

# On some important points connected with the pathology of puerperal fever.

W.R. McPhun - The pathophysiological basis and consequences of fever

Recommendations on postpartum care in the context of the SARS-CoV-2 infection
Obtaining a mother's fever, which may indicate ongoing SARS-CoV-2 infection, some of the postpartum symptoms that are characteristic of the period, or some pathology, such as breast engorgement, mastitis, urinary tract infection, genital infection, or even common cold.
Disinfecting
<ul style="list-style-type: none"><li>There is no evidence that SARS-CoV-2 is transmitted through breast milk.</li><li>Breastfeeding should be encouraged because it benefits overall maternal and infant health.</li><li>There is no consensus regarding the relative and effectiveness of breastfeeding among mothers with COVID-19. This decision should be taken together with the mother and health workers involved in care delivery.</li><li>There is a risk of infection transmitting SARS-CoV-2 to the infant through respiratory droplets at the time of breastfeeding, even when wearing a surgical mask.</li><li>Mothers who are not breastfeeding during the period of the disease should be encouraged to express breast milk to feed their infant.</li><li>The use of a breast pump is recommended.</li><li>Infected mothers should express breast milk before and after feeding or when pumping breast milk and providing care to their infant, always wearing a surgical face mask.</li><li>Recommend a healthy caregiver to feed the baby in the case of mothers pumping milk.</li></ul>
Care provided to NF
<ul style="list-style-type: none"><li>NF present signs and symptoms that are similar to those exhibited by infected adults: dyspnea, fever, tachypnea, vomiting, and diarrhoea.</li><li>When caring for an NF, always monitor the following signs:<ul style="list-style-type: none"><li>respiratory frequency;</li><li>body temperature;</li><li>heart rate;</li><li> gastrointestinal signs and symptoms.</li></ul></li><li>These results are the most likely of those provided after birth. Daily observation is recommended as soon as abnormal patterns are observed.</li><li>Consider that: The studies conducted in China recommend isolating mothers from infants for 14 days whenever mothers present a positive RT-PCR. Isolation ceases when the mother presents a negative RT-PCR twice in a row. NFs must remain in an isolated unit and have their clinical condition monitored regularly.</li></ul>
Hospital discharge (when signs and symptoms of the disease minimize or cease over time)
<ul style="list-style-type: none"><li>Normothermia is sustained for at least three days.</li><li>Chest radiography indicates a significant improvement.</li><li>Chest radiography shows acute exudative lesions healed or almost disappearance of lung inflammation.</li><li>RT-PCR returns negative twice in a row with an interval above 24 hours between testing.</li></ul>
Care provided to NF at home
<ul style="list-style-type: none"><li>Keep the bathroom at appropriate temperature and humidity levels.</li><li>Keep the bathroom dry, preferably with window open.</li><li>Mothers should not breastfeed.</li><li>Sanitize hands and face frequently when establishing contact.</li><li>Close and disinfect the floor and surfaces with alcohol at 70% or 75% disinfectant chemical compounds.</li><li>Food and coffee made of hot water must be discarded at high temperatures.</li><li>Consider that: When a healthy mother returns home with the infant, she should consider general aspects such as weight gain, height, reflexes, breastfeeding, and vital signs.</li></ul>

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Puerperal septicemiaOn some important points connected with the pathology of puerperal fever.

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Tags: #Contagiousness #of #Puerperal #Fever” #(1843), #by #Oliver #Wendell #Holmes

## Puerperal Infection

IL-1 bioactivity was the first to be identified in an inflammatory fluid.

## Contagiousness of Puerperal Fever” (1843), by Oliver Wendell Holmes

Intracellularly located HSPs have a protective role, including correcting misfolded proteins, preventing protein aggregation, transport of proteins, and supporting antigen processing and presentation, and limiting apoptosis.

## Contagiousness of Puerperal Fever” (1843), by Oliver Wendell Holmes

At the time, Holmes was a practicing physician in Boston.

## The pathophysiological basis and consequences of fever

The historical milestones in the understanding of leukocyte biology initiated by Elie Metchnikoff. In common with other organs, myocardial vessels are dilated, and extravasation occurs into the myofibril structure. He first recommends that physicians who plan on attending to pregnant women should not take part in autopsies on patients who died of puerperal fever.

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