World Health Organization releases new recommendations to comprehensively address the problem of maternal peripartum infections

Sir,

Globally, bacterial infection around the time of childbirth has been acknowledged as one of the predominant causative factors of maternal mortality, accounting for almost 10% of the maternal deaths worldwide.[1] Further, other than mortality, these women are at a great risk of a wide range of morbidity and complications such as chronic pelvic pain, interference with the patency of the uterine tubes, and infertility.[1,2] From the newborn perspective, these peripartum infections also contribute to the deaths of more than 1 million newborns every year.[1] A major share of these peripartum infections has been reported from the resource-constrained settings of the low- and middle-income nations.[1,3]

A wide range of factors, such as preexisting maternal conditions (e.g. malnutrition, diabetes, etc.), delivery under aseptic conditions, delivery performed by untrained persons, variable line of approach/management strategy for peripartum infections by different health professionals, prolonged rupture of membranes, repeated vaginal examinations, delivery performed by caesarean section, manual removal of the placenta, have been linked with maternal infections around the time of childbirth.[1] It is a major cause of public health concern as cost-effective interventions for prevention and management of maternal sepsis are available for years together.[1,2]

Acknowledging the magnitude of the problem, its global distribution, and being preventable, the World Health Organization has released a set of guidelines (do's and don'ts) to be followed at that time of childbirth, when the survival chances of both mother and newborn is at highest stake.[1] The ultimate aim of the guideline is to endorse those measures that are effective, but still used less often, and at the same time deter from those practices that are either ineffective or potentially detrimental to the mother, newborn, and the general community.[1]

The key recommendations are to perform a digital examination every four hourly to assess the progress of the first stage of labor, to carry out vaginal cleansing with povidone iodine before caesarean section, and to administer antibiotics in selected conditions (*viz*., before making an incision while performing caesarean section, women with group B streptococci colonization, manual removal of placenta, third of fourth degree perineal tear, chorioamnionitis, and postpartum endometritis).[1,4] However, the practice of performing vaginal cleansing with chlorhexidine during labor to prevent infections or to administer antibiotics (universally to all pregnant women during the second/third trimester for prevention of infections, women with intact membranes/prelabor rupture of membranes at term/meconium-stained amniotic fluid/uncomplicated vaginal birth/assisted vaginal delivery/episiotomy) have all been strongly discouraged.[1,5] In addition, an extra emphasis is given on identification of factors that can prevent infection during the antenatal period—promotion of hand hygiene and use of clean tools; adherence to standardized surgical procedures; implementation of standardized infection prevention and control measures; thoughtful use of antibiotics; and maintenance of a clean hospital environment, especially water supply and sanitation facilities.[1,6]

To conclude, in order to prevent maternal and neonatal morbidities and deaths resulting from infections around the peripartum period across the world, there is an indispensable need to uniformly implement the recommended measures at all possible levels of the health-care delivery system.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Quick Response Code:

Website: www.jmsjournal.net

DOI: 10.4103/1735-1995.192505

How to cite this article: Shrivastava SR, Shrivastava PS, Ramasamy J. World Health Organization releases new recommendations to comprehensively address the problem of maternal peripartum infections. J Res Med Sci 2016;21:89.