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.

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