CONDITION

Endometritis

Endometritis is inflammation of the uterine lining, most often caused by a bacterial infection.

WHAT IT IS
Inflammation of the uterine lining, usually from infection

BODY SYSTEM
Female reproductive system

MAIN SYMPTOMS
Pelvic pain, fever, abnormal bleeding, unusual discharge

WHAT CAUSES IT
Usually bacteria entering the uterus

HOW IT IS DIAGNOSED
Clinical assessment; endometrial biopsy for chronic cases

MAIN TREATMENT
Antibiotics and treatment of retained pregnancy tissue

CAN IT BE CURED?
Yes - infection usually clears with treatment

IS IT AN EMERGENCY?
Sometimes - fainting, confusion, breathing trouble, or heavy bleeding

LONG-TERM OUTLOOK
Usually full recovery; complications can affect fertility

Overview

Endometritis is inflammation of the endometrium, the tissue lining the inside of the uterus. It is usually caused by bacteria entering the uterus.

The condition may develop after childbirth, miscarriage, abortion, or a procedure involving the uterus. It can also occur as part of pelvic inflammatory disease, or PID, which affects the upper reproductive organs.

Endometritis may be acute or chronic. Acute endometritis starts suddenly and often causes pain, fever, or discharge. Chronic endometritis lasts longer and may cause mild symptoms or none. It is sometimes found during tests for infertility or repeated pregnancy loss.

Endometritis is different from endometriosis . Endometriosis occurs when tissue similar to the

uterine lining grows outside the uterus. It is not an infection and requires different treatment.

Most bacterial cases improve with antibiotics like amoxicillin or doxycycline . Early treatment matters because an untreated infection may spread or damage nearby reproductive organs.

Symptoms

Acute endometritis may cause:

After childbirth, symptoms can include fever, increasing lower abdominal pain, uterine tenderness, or unpleasant-smelling discharge. Postpartum discharge, called lochia , normally changes in colour and amount over several weeks. A bad smell, fever, or worsening pain is not a normal part of recovery.

Chronic endometritis may cause irregular spotting, mild pelvic discomfort, pain during sex, or ongoing discharge. Some people have no noticeable symptoms and are diagnosed during an assessment for infertility or repeated pregnancy loss.

These symptoms have many possible causes and do not confirm endometritis by themselves.

- Pain or tenderness in the lower abdomen or pelvis
- Fever or chills
- Unusual or unpleasant-smelling vaginal discharge
- Bleeding between periods or heavier bleeding than expected
- Pain during sex
- A general feeling of being unwell

Causes and risk factors

Most cases occur when bacteria move upward through the vagina and cervix into the uterus. Several types of bacteria may be involved.

Endometritis is more likely after childbirth, particularly after a caesarean birth. Labour, changes in the cervix, and separation of the placenta temporarily make it easier for bacteria to enter the uterus.

Other risk factors include:

An intrauterine device, or IUD, carries a small short-term infection risk around insertion if bacteria are already present in the cervix. An IUD does not usually cause ongoing uterine infection.

Chronic endometritis may follow a previous infection or involve organisms that remain in the uterine lining. Genital tuberculosis is an uncommon cause in some parts of the world. Sometimes no specific organism is found.

- A long labour or a long time between the waters breaking and birth
- Infection of the membranes and amniotic fluid during labour
- Placental or pregnancy tissue remaining in the uterus
- Miscarriage or abortion
- Procedures that pass instruments through the cervix
- Untreated sexually transmitted infections, especially chlamydia or gonorrhoea
- Pelvic inflammatory disease

Diagnosis

Diagnosis is based on symptoms, recent pregnancies or procedures, sexual health history, and examination. A pelvic examination may identify uterine or cervical tenderness, bleeding, or discharge.

After childbirth, the pattern of fever, uterine tenderness, pain, and discharge may provide enough evidence to begin treatment. Other possible causes of fever, including urinary, wound, or breast infection, may also need consideration.

Tests may include:

An ultrasound cannot reliably rule out uncomplicated endometritis. Results must be considered with symptoms and examination findings.

Chronic endometritis is usually confirmed with an endometrial biopsy . A small sample of the uterine lining is removed and examined for plasma cells, a type of immune cell associated with chronic inflammation.

A camera examination of the uterus, called hysteroscopy, may show supporting changes, but biopsy is generally more useful for confirmation.

- A pregnancy test
- Vaginal or cervical samples for sexually transmitted infections
- Blood tests for infection or inflammation
- Blood cultures if the infection appears severe

- Urine testing
- Ultrasound to check for retained pregnancy tissue, an abscess, or another cause of bleeding

Treatment and management

Antibiotics are the main treatment for infectious endometritis. The medicines used depend on whether the infection followed childbirth, is connected with PID, or may involve a sexually transmitted infection.

Postpartum endometritis often requires hospital treatment with antibiotics given into a vein. This provides broad treatment against the bacteria involved and allows recovery to be monitored.

Some mild infections unrelated to childbirth can be treated with oral antibiotics. More serious illness, pregnancy, an abscess, vomiting, or difficulty taking tablets may make hospital care necessary.

If tissue remains in the uterus after childbirth, miscarriage, or abortion, antibiotics alone may not be enough. A procedure may be needed to remove it. An abscess may occasionally need drainage.

If chlamydia, gonorrhoea, or another sexually transmitted infection is found, recent sexual partners may need testing and treatment. Follow advice about avoiding sex until treatment is complete and the risk of passing on the infection has been addressed.

Take antibiotics for the full prescribed course, even if you feel better. Contact the treating service if symptoms worsen or do not begin to improve within the expected period. Persistent fever may require tests for retained tissue, an abscess, resistant bacteria, or a blood clot in the pelvic veins.

Treatment for chronic endometritis is less standardised. It may involve antibiotics selected according to test results and the suspected cause. A repeat biopsy or hysteroscopy is sometimes considered during fertility care but is not always needed.

Complications

Most people recover without lasting problems when the infection is treated.

Possible complications include:

Fertility problems are more likely when infection is severe, treatment is delayed, or the

fallopian tubes are involved. Endometritis does not necessarily mean you will be unable to become pregnant.

Chronic endometritis has been associated with infertility and repeated pregnancy loss, although research is still examining how often it directly causes these problems and who benefits most from treatment.

- A pelvic abscess
- Infection around the uterus
- Infection spreading into the abdomen or bloodstream
- Sepsis, a dangerous whole-body response to infection
- A blood clot in a pelvic vein
- Scar tissue inside the uterus
- Fallopian tube damage when endometritis occurs with PID
- Difficulty becoming pregnant or a greater risk of pregnancy outside the uterus

Prevention

Endometritis cannot always be prevented, even when childbirth or a uterine procedure is managed appropriately.

Antibiotics given around a caesarean birth reduce the risk of postpartum infection. These are arranged as part of maternity care rather than taken independently.

Using condoms, having recommended sexual health tests, and completing treatment for sexually transmitted infections may reduce risk. Partners may also need treatment to prevent reinfection.

Seek medical advice for fever, worsening pelvic pain, or unpleasant-smelling discharge after childbirth, miscarriage, abortion, or a uterine procedure. Early assessment may prevent serious infection.

Living with it and what to expect

With effective treatment, acute symptoms often begin to improve within several days, although pain, fever, and discharge may settle at different rates. Recovery after childbirth or a procedure may also involve tiredness and discomfort.

If symptoms do not improve, the diagnosis and treatment may need review. Most people do not require long-term treatment once an acute infection has cleared. Follow-up may be recommended after a severe infection, retained tissue, an abscess, PID, or a sexually transmitted infection.

Chronic endometritis can take longer to assess. If it was found during fertility testing, your care plan may include treatment and discussion of whether further testing would be useful. Evidence about repeated biopsies and pregnancy outcomes is still developing.

Many people have healthy pregnancies after endometritis. Future fertility depends partly on whether the fallopian tubes or uterine cavity were damaged. Arrange a routine review if your periods change, pelvic pain continues, or you have difficulty becoming pregnant.

When to get medical help

Arrange prompt, same-day medical assessment if you have fever, worsening pelvic pain, unusual discharge, or unexpected bleeding after childbirth, miscarriage, abortion, IUD insertion, or another uterine procedure.

Also seek prompt care for pelvic pain with fever, pain during sex, bleeding between periods, or possible exposure to a sexually transmitted infection. If you are pregnant and develop these symptoms, contact your maternity service urgently.

Seek emergency help for:

These symptoms may indicate severe bleeding, sepsis, or another urgent condition.

Routine follow-up is appropriate if treatment has finished and you feel well but want to discuss persistent spotting, mild discomfort, fertility concerns, or sexual health retesting.

- Fainting, confusion, severe weakness, or difficulty staying awake
- Trouble breathing or very fast breathing
- Severe or rapidly worsening abdominal or pelvic pain
- Heavy bleeding, especially with dizziness or weakness
- Cold, clammy, pale, or mottled skin
- A very fast heartbeat with fever or feeling seriously unwell

Common questions

Is endometritis the same as endometriosis?

No. Endometritis is inflammation of the uterine lining, usually due to infection. Endometriosis is a long-term condition in which tissue similar to the uterine lining grows elsewhere in the body. Antibiotics do not treat endometriosis.

Can endometritis go away on its own?

Symptoms may become less noticeable, but a suspected bacterial infection should not be left untreated. Antibiotics can prevent it from spreading or causing damage. Chronic inflammation also needs assessment because symptoms cannot show whether it has cleared.

Is endometritis a sexually transmitted infection?

Not always. It commonly occurs after childbirth or a uterine procedure. However, chlamydia and gonorrhoea can cause endometritis as part of PID. Testing determines whether partners also need care.

Can endometritis cause infertility?

It can affect fertility if inflammation damages the fallopian tubes or scars the uterus. Chronic endometritis has also been associated with infertility. Many people recover without fertility problems, especially after prompt treatment.

Can I become pregnant after endometritis?

Many people can. The outlook depends on the infection's severity and whether it damaged the uterus or fallopian tubes. A fertility assessment may help if pregnancy does not occur after the usual period of trying for your age and circumstances.

How long does recovery take?

Some people feel better within a few days of starting effective antibiotics, but full recovery may take longer after childbirth, surgery, or severe infection. Ongoing fever, worsening pain, or no clear improvement requires medical review rather than waiting for the treatment course to end.

Sources

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