

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 or 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.

Saurabh R Shrivastava, Prateek S Shrivastava, Jegadeesh Ramasamy

Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, Chennai, Tamil Nadu, India

Address for correspondence: Dr. Saurabh R Shrivastava, Department of Community Medicine, Shri Sathya Sai Medical College and Research Institute, 3rd Floor, Thirupurur - Guduvancherry Main Road, Ammapettai Village, Sembakkam Post, Kancheepuram - 603 108, Tamil Nadu, India.
E-mail: drshrishri2008@gmail.com

REFERENCES

1. World Health Organization. WHO Recommendations for Prevention and Treatment of Maternal Peripartum Infections. Geneva: WHO Press; 2015. p. 1-6.

2. Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, *et al.* Global causes of maternal death: A WHO systematic analysis. *Lancet Glob Health* 2014;2:e323-33.
3. World Health Organization. Maternal Mortality - Fact Sheet No. 348; 2014. Available from: <http://www.who.int/mediacentre/factsheets/fs348/en/>. [Last accessed on 2015 Oct 5].
4. Morisaki N, Ganchimeg T, Ota E, Vogel JP, Souza JP, Mori R, *et al.*; WHO Multicountry Survey on Maternal and Newborn Health Research Network. Maternal and institutional characteristics associated with the administration of prophylactic antibiotics for caesarean section: A secondary analysis of the World Health Organization Multicountry Survey on Maternal and Newborn Health. *BJOG* 2014;121(Suppl 1):66-75.
5. Shrivastava SR, Shrivastava PS, Ramasamy J. To perform or not to perform caesarean section: A controversial decision. *Ann Trop Med Pub Health* 2015;8:224-5.
6. World Health Organization. United Nations' Children's Fund. Water, Sanitation and Hygiene in Health Care Facilities - Status in Low- and Middle-Income Countries and Way Forward. Geneva: WHO Press; 2015. p. 2-7.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

| Access this article online | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 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;21:84.

