

Intravenous co-amoxiclav to prevent infection after operative vaginal delivery: the ANODE RCT

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Plain English summary

The ANODE RCT

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Plain English summary

Maternal infection is a common problem after women have had a baby with the assistance of forceps or ventouse (vacuum/suction cup). We estimate that up to 1 in 10 women will have an infection around their birth canal, and almost 1 in 20 may have a more severe infection, such as an infection in the bloodstream (sepsis). A single dose of antibiotics at the time of giving birth has been shown to be effective in preventing maternal infection after caesarean birth. The aim of this trial was to investigate whether or not a single dose of preventative antibiotics was similarly effective at preventing maternal infection after giving birth with the assistance of forceps or ventouse.

Women who were giving birth at > 36 weeks of pregnancy with the assistance of forceps or ventouse were randomly allocated (i.e. by chance, like tossing a coin) to receive an injection of antibiotics into a vein (intravenous) or an injection of salt solution without any antibiotics after their baby was born.

Around 11 in 100 new mothers who received antibiotics had an infection within 6 weeks of delivery, compared with 19 out of 100 who did not receive antibiotics. Women receiving antibiotics also reported better healing and less discomfort from the wounds around the birth canal [either from tears or from the cut (episiotomy) used to help delivery] at 6 weeks after giving birth, and had fewer outpatient or general practitioner visits because of concerns about the wounds around the birth canal.

This trial, therefore, showed that a single dose of antibiotics was very effective at preventing maternal infection after giving birth with the assistance of forceps or ventouse, as well as leading to better healing and less pain, and suggests that a single dose of antibiotics could become part of normal care.

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This report

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