

INVASIVE PROCEDURES

Cervical/Vaginal Exams

Cervical Manipulations Linked to Perinatal Sepsis: Consider GBS-specific Chemoprophylaxis (Eight Case Reports)

Kathryn DeMott

OB/GYN News, Oct 15, 2001.

“Obstetricians may want to reconsider doing elective cervical manipulation, at least on patients who have cervical vaginal infection or colonization with potential perinatal pathogens. They may also want to consider providing GBS-specific chemoprophylaxis before membrane stripping.”

The Myth of the Vaginal Exam

Website article at About.com by Robin Elise Weiss, LCCE.

“Vaginal exams can increase the risks of infection, even when done carefully and with sterile gloves, etc. It pushes the normal bacteria found in the vagina upwards towards the cervix. There is also increased risk of rupturing the membranes.”

The microbiologic effect of digital cervical examination. (abstract)

Imseis HM, Trout WC, Gabbe SG. *Am J Obstet Gynecol*. 180(3 Pt 1):578-80. 1999.

“An immediate effect of digital examination is the introduction of vaginal organisms into the cervical canal.”

Characterization and control of intraamniotic infection in an urban teaching hospital. (abstract)

Soper DE, Mayhall CG, Froggatt JW.

Am J Obstet Gynecol. 175(2):304-9; discussion 309-10. 1996.

“Risk factors (duration of ruptured membranes, use of internal monitoring, number of vaginal examinations) were similar in both term and preterm women with intraamniotic infection.”

International Multicentre Term Prelabor Rupture of Membranes Study: evaluation of predictors of clinical chorioamnionitis and postpartum fever in patients with prelabor rupture of membranes at term. (abstract)

Seaward PG, Hannah ME, Myhr TL, Farine D, Ohlsson A, Wang EE, Haque K, Weston JA, Hewson SA, Ohel G, Hodnett ED.

Am J Obstet Gynecol. 177(5):1024-9. 1997.

“Increasing numbers of digital vaginal examinations, longer duration of active labor, and meconium staining of the amniotic fluid were the most important risk factors for the development of clinical chorioamnionitis in women with prelabor rupture of membranes at term.”

Is meconium passage a risk factor for maternal infection in term pregnancies? (abstract)

Jazayeri A, Jazayeri MK, Sahinler M, Sincich T.

Obstet Gynecol. 99(4):548-52. 2002.

“Meconium passage increases the risk of postpartum endometritis but not chorioamnionitis. Length of labor, internal monitoring, and number of vaginal exams are risk factors for chorioamnionitis.”

Pathophysiology, diagnosis, and management of intraamniotic infection. (abstract)

Riggs JW, Blanco JD.

Semin Perinatol. 22(4):251-9. 1998.

“There is no clearly established means for the prevention of IAI, but cervical examinations and cervical manipulation can increase the risk, so caution with their use is still warranted.”

Internal Monitoring

Previous intra-amniotic infection as a risk factor for subsequent peripartal uterine infections. (abstract)

Dinsmoor MJ, Gibbs RS.

Obstet Gynecol. 74(3 Pt 1):299-301. 1989.

“Those patients who did develop recurrent intra-amniotic infection had significantly longer labors, duration of ruptured membranes, and duration of internal monitoring, and an increased number of vaginal examinations.”

Risk factors for intraamniotic infection: a prospective epidemiologic study. (abstract)

Soper DE, Mayhall CG, Dalton HP.

Am J Obstet Gynecol. 161(3):562-6; discussion 566-8. 1989.

“The clinical diagnosis of intraamniotic infection was made in (10.5%) patients. Patients with intraamniotic infection were younger, of lower gravidity and parity, more likely to require oxytocin augmentation, and more likely to be monitored internally than were patients who were not infected. They also had longer durations of labor, ruptured membranes, and hospitalization before delivery, had significantly more vaginal examinations, and were more likely to be delivered of infants by cesarean section, as compared with patients without infection. Logistic regression analysis identified four variables independently associated with intraamniotic infection: the number of vaginal examinations, duration of ruptured membranes, use of internal monitors, and duration of total labor.”

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Membrane Stripping

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Maternal colonization with Group B Streptococcus and prelabor rupture of membranes at term: The role of induction in labor. (abstract)

Hannah, Mary E. MD,CM, et. al.

Am J Obstet Gynecol. 177:780-785. 1997.

“RESULTS: Group B streptococci were predictive of neonatal infection for the induction with vaginal prostaglandin E2 gel and expectant groups but not for the induction with oxytocin group. For women positive for group B streptococci the rates of neonatal infection were 2.5% for the induction with oxytocin group and > 8% for all other groups. CONCLUSIONS: Induction of labor with intravenous oxytocin may be preferable for group B streptococci-positive women with prelabor rupture of membranes at term.”

Group B Strep: A Patient/Provider Approach for Optimizing Care

James McGregor, MDCM

“Research has been done showing that both labor contractions and manual or digital examinations by care providers can actually move infectious vaginal fluid through the mouth of the womb.”

Group B Streptococcus. (abstract)

Anne Schuchat MD

The Lancet, 353: 51-6. 1999

“Birth practices differ substantially around the world, and home births and less invasive procedures during hospital births might limit the risk of GBS sepsis in the newborn.”