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## COMPARATIVE STUDY ON USE OF SINGLE-DOSE ANTIBIOTIC PROPHYLAXIS AND 7-DAY ANTIBIOTIC REGIMEN IN MANAGEMENT OF HIGH-ORDER PERINEAL LACERATION AFTER VAGINAL DELIVERY

### (A RANDOMIZED CONTROLLED TRIAL)

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#### Background:

Vaginal delivery is commonly associated with perineal lacerations that may increase infectious morbidity. Although prophylactic antibiotics reduce infection, unnecessary prolonged antibiotic use has associated risks. Single-dose antibiotic prophylaxis is recommended based on a single randomized controlled trial with low to moderate quality of evidence.

#### Objective:

To determine whether single-dose prophylaxis compared with a 7-day antibiotic regimen for high-order perineal lacerations will prevent wound complications.

#### Methodology:

This study was approved by the Ethics Review Committee. Prospective randomized controlled study design was used. 82 pregnant women were included. Group A received single-dose Cefoxitin and Group B received 7-day regimen of Cefuroxime+/-Metronidazole. Pelvic exam was done at 24-48 hours, 1 week, and 2 weeks after delivery to monitor for wound complication.

#### Results:

Baseline profiles of both groups were comparable. At 24-48 hours postpartum, there was no significant difference in wound complications between the two groups (0% vs 7%,  $p=0.058$ ). Intention-to-treat analysis at 1 week postpartum showed significantly more complications in Group B (0% vs 10%,  $P=0.020$ ). At 2 weeks postpartum, none had wound complications in both groups. Birth weight  $>3\text{kg}$ , episiotomy, nulliparity and perineal length  $<3.5\text{cm}$  significantly increased the risk of high-order perineal laceration. Birth weight  $>3\text{kg}$  significantly increased the risk of wound complication ( $p=0.011$ ).

#### Conclusion:

Single-dose Cefoxitin given at the time of repair of high-order perineal lacerations is more effective than 7-day regimen of Cefuroxime and Metronidazole in preventing wound complication at 1 week postpartum. No significant difference on incidence of wound complication was noted between the treatment groups at 24-48 hours and 2 weeks postpartum.

#### Keywords:

antibiotic prophylaxis, dehiscence, episiotomy site infection, high order perineal laceration

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