

# Study found adding azithromycin to standard antibiotic reduced infections in C-sections

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In a study to be presented on Feb. 4 in an oral concurrent session, at the Society for Maternal-Fetal Medicine's annual meeting, The Pregnancy Meeting, in Atlanta, researchers with the University of Alabama at Birmingham, Center for Women's Reproductive Health; University of North Carolina—Chapel Hill; University of Texas Medical Branch, Galveston; Ochsner, New Orleans, La.; University of Utah and Intermountain Health Care, Salt Lake City; Columbia University, New York City; Mission Hospital, Asheville, N.C.; University of Mississippi, Jackson; and University of Texas, Houston present findings from a study that looked at the benefit of using adjunctive azithromycin to prevent infections after cesarean delivery.

A cephalosporin antibiotic has been used as the standard to prevent infections in women undergoing cesarean delivery; however, this study looked at using azithromycin as an additional antibiotic. Women having C-sections can suffer from a variety of infections included in the primary outcome. These infections include endometritis, cesarean wound infection, abscess, sepsis, septic pelvic thrombophlebitis, pyelonephritis, pneumonia and meningitis. Secondary outcomes include neonatal morbidities and adverse effects. The usual [antibiotics](#) being used may not always reduce these infections because they do not control some organisms such as Ureaplasmas, which are frequently associated with post-cesarean delivery infections.

The study, titled Azithromycin-based extended spectrum antibiotic prophylaxis for non-elective cesarean delivery; a pragmatic multicenter placebo-controlled double-blind randomized, controlled trial, looked at women with singletons who had C-sections during labor or at least four hours after membrane rupture. All women received the standard antibiotic. Subjects were randomized to also receive either 500mg azithromycin or identical placebo. Study medication was given preferably up to one hour pre-incision (or as soon as possible after). Of 17,790 women screened from April 2011 to November 2014, 2,013 women were randomized to the azithromycin (1,019) or the placebo (994) at 14 sites.

"Pregnancy-associated infection is a major cause of death; our findings support the use of azithromycin in addition to the standard cephalosporin for cesarean delivery in [women](#) at high risk of [infection](#)," stated Alan Tita, M.D., Ph.D., professor of the Department of Obstetrics and Gynecology and Center for Women's Reproductive Health at the University of Alabama in Birmingham. Dr. Tita will present the findings at the SMFM annual meeting.

The conclusion was that adding azithromycin to the usual antibiotic for non-elective cesarean delivery reduced post-cesarean delivery infections and severe adverse maternal events at no difference in neonatal outcomes.

Provided by Society for Maternal-Fetal Medicine

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