioamnionitis](#)

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General information

It is very common for women to worry about having a miscarriage or giving birth to a child with a birth defect while they are pregnant. Many decisions that women make about their health during pregnancy are made with these concerns in mind.

For many women these concerns are very real. As many as 1 in 5 pregnancies end in a miscarriage, and 1 in 33 babies are born with a birth defect. These rates are considered the background population risk, which means they do not take into consideration anything about the health of the mom, the medications she is taking, or the family history of the mom or the baby's dad. A number of different things can increase these risks, including taking certain medications during pregnancy.

It is known that most medications, including over-the-counter medications, taken during pregnancy do get passed on to the baby. Fortunately, most medicines are not harmful to the baby and can be safely taken during pregnancy. But there are some that are known to be harmful to a baby's normal development and growth, especially when they are taken during certain times of the pregnancy. Because of this, it is important to talk with your doctor or midwife about any medications you are taking, ideally before you even try to get pregnant.

If a doctor other than the one caring for your pregnancy recommends that you start a new medicine while you are pregnant, it is important that you let them know you are pregnant.

If you do need to take a new medication while pregnant, it is important to discuss the possible risks the medicine may pose on your pregnancy with your doctor or midwife. They can help you understand the benefits and the risks of taking the medicine.

Ultimately, the decision to start, stop, or change medications during pregnancy is up to you to make, along with input from your doctor or midwife. If you do take medications during pregnancy, be sure to keep track of all the medications you are taking.