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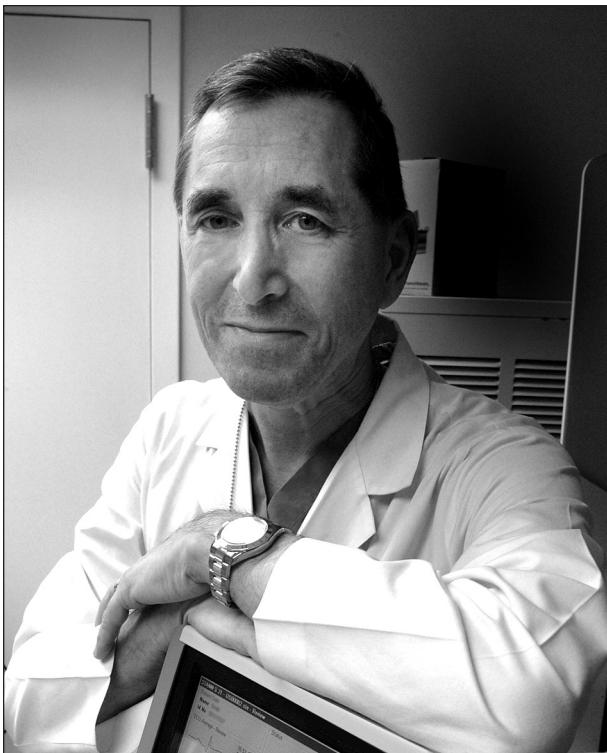
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A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the September-October 2021 Editor-in-Chief's page, which will focus on a single study that has important implications for obstetric care.



Lawrence D. Devoe, M.D., Editor-in-Chief

In This Issue

Evaluating the Efficacy of Surgical Site Infection Prevention Bundle for Cesarean Delivery: A Retrospective Cohort Study

Catherine Callinan, M.D., Bryan Knepper, M.P.H., Deborah Aragon, M.P.H., Kent Heyborne, M.D., Meredith Alston, M.D., Karen A. Ryall, Ph.D., and Stefka Fabbri, M.D., M.P.H.

The authors undertook a study that compared two groups of patients in their institution undergoing cesarean delivery both before and after adopting a surgical site infection prevention bundle. Their aim was to compare the incidence of surgical site infections and wound complications up to 6 weeks postoperatively in a control group and in a study group which received the prevention bundle. They found a significant 56% reduction in their primary composite outcome, which more than halved the occurrence of infection and wound complications after the bundle had been implemented.

Editor's Comments

Given today's rate of cesarean delivery in the United States, in which nearly one in three pregnant women will undergo this operation, thousands of patients will experience the postoperative complication of surgical site infection or other wound complications. Such outcomes translate into considerable annual expenditures involved in their treatment, including additional days spent in

the hospital or hospital readmissions, protracted courses of antibiotics and analgesic agents, and secondary surgical procedures. Bundles for surgical site infection prevention are not a new concept and have been implemented by numerous other surgical specialties. Based on best-practices evidence, surgical site infection prevention bundles incorporate elements that include but are not limited to preoperative antibiotics, antiseptic cleansing of the proposed surgical site the night prior to surgery, avoiding hair removal, use of alcohol-based disinfectants for skin preparation, maintaining normothermia and euglycemia, and increasing fraction of inspired oxygen during surgery and after extubation. The findings of the present study agree with those of a similar study by Scholz et al¹ and support a multimodal and multidisciplinary approach to reduction of surgical site infections.

What is worth noting is that the time-honored use of preoperative antibiotics alone is not enough to accomplish this end, particularly since so many of our obstetric patients now have considerable comorbidities—such as diabetes mellitus or anemia—that raise the risk of their developing surgical site infections. While the details of surgical site infection prevention bundles may differ among different institutions, the important message of this study is that addressing the various steps involved in a surgical procedure with infection-reducing interventions works quite well and should be the standard of care whenever possible for obstetric patients who will have cesarean deliveries.

Reference

1. Scholz R, Smith BA, Adams MG, et al: A multifaceted surgical site infection prevention bundle for cesarean delivery. *Am J Perinatol* 2021; 38:690-697