

“The following guidelines are designed to provide guidance to practicing clinicians regarding the patients for **UTI in Early Pregnancy**. These guidelines are not intended to supersede the medical judgment of the attending provider.”

UTI in Early Pregnancy
Effective December 21, 2017

UTIs have the same symptoms, signs and organisms during pregnancy.

- Diagnosis: **Urine culture, even if UA not suggestive (do not order as reflex to culture)**
- Treatment: Ok to start empiric treatment on any pregnant woman with dysuria, with or without a suggestive UA.
- First trimester (<14 weeks gestation) treatment options*

Treatment

First Line Agents		
Amoxicillin	500mg Q 8h	x 7 days
Amox-clavulanate	500mg Q 8h OR 875mg Q 12h	x 7 days
Cephalexin	500mg Q 6h	x 7 days
Cefpodoxime	100mg Q 12h	x 7 days
Fosfomycin	3g PO x 1	
Second Line Agents (Allergy to above or Bacterial Resistance)		
Bactrim DS	1 tab BID	x 3 days
Nitrofurantoin	100 mg BID	x 7 days

* UTI in later pregnancy would be treated the same. Second line agents ok to use after first trimester.

- If Group B streptococcus (GBS) is found in culture, inform OB for tx at delivery.

Pyelonephritis in Pregnancy
<ul style="list-style-type: none"> • Prophylaxis treatment until delivery with nitrofurantoin • Repeat urine culture after 1-2 weeks

Antibiotics to avoid in pregnancy
<ul style="list-style-type: none"> • Tetracycline • Doxycycline • Quinolones • Chloramphenicol

Disclaimer: These referral guidelines have been generated by HHP specialists in collaboration with primary care physicians and are a work in progress. They are provided as general guidance to practicing clinicians, may change with time, and are not intended to supersede the medical judgment of the clinician.