

Your birth plan is all ready, but have you considered what you'd do about

childbed fever?

Historically, childbed fever (puerperal sepsis) was the leading cause of maternal death in the UK but, due in part to antibiotics, cases have declined significantly since the 1930s and the Confidential Enquiry into Maternal and Child Health reported no deaths attributable to sepsis between 1982 and 1984.

Since then, deaths have increased and septicaemia now accounts for 14% of direct causes of maternal death.

In western medicine today childbed fever is unlikely to be caused by poor hygiene - although historically it was the lack of hygiene standards that led to its spread in epidemic proportions.

It is a very serious form of septicaemia, caused by organisms such as the Group A streptococcus (GAS) bacteria which, if untreated, may lead to toxic shock syndrome, multi-organ failure and death.

Although occasionally caused by retained placenta, most cases have no obvious underlying cause. A perfect, complication free delivery is no guarantee of safety from childbed fever, and anybody can be affected.

For you and your family's sake

please, make sure you're aware

of the symptoms, and of the importance of prompt treatment

raising awareness of childbed fever
www.jessicatrust.org.uk

Childbed fever

*arm yourself
with the facts*

Childbed fever is an infection of the womb in new mothers which can lead to septicaemia.



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Childbed fever: the facts

Childbed fever (also called *puerperal fever* or *puerperal sepsis*) is a treatable illness that kills mothers. It is defined as infection of the uterus following the birth of a child. This infection, if unchecked, may spread into the bloodstream to cause septicaemia (blood poisoning) - a life-threatening illness that progresses in hours, not days, and may kill swiftly.

- ✓ Childbed fever is rare, but is still a threat to mothers
- ✓ Childbed fever is feared by every GP and midwife who has ever seen it
- ✓ Septicaemia accounts for 14% of direct causes of maternal death¹
- ✓ Up to 30% of us may carry a bacterium that can cause it
- ✓ Septicaemia can develop very rapidly
- ✓ Septicaemia can usually be treated quickly and effectively if detected early enough
- ✓ Most cases occur after delivery but septicaemia can also occur after a miscarriage, or during pregnancy or labour
- ✓ Being aware of the symptoms could save your life
- ✗ It is not a disease of the past
- ✗ It is not a hospital acquired infection (HAI) or a 'superbug'
- ✗ It is not caused by poor hygiene
- ✗ Even a healthy immune system will not beat it
- ✗ Delivering naturally and easily, without any complications does not eliminate the risk
- ✗ Being young and healthy doesn't make you 'safe'
- ✗ If you have a home birth, it doesn't make you 'safe'

What are the symptoms?

Possible symptoms of childbed fever in a new mum²

- Headache, feeling generally unwell³
- Sore throat
- Raised temperature (over 38°C is a fever)
- Fast pulse (over 100 beats per minute)
- Fast breathing
- Offensive vaginal discharge
- Rash
- Vomiting and/or diarrhoea
- Abdominal/leg pains



Fever is an obvious sign of infection, but not everyone who develops septicaemia has a temperature, so it is important to look at all of the symptoms as a whole.

If you have two or more of these symptoms, especially if they are getting worse, or if you are in any doubt, please call your GP or midwife, or go to hospital immediately. Remember, the infection can get worse in hours, not days.



¹ Lewis, G (ed) 2007. *The Confidential Enquiry into Maternal and Child Health (CEMACH). Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer - 2003-2005. The Seventh Report on Confidential Enquiries into Maternal Deaths in the United Kingdom*. London: CEMACH.

² two or more symptoms may be an indication & must be checked by a doctor

³ i.e. not 'just tired'

You should not rely on this information as medical advice or a diagnosis. If you are in any doubt, it is imperative that you seek professional diagnosis from a doctor.