Antibiotics for incomplete abortion

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Key findings

The review assessed the effectiveness of routine antibiotics prophylaxis to prevent infection in women with incomplete abortion.

However, one trial was available and no clear conclusions can be drawn.

Evidence included in this review

One trial was included in the review, with 140 female participants who had been admitted with a diagnosis of incomplete abortion in a tertiary facility. All participants underwent surgical evacuation for the incomplete abortion management and was randomised to one of two groups: antibiotics (Tetracycline 500mg four times daily for one week) with evacuation OR evacuation alone. Primary outcome was postabortal sepsis.

Quality assessment

The GRADE approach was not used. The study had adequate allocation concealment and outcome assessment was blinded, however compliance with antibiotic treatment in the trial was low.

Clinical implications

The review found that there is a lack of evidence on whether antibiotics should be routinely used for women with an incomplete abortion. Judgement on whether it should be provided should be determined by the health care provider based on the clinical situation.

Further research

Research in this area is urgently required.

Cochrane review

Abstract

Unsafe abortions result not only in costs for acute care but may also be responsible for longer-term complications such as pelvic inflammatory disease, damage to reproductive organs, and secondary infertility. If effective, antibiotic prophylaxis at the time of the procedure can potentially prevent these adverse consequences.

The value of routine antibiotics before surgical evacuation of the uterus in women with incomplete abortion is controversial. In some health centres antibiotic prophylaxis is advised; in others antibiotics are only prescribed when there are signs of infection. The objective of this review is to evaluate the effectiveness of routine antibiotic prophylaxis to women with incomplete abortion.

We searched the Cochrane Controlled Trials Register, Pubmed/MEDLINE, EMBASE and Popline. Date of last search: January 2007.

Randomised trials comparing a policy of routine antibiotic prophylaxis with no routine prophylaxis were eligible for inclusion.

Data extraction was conducted by two reviewers independently. Trial quality was assessed.

One study involving 140 women was included. A second well-conducted trial was excluded because of high losses to follow-up. No differences were detected in postabortal infection rates with routine prophylaxis or control. However, compliance with antibiotic treatment was also low.

There is not enough evidence to evaluate a policy of routine antibiotic prophylaxis to women with incomplete abortion.

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