

P48 A national survey exploring choice of antibiotic prophylaxis for caesarean section: what impact have the NICE guidelines had?

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Introduction: The 2011 NICE guidelines for caesarean section¹ recommend a move away from the widespread use of co-amoxiclav prophylaxis at caesarean delivery. The guidelines support the findings from a Cochrane review that both ampicillin and first generation cephalosporins have similar efficacy in reducing postoperative endometritis.² Despite these recommendations, the choice of antibiotic for caesarean section remains controversial.

Methods: We conducted an OAA approved, national survey, sent electronically to 208 UK lead obstetric anaesthetists. Questions examined awareness of the updated NICE guideline and impact of the guideline on choice of antibiotic for caesarean section.

Results: 148 responses were received (72.2% response rate). The majority of respondents were aware of the updated recommendations for antibiotic choice (93.4%). In 78% of units antibiotics are given before skin incision. The most popular regimens are: co-amoxiclav 46.7%, cefuroxime and metronidazole 20.7%, cefuroxime alone 30%. 52% of units have changed the antibiotic choice since publication of the guideline with a further 23% planning to make changes. In units where there are no plans to change to the choice of antibiotic the following reasons were given:

Reasons given for not planning to change choice of antibiotic regimen	Percentage of units (%)
Preference for antibiotics administration post cord clamping	18.2
Less experience giving other antibiotics	2.6
Insufficient evidence to make a change	23.4
Already using a cephalosporin or ampicillin	16.9
Concerns about maternal anaphylaxis pre-delivery	14.3
Concerns about potential delay to emergency sections when preparing antibiotics	7.8
Other	16.8

Discussion: Despite widespread awareness of the 2011 guidelines, the recommendations have not been universally adopted, for diverse reasons. Previous work has concentrated on the timing of prophylaxis, but choice of antibiotic has been less explored. These two aspects are difficult to untangle as it is due to the changed recommendation for pre-incision administration of antibiotics that the largely familiar use of co-amoxiclav has come under scrutiny.³ If NICE guidance is not followed without valid justification trusts may be liable to financial penalties.

References

1. NICE Clinical Guideline 132: Caesarean Section, November 2011. National Collaborating Centre for Women's and Children's Health. Commissioned by the National Institute for Health and Clinical Excellence.
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