

Drug combination cost-effective for cesarean prophylaxis

November 14 2017



(HealthDay)—The addition of azithromycin to cephalosporin for

cesarean delivery infection prophylaxis is cost-effective and leads to better maternal outcomes, according to a study published online Nov. 7 in *Obstetrics & Gynecology*.

Ashley E. Skeith, from Oregon Health and Science University in Portland, and colleagues created a cost-effectiveness model to assess whether adding azithromycin to standard cephalosporin regimens of cesarean [delivery](#) prophylaxis would improve maternal outcomes in the current and potential subsequent pregnancies among a theoretical cohort of 700,000 women, the approximate number of nonelective cesarean deliveries that occur annually in the United States during labor or after membrane rupture.

The researchers found that compared with cephalosporin alone for prophylaxis, the model showed 16,100 fewer cases of endometritis, 17 fewer cases of sepsis, eight fewer cases of venous thromboembolism, and one fewer maternal death with azithromycin-cephalosporin. In addition, the drug combination prevented 36 uterine ruptures and four cesarean hysterectomies in a subsequent pregnancy. The addition of azithromycin led to both lower [costs](#) and higher quality-adjusted life-years versus standard cephalosporin prophylaxis. As long as the cost of azithromycin remained below \$930 (baseline cost \$27), it was cost-effective in sensitivity analysis.

"These findings support the use of prophylactic [azithromycin](#) at the time of cesarean delivery," conclude the authors.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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Citation: Drug combination cost-effective for cesarean prophylaxis (2017, November 14)
retrieved 13 May 2023 from <https://medicalxpress.com/news/2017-11-drug-combination-cost-effective-cesarean-prophylaxis.html>

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