

LOWER URINARY TRACT INFECTION IN PREGNANCY V3.0

Comments from the Expert Advisory Group

- Send a mid-stream urine (MSU) for culture.
- Nitrofurantoin should be avoided after 36+0 weeks due to risk of neonatal haemolysis.
- Refer to local resistance patterns for empiric therapy where available and refer to MSU results.
- Amoxicillin has been removed from the empiric treatment table as it is not suitable for empirical treatment due to high rates of resistance and should only be prescribed when pathogen is confirmed to be sensitive to amoxicillin.
- Review empirical treatment with results of MSU culture and susceptibility.
- Trimethoprim should not be prescribed for pregnant patients with established folate deficiency, low dietary folate intake, or women taking other folate antagonists.
- Note guidelines on [asymptomatic bacteriuria in pregnancy](#)
- If [acute pyelonephritis](#) is suspected, consider referral to hospital. Consider acute pyelonephritis / upper urinary tract infection (UTI) when there is:
 - Flank pain which radiates to the iliac fossa and suprapubic area.
 - General systemic disturbance with fever, rigors, vomiting.
 - Tenderness and guarding over the kidney.
 - Nausea and / or vomiting.

Treatment

LOWER UTI IN PREGNANCY EMPIRIC TREATMENT TABLE			
Drug	Dose	Duration	Notes
1st choice options			
Nitrofurantoin Immediate Release Capsules OR	50 mg every 6 hours	7 days	Avoid after 36+0 weeks due to risk of neonatal haemolysis. Immediate / prolonged release should be stated on the prescription ¹
Nitrofurantoin Prolonged Release Capsules	100 mg every 12 hours	7 days	
2nd choice option			
Cefalexin*	500 mg every 8 hours	7 days	Cephalosporins should not be used in severe penicillin allergy.
Alternative (if resistance to the above agents is suspected or if adherence to the above treatment course would be particularly problematic)			
Fosfomycin	3 g	Single Dose	Fosfomycin should only be used after a careful risk-benefit assessment. Data in pregnancy is limited but to date has not indicated teratogenicity. Manufacturer advises that fosfomycin should only be used during pregnancy if clearly necessary. Fosfomycin should ideally be taken at night on an empty stomach and empty bladder to maximise absorption and effectiveness.
*Seek specialist/microbiologist advice in case of severe penicillin allergy in pregnant patients if nitrofurantoin is not an option.			
¹ Two nitrofurantoin formulations are available: nitrofurantoin immediate release capsules (MacroDantin®) and nitrofurantoin prolonged release capsules (MacroBid®). For the treatment of infection the prolonged release capsules are dosed twice daily whilst the standard capsules are dosed four times daily.			

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Patient Information

- [Visit HSE A-Z website for further information on urine urinary tract infections in pregnancy.](#)
- [Bumps – Best use of medicines in pregnancy](#) (from UK Teratology Information Service)