

Appendix 1: Vaginal preparation prior to caesarean section protocol

Guy's and St. Thomas Hospital NHS Foundation Hospital, UK

Aim:

- To implement vaginal preparation prior to caesarean section as a method of reducing the rates of postoperative endometritis.
- To ensure the intervention is acceptable to patients and staff

Outcomes:

- Assess the number of surgical site infections following caesarean section over a 12-month period
- Assess the acceptability of vaginal preparation prior to emergency caesarean section for patients and staff

Inclusion criteria:

- Elective or emergency caesarean sections (including category I)

Exclusion criteria:

- Women who decline vaginal preparation after explanation of the process
- Face presentation
- Failed instrumental delivery

Process:

- Verbal consent for vaginal preparation and urinary catheterisation should be gained by the healthcare professional performing these procedures. Written consent is not required.
- The healthcare professional will clean the vagina prior to emergency caesarean section. This should be performed following urinary catheterisation or at the 'time-out' if a catheter is in-situ.
- If a vaginal examination is required in order to make a decision regarding method of delivery, vaginal preparation should be performed afterwards.
- Sponge holders with a single gauze swab should be used from the scrub set (the gauze should be included in the final swab count for that theatre case).
- The gauze is then soaked in 10% povidone-iodine solution and inserted into the distal vagina.
- The sponge holder and gauze are then rotated 360 degrees for 10 seconds from the vaginal vault to introitus.
- If the woman has a documented allergy to povidone-iodine solution, chlorhexidine 2% aqueous solution should be used instead.

Evaluation:

- Number of eligible women undergoing vaginal preparation
- Surgical site infection monitoring
- Patient questionnaires and feedback