

# PERINEAL WOUND INFECTION V3.0

## Comments from the Expert Advisory Group

Consider sepsis and refer to hospital if suspected.

The patient should be advised regarding correct hygiene of the perineum particularly following episiotomy. Hygiene advice should include daily showering of the perineum, frequent changing of sanitary pads, and hand washing before and after doing this. Advice should be provided on wound care, adequate hydration and the use of laxatives,

If the perineal wound breaks down or there are ongoing healing concerns, refer the woman urgently to specialist maternity services (to be seen the same day in the case of a perineal wound breakdown).

## Treatment

PERINEAL WOUND INFECTION EMPIRIC ANTIBIOTIC TREATMENT TABLE			
Drug	Dose	Duration	Notes
<b>1st choice options</b>			
Co-amoxiclav	625 mg every 8 hours	5-7 days*	Avoid in penicillin allergy
<b>2nd choice options / Penicillin Allergy</b>			
Clindamycin	300 mg - 450 mg every 6 hours	5-7 days*	Caution: risk of <i>C. difficile</i>

\* **Where Group A Strep is identified on culture:** duration of therapy to be extended to **10 days**. Antibiotics should be started for **BOTH** mother and neonates within 28 days of delivery as soon as possible, even if asymptomatic. For management of neonates, please refer to HPSC Guidance on **Management of invasive and non-invasive Group A Streptococcal infection for mothers and neonates within 28 days of delivery** available to download [here](#)

## Patient Information

- An information sheet on 'Antibiotics and breastfeeding' is available from the [Breastfeeding Network UK](#)
- Further information on Antibiotics and Breast-feeding can be found on the [Mother to Baby website](#) (USA) (Search or Use Browse by Medications category).
- [HSE My Child](#) is a useful resource for breastfeeding support and general guidance