

Vaginal Cleansing at the Time of Caesarean Section

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Key Amendments

Date	Amendments	Approved by
April 2021	Document reviewed and approved	Maternity Governance Meeting
4 th June 2024	Document extended for another 12 months whilst under review	Maternity Governance
19 TH April 2024	Document reviewed and approved with no changes required	Maternity Governance

Aims:

To introduce pre-operative vaginal cleansing at the time of caesarean section at Worcester Royal Hospital.

The World Health Organisation recommends that vaginal cleansing is performed prior to caesarean section to reduce maternal post-operative infection.

Benefits from this procedure, taken from the Cochrane review on this topic, published in 2020:

- 1) Reduction in endometritis. The Cochrane review suggests a reduction from 7.1% to 3.1%
- 2) Reduction in postoperative fever
- 3) Reduction in wound infection

A greater impact was seen in women in labour undergoing caesarean section, but no difference was seen between women with ruptured vs intact membranes at the time of caesarean.

Other likely benefits:

- Reduction in post-operative maternal infection reduces admission time for the mother and infant,
- This improves the quality of the postpartum period for the woman and her infant
- It reduces exposure to antibiotics, which is an issue in this time of increasing antibiotic resistance.

- Unexplained fever in the current climate prompts investigation for COVID-19, and the associated isolation requirements, PPE costs and anxiety for healthcare workers and patients.

Case selection:

- To be used for all Category 2, 3 and 4 caesarean sections
- To be used for Category 1 caesarean sections under spinal anaesthetic if time allows

Contraindications

- Face presentation with ruptured membranes
- Placenta praevia
- Cat 1 caesarean section under GA

In these cases the vagina should be cleaned post-operatively with chlorhexidine

- Allergy to Chlorhexidine or Cetrimide – In these cases vaginal cleansing cannot be done

Personnel

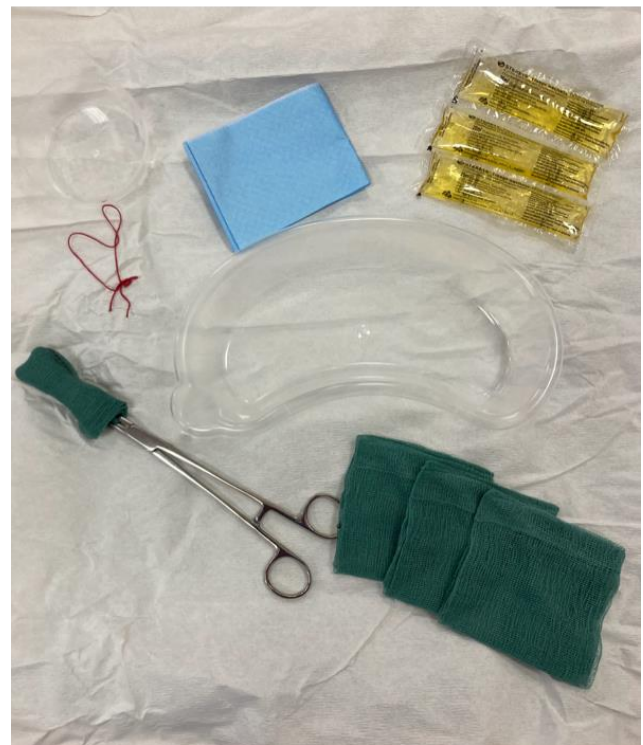
- To be performed by the midwife or student midwife at the time of catheterisation. If the catheter has already been inserted in the delivery room, to be performed after spinal or epidural top up.

Equipment required:

- Catheterisation pack
- Rampley sponge Forceps
- 5 Gauze swabs – 10 x 10cm (Part of catheterisation pack)
- Tisept x 3 (0.015% chlorhexidine gluconate with 0.15% centrimide). This will also be used for cleaning prior to catheterisation. If catheterisation has already been performed in the room only 2 packets will be required.

Method for use:

- To be done at the time of catheterisation or, if already catheterised following spinal or epidural top up by the MW or Student midwife
- Place the patient in a supine position with her knees bent and legs apart (as for catheterisation)
- Catheterise as per usual technique if this is required in theatre using 2-3 gauze swabs
- Wrap gauze swab around the end of the Rampleys Sponge forceps and soak in Tisept.
- Place into the vagina and clean the vagina in a circulation motion for 30 seconds
- This can be repeated if necessary with the remaining swab
- Place the legs down and proceed with caesarean section
- Ensure all instruments and swabs are accounted for



References:

World Health Organization. WHO recommendations for prevention and treatment of maternal peripartum infections. World Health Organisation. 2015;80.

Haas DM, Morgan S, Contreras K, Kimball S. Vaginal preparation with antiseptic solution before caesarean section for preventing postoperative infections [Internet]. Vol. 2020, Cochrane Database of Systematic Reviews. John Wiley and Sons Ltd; 2020 [cited 2020 Oct 11]. Available from: <https://pubmed.ncbi.nlm.nih.gov/32335895/>