Antibiotic regimens for management of intra-amniotic infection

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1. EVIDENCE SUMMARY

Two trials were included in the review. One trial compared an intrapartum regimen of ampicillin plus gentamycin for reducing postpartum infection to the same regimen postpartum (1). Immediate intrapartum treatment seemed to be more effective in reducing neonatal sepsis (relative risk; RR: 0.08, 95% confidential interval CI: 0.00–1.44) and neonatal pneumonia (RR: 0.15, 95% CI: 0.01 to 2.92). The second trial compared a regimen of ampicillin plus gentamycin with ampicillin plus gentamycin plus clindamycin. With both regimens there were similar numbers of newborn complications and fewer cases of postpartum endometritis. However, given that only two trials involving 181 women were eligible for inclusion, the confidence intervals are wide and the evidence base is quite weak.

The review seems to have been conducted satisfactorily.

2. RELEVANCE TO UNDER-RESOURCED SETTINGS

2.1. Magnitude of the problem

Intra-amniotic infection is a serious complication of pregnancy. It can lead to postpartum endometritis as well as systemic infection. Clinical and subclinical infections contribute to a sizeable proportion of preterm labour cases. In a series of patients admitted to hospital with a diagnosis of preterm labour 10% had positive bacteriological culture (2). Among term patients the prevalence rate of subclinical infection was estimated around 1–5% (3).

2.2 Applicability of the results

The two trials included in the review were conducted in the U.S.A, where access to laboratory investigations and appropriate antimicrobial regimen are likely to be better than low- and middle-income countries. However, the paucity of sufficient data makes the issue of applicability of the results of the review less relevant.

2.3. Implementation of the intervention

While the evidence base is not strong, it would seem prudent to start antibiotics to women with clinical intra-amniotic infection because the consequences of not doing so are potentially dangerous. Since most
infections seem to be polymicrobial a combined regimen effective against Gram-positive and Gram-negative organisms based on the local flora and resistance patterns is recommended

3. Research

There is a need for randomized controlled trials in low-income countries to evaluate optimal antibiotic regimens.

References


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