Prophylactic antibiotics for manual removal of retained placenta in vaginal birth

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RHL Summary

Key findings

There were no randomized controlled trials addressing whether prophylactic antibiotics reduce the risk of infection after manual removal of retained placenta after vaginal delivery.

Evidence included in this review

None

Quality assessment

Not applicable

Clinical implications

There is no evidence to support the use of routine prophylactic antibiotics for manual removal of retained placenta after vaginal birth.

Further research

Well designed with adequate sample size randomized controlled trials should be conducted to evaluate the effectiveness and safety of prophylactic antibiotics for manual removal of retained placenta after vaginal birth.

Cochrane review


Abstract

Retained placenta is a potentially life-threatening condition because of its association with postpartum hemorrhage. Manual removal of placenta increases the likelihood of bacterial contamination in the uterine
cavity.

To compare the effectiveness and side-effects of routine antibiotic use for manual removal of placenta in vaginal birth in women who received antibiotic prophylaxis and those who did not and to identify the appropriate regimen of antibiotic prophylaxis for this procedure.

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (31 July 2014).

All randomized controlled trials comparing antibiotic prophylaxis and placebo or non antibiotic use to prevent endometritis after manual removal of placenta in vaginal birth.

There are no included trials. In future updates, if we identify eligible trials, two review authors will independently assess trial quality and extract data.

No studies that met the inclusion criteria were identified.

There are no randomized controlled trials to evaluate the effectiveness of antibiotic prophylaxis to prevent endometritis after manual removal of placenta in vaginal birth.

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