WHO recommendation against routine antibiotic prophylaxis for women with episiotomy

01 September 2015

Recommendation

Routine antibiotic prophylaxis is not recommended for women with episiotomy.

(Consensus view, strong recommendation)

Publication history

First published: September 2015

Updated: no update planned

Assessed as up-to-date: September 2015

Remarks

- The above recommendation was based on a consensus of the GDG in view of a high rate of episiotomy and the potential impact of antibiotics, in the absence of clinical benefits on public health. The GDG puts its emphasis on avoidance of emerging antimicrobial resistance at the global level and, therefore, made a strong recommendation. This recommendation applies to the use of antibiotics before or immediately after episiotomy repair following vaginal birth. Antibiotics should be administered when there are clinical signs of infection of an episiotomy wound.
- The GDG emphasized the need for health systems to adopt a policy of restrictive rather than routine use of episiotomy to reduce its potential complications and the use of additional resources for its treatment.
- Second-degree perineal tear is anatomically similar to an episiotomy and does not warrant the use of prophylactic antibiotics.
- In a situation where an episiotomy wound extends to become a third- or fourth-degree perineal tear, prophylactic antibiotics should be administered as recommended in this guideline (see recommendation on routine antibiotic prophylaxis for women with third- or fourth-degree perineal tear).
**Background**

Bacterial infections during labour and the puerperium are among the leading causes of maternal mortality worldwide, accounting for about one tenth of the global burden of maternal deaths.\(^1\) While the number of deaths arising from these infections has decreased considerably in high-income settings, the situation has not improved in resource-limited settings. Most of the estimated 75,000 maternal deaths occurring worldwide yearly as a result of infections are recorded in low-income countries.\(^3\) Although the reported incidence in high-income countries is relatively low (between 0.1 and 0.6 per 1000 births), it is nonetheless an important direct cause of maternal mortality.\(^3\), \(^4\)

Apart from deaths and acute morbidities associated with infections during or following childbirth, long-term disabilities such as chronic pelvic pain, fallopian tube blockage and secondary infertility can also occur. Maternal infections around childbirth also have a considerable impact on newborn mortality, and an estimated 1 million newborn deaths are associated with such infections annually.\(^5\), \(^6\) In addition, infection-related morbidities and prolonged hospitalization can interfere with mother–infant bonding in the first days after birth.

**Methods**

The recommendation was developed using standardized operating procedures in accordance with the process described in the “WHO handbook for guideline development”, guided by the GRADE approach.\(^7\)

Outcomes used for this recommendation were aligned with the prioritized outcomes from the WHO recommendations on prevention and treatment of maternal peripartum infections (2015).\(^8\)

A systematic review was conducted to evaluate the effectiveness of antibiotic prophylaxis on infectious morbidity following episiotomy in women giving vaginal birth.\(^9\) In the review, randomized controlled trials relevant to the key question were screened by review authors, and data on relevant outcomes and comparisons were extracted. Evidence profiles (in the form of GRADE tables) were prepared for comparisons of interest, including the assessment and judgments for each outcome, and the estimated risks.

WHO convened a Guideline Development Group (GDG) meeting on recommendations on prevention and treatment of maternal peripartum infections in September 2015, where this recommendation was developed. The GDG comprised of a group of independent experts, who used the evidence profiles to assess evidence on effects on the pre-specified outcomes. GDG members discussed the balance between desirable and undesirable effects, overall quality of supporting evidence, values and preferences of stakeholders, resource requirements, cost-effectiveness, acceptability, feasibility and equity, to formulate the recommendation. Remarks were added to clarify the recommendation, and aid implementation.

**Recommendation question**

For this recommendation, we aimed to answer the following question:

- Among women who had an episiotomy for vaginal birth (P), does routine antibiotic prophylaxis (I), compared with no routine antibiotic prophylaxis (C), prevent maternal infectious morbidities and improve outcomes (O)?

**Evidence Summary**
A systematic review was conducted to evaluate the effectiveness of antibiotic prophylaxis on infectious morbidity following episiotomy in women giving vaginal birth. Based on a prespecified protocol, a detailed search was conducted in MEDLINE, EMBASE, CENTRAL and the CINAHL databases for randomized and non-randomized studies that addressed these questions. Of the 831 citations generated by these search strategies, 38 full-text articles were retrieved for further assessment. None of these studies met the inclusion criteria for this review.(9)

Implementation considerations

- The successful introduction of this recommendation into national programmes and health-care services depends on well-planned and participatory consensus-driven processes of adaptation and implementation. The adaptation and implementation processes may include the development or revision of existing national guidelines or protocols based on this recommendation.
- The recommendation should be adapted into a locally appropriate document that can meet the specific needs of each country and health service. Any changes should be made in an explicit and transparent manner.
- A set of interventions should be established to ensure that an enabling environment is created for the use of the recommendations, and that the behaviour of the healthcare practitioner changes towards the use of this evidence-based practice.
- In this process, the role of local professional societies is important and an all-inclusive and participatory process should be encouraged.

Research implications

The GDG identified that further research on the following high-priority questions is needed:

- What are the effects of routine prophylactic antibiotics on perineal wound infection morbidity among women with episiotomy?

Related Links


Supporting systematic review:


References


Citation


Published on RHL (https://extranet.who.int/rhl)

Home > WHO recommendation against routine antibiotic prophylaxis for women with episiotomy