

Chorioamnionitis

A plain-English guide for you and your family

WHAT IS HAPPENING

During pregnancy, thin but strong membranes form a sealed, sterile bag around your baby, filled with amniotic fluid. A plug of thick mucus sits in the cervix (the bottom opening of the uterus), acting like a gatekeeper that blocks bacteria from climbing up from the vagina. This system works beautifully most of the time—your baby floats safely in a clean, protected space. But sometimes the barrier fails. The most common way is bacteria climbing up from the vagina, especially after the bag of water breaks or after many hours of labor and repeated vaginal exams. Less often, bacteria arrive through the bloodstream or from an infection higher up. Once bacteria get inside the amniotic sac, they multiply fast. Your immune system detects the invaders and floods the area with infection-fighting cells and chemicals—this triggers a fever, makes your uterus tender and achy, and speeds up both your heart rate and your baby's. If anaerobic bacteria (the kind that live without oxygen) are involved, the discharge may smell foul. The infection can leak into your bloodstream, and your baby can swallow or breathe in infected fluid during labor, leading to serious newborn infection (sepsis). Every sign—the fever, fast heart rates, bad-smelling fluid, uterine pain—points back to one broken thing: bacteria breached the protective barrier and are now multiplying where they should never be.

What you might feel

- Fever above 100.4°F (38.0°C) in mom during labor
- Baby's heart rate stays fast (above 160 beats per minute)
- Mom's heart rate stays fast (above 100 beats per minute)
- Uterus (womb) feels tender or painful when the doctor presses on the belly
- Foul-smelling or cloudy fluid leaking from the vagina
- White blood cell count above 15,000 per microliter
- Mom feels shaky, chilled, or sweaty
- Low blood pressure or mom feeling dizzy and weak

Call the doctor right away if...

- Mom's blood pressure dropping or she feels faint (possible sepsis, meaning infection spreading through the whole bloodstream)
- Baby's heart rate showing late decelerations or staying very low (sign the baby is not getting enough oxygen)
- Mom confused, extremely sleepy, or not responding normally (infection may be affecting the brain)
- Foul-smelling, green, or pus-like fluid coming from the vagina (heavy bacterial load)
- Mom's breathing becomes fast and shallow or she struggles to breathe (infection may be reaching the lungs or causing severe inflammation)

What the care team will do

- Establish large-bore intravenous access and draw blood cultures before starting antibiotics, then administer the first dose of intravenous ampicillin and gentamicin immediately.
- Apply continuous electronic fetal monitoring and assess the fetal heart rate pattern every 15 minutes during active labor.
- Monitor maternal vital signs (temperature, heart rate, blood pressure, respiratory rate, and oxygen saturation) every 1 to 2 hours and immediately report fever above 102°F, heart rate above 120, blood pressure below 90/60, or oxygen saturation below 95%.
- Assess the abdomen for uterine tenderness between contractions and monitor the amount, color, and odor of any vaginal fluid or bleeding.
- Perform hourly intake and output measurement and maintain intravenous fluid administration at the ordered rate, watching for decreased urine output below 30 milliliters per hour.
- Assess maternal mental status and level of consciousness every 2 hours, asking orientation questions and watching for confusion, extreme sleepiness, or agitation.
- Notify the neonatology (newborn intensive care) team before delivery and prepare for immediate newborn evaluation, including blood cultures and possible antibiotic treatment.
- Continue intravenous antibiotics after delivery until the mother has been fever-free for at least 24 hours and monitor for signs of endometritis (uterine infection after delivery), including fever returning, foul lochia (vaginal discharge after birth), or worsening abdominal pain.

Medicines you may be given — and why

Ampicillin

Ampicillin punches holes in the outer wall of bacteria so they burst open and die. It works best against bacteria that have a thick wall, like Group B Strep (a common germ in the vagina) and E. coli (a gut bacterium that can climb up into the uterus). These bacteria often start the infection in chorioamnionitis.

Gentamicin

Gentamicin sneaks into bacteria and jams the machines they use to read their DNA instructions. Without working machines, bacteria can't make the proteins they need to survive, so they die. It hits gram-negative bacteria (like E. coli) especially hard—these are rod-shaped bugs with a thin outer wall and an extra greasy coat that many antibiotics can't cross.

Clindamycin (or Metronidazole)

Both drugs kill anaerobes—bacteria that live without oxygen and thrive in the lower vagina and gut. In chorioamnionitis, these germs can climb up during labor (especially if membranes rupture early) or get into the uterus during a cesarean section when the cut goes through colonized tissue. Clindamycin stops bacteria from making proteins by blocking their ribosome. Metronidazole slips into bacteria, gets activated, and then breaks their DNA so they can't copy themselves.

Acetaminophen (Tylenol)

Acetaminophen turns down the brain's thermostat (the part that sets your body temperature) and blocks pain signals in the brain and spinal cord. It does NOT fight infection or kill bacteria—it only makes the mother more comfortable while antibiotics do the real work of clearing germs. Lowering fever also helps protect the baby, because high temperatures can stress the baby's heart and may slightly raise the risk of complications.

Where this information comes from

- ACOG Committee Opinion No. 712: Intrapartum Management of Intraamniotic Infection (2017)
- SMFM Consult Series #47: Sepsis in Pregnancy (2016)
- CDC Guidelines for Perinatal Care (8th Edition)
- Cochrane Database: Antibiotic Regimens for Management of Intraamniotic Infection (2019)

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