Background

confirmed

surgical specimens and treated with antibiotics for suspected sepsis were diagnosed with suspected "Triple I", and 3 of them met the NICHD criteria. 38 (62.3%) had at least another episode of fever or 2 cultures positive for E. coli, Bacteroides spp., or A. baumannii. 61 women (8.23%) had isolation of E. coli (0.2%, 2 F), and 43 (5.9%) had an antibiotic treatment within 72 hours of delivery. 2.41 ± 0.4, 3.3 ± 0.3, 3.6 ± 0.4 and 4.1 ± 0.5. 7 (2.09) met criteria for fever, but all 3 meet Triple I criteria by ACOG criteria. 101 (34.8%) met criteria for maternal fever vs Suspected "Triple I", 82 (30.8%) met criteria for maternal fever vs Confirmed "Triple I", and 93 (31.7%) met criteria for maternal fever vs NICHD criteria for Triple I.

Conclusion

By using the NICHD criteria for Triple I, only 45.1% of women previously diagnosed as clinical suspected Triple I will need antibiotic therapy in lab. By ACOG recommendation, women with isolated fever ≥39.0°C will be diagnosed with suspected "Triple I", 54.61 (88.5%) of them meet criteria for antibiotic therapy.

Table 3. Neonatal outcomes, classification by NICHD criteria

Table 1. Neonatal characteristics, classification by NICHD criteria

Study Design

Retrospective cohort of women who delivered ≥35 weeks gestation between 2/2/2011 - 3/31/2017 and were diagnosed with clinical sepsis ( Trio I, NICHD criteria) and antibiotic use by NICHD criteria. 10.932 deliveries during the study period. 1007 women (74.2%) diagnosed with chorioamnionitis had culture positive and had significant maternal data available in Table 1. 96 were not significantly different in Table 1. 72.5 ± 12.5% had at least another episode of fever or 2 cultures positive for E. coli, Bacteroides spp., or A. baumannii. 61 women (8.23%) had isolation of E. coli (0.2%, 2 F), and 43 (5.9%) had an antibiotic treatment within 72 hours of delivery. 2.41 ± 0.4, 3.3 ± 0.3, 3.6 ± 0.4 and 4.1 ± 0.5. 7 (2.09) met criteria for fever, but all 3 meet Triple I criteria by ACOG criteria. 101 (34.8%) met criteria for maternal fever vs Suspected "Triple I", 82 (30.8%) met criteria for maternal fever vs Confirmed "Triple I", and 93 (31.7%) met criteria for maternal fever vs NICHD criteria for Triple I.

Objective

To evaluate the impact of the new classification "Triple I" on the incidence of chorioamnionitis during labor, need of antibiotics and diagnosis of neonatal sepsis.