



VAGINAL CLEANSING WITH ANTISEPTIC SOLUTION BEFORE CAESAREAN SECTION FOR PREVENTING POSTOPERATIVE INFECTIONS

Caesarean section is a surgical procedure in which an incision is made on the abdominal wall and uterus to deliver the fetus, membranes, and placenta.¹ The use of caesarean section in obstetrics is common, and the World Health Organization recommends a caesarean section rate of 10-15%, irrespective of the setting, with no evidence that caesarean section rates higher than 10% improve maternal and fetal outcomes (WHO).²



When a caesarean section is performed, there are concerns about postoperative infections, including endometritis (inflammation of the lining of the uterus) and wound infection. In an analysis of the causes of maternal death, sepsis (which occurs as a result of infections such as endometritis) accounted for 10.7% of maternal mortality, with most deaths from sepsis occurring in southern Asia (13.7%) and sub-Saharan Africa (10.3%).³ In nationwide surveillance of pregnancy outcomes in Nigeria, genital sepsis after birth accounted for 1.7% of maternal near-misses (a situation where a pregnant or recently delivered woman almost dies) and 6.7% of

of maternal deaths.⁴ For this reason, there has been a recommendation to administer prophylactic antibiotics in the perioperative period to reduce postoperative infection and sepsis.⁵ Also, the use of vaginal cleansing with antiseptic solutions before performing a caesarean section has been advocated.

Haas and colleagues conducted a systematic review to determine if cleansing the vagina with an antiseptic solution before caesarean section reduces the risk of maternal infections, including endometritis and wound complications, and assessed the side effects of vaginal cleansing solutions⁶. The most recent update of the systematic review published in 2020 included 21 clinical trials involving 7038 women and evaluated

povidone-iodine (17), chlorhexidine (3), and benzalkonium chloride (1). The antiseptic solutions were applied with sponge sticks, douches, or soaked

gauze wipes, and all trials were conducted in low- and middle-income settings and the U.S.



The authors reported that vaginal preparation with either povidone-iodine or chlorhexidine solution immediately before caesarean delivery probably reduces the incidence of endometritis by 59% (moderate-certainty evidence).⁶ Also, there was a risk reduction of postoperative fever by 36% (moderate-certainty evidence) and postoperative wound infection by 38% (moderate-certainty evidence).⁶ The systematic review reported no adverse effects of antiseptic solutions of povidone-iodine and chlorhexidine.

Compared to when not in labour, vaginal preparation for women who had been in labour offered more significant benefit on the occurrence of post-caesarean section endometritis, postoperative fever, postoperative wound infection, and composite wound complication or endometritis.⁶

References

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EVIDENCE AT YOUR FINGERTIPS

(From the Cochrane Library)

PLAIN LANGUAGE SUMMARY

Selective serotonin re-uptake inhibitors for premature ejaculation

Review question

We wanted to find out if medicines called selective serotonin re-uptake inhibitors (SSRIs), which are used mostly to treat depression, can help men that ejaculate faster than they want, to slow down.

Background

Premature ejaculation is a common problem among men, that occurs when ejaculation happens sooner than a man or his partner would like during sex; it may cause unhappiness and relationship problems. SSRIs are medicines that are often given to help treat premature ejaculation, but we do not understand how well they actually work and what unwanted effects they might cause.



Study characteristics

We studied the evidence up to 1 May 2020. We found 31 studies with 8254 men. The studies compared SSRIs to placebo (a pill with inactive ingredients).

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Key results

SSRIs probably improve sexual satisfaction for men with premature ejaculation compared to placebo. They probably also improve the sense of control over ejaculation and decrease unhappiness and relationship problems. However, they likely increase side effects.

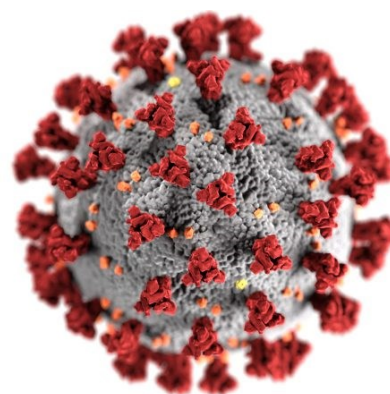
Quality of evidence

We judged the quality of evidence to be moderate for SSRIs, helping men's sense of change with treatment, happiness with intercourse, and feeling of control over ejaculation. The quality of evidence was also moderate for medicine side effects. These results mean that our evaluation is likely to be close to the truth. However, the evidence on improving relationship problems and the time to ejaculation is of low certainty. This means that the true effect of treatment on those two concerns could be different from the results of this review. That may be caused by weaknesses and variations in the studies we examined.

HIGHLIGHTS ON COVID

Can symptoms and medical examination accurately diagnose COVID-19?

COVID-19 affects many organs of the body, so people with COVID-19 may have a wide spectrum of symptoms. Symptoms and signs of the illness may be important to help them and the healthcare staff they come into contact with know whether they have the disease.



Symptoms: people with mild COVID-19 might experience cough, sore throat, high temperature, diarrhoea, headache, muscle or joint pain, fatigue, and loss or disturbance of sense of smell and taste.

Signs are obtained by clinical examination. Signs of COVID-19 examined in this review include lung sounds, blood pressure, blood oxygen level and heart rate.

Often, people with mild symptoms consult their doctor (general practitioner). People with more severe symptoms might visit a hospital outpatient or emergency department. Depending on the results of a clinical examination, patients may be sent home to isolate, may receive further tests or be hospitalised.

Why is accurate diagnosis important?

Accurate diagnosis ensures that people take measures to avoid transmitting the disease and receive appropriate care. This is important for individuals as it reduces harm and it saves time and resources.

What did we want to find out?

We wanted to know how accurate diagnosis of COVID-19 is in a primary care or hospital setting, based on symptoms and signs from medical examination.

What did we do?

We searched for studies that assessed the accuracy of symptoms and signs to diagnose COVID-19. Studies had to be conducted in primary care or hospital outpatient settings only. Studies of people in hospital were only included if symptoms and signs were recorded when they were admitted to the hospital.

The included studies

We found 44 relevant studies with 26,884 participants. The studies assessed 84 separate signs and symptoms, and some assessed combinations of signs and symptoms. Three studies were conducted in primary care (1824 participants), nine in specialist COVID-19 testing clinics (10,717 participants), 12 studies in hospital outpatient settings (5061 participants), seven studies in hospitalised patients (1048 participants), 10 studies in the emergency department (3173 participants), and in three studies the setting was not specified (5061 participants). No studies focused specifically on children, and only one focused on older adults.

Main results

The studies did not clearly distinguish between mild and severe COVID-19, so we present the results for mild, moderate and severe disease together.

The symptoms most frequently studied were cough and fever. In our studies, on average 21% of the participants had COVID-19, which means in a group of 1000 people, around 210 would have COVID-19.

According to the studies in our review, in the same 1000 people, around 655 people would have a cough. Of these, 142 would actually have COVID-19. Of the 345 who do not have a

cough, 68 would have COVID-19.

In the same 1000 people, around 371 people would have a fever. Of these, 113 would actually have COVID-19. Of the 629 patients without fever, 97 would have COVID-19.

The loss of sense of smell or taste also substantially increase the likelihood of COVID-19 when they are present. For example, in a population where 2% of the people have COVID-19, having either loss of smell or loss of taste would increase a persons' likelihood of having COVID-19 to 8%.

How reliable are the results?

The accuracy of individual symptoms and signs varied widely across studies. Moreover, the studies selected participants in a way that meant the accuracy of tests based on symptoms and signs may be uncertain.

Conclusions

Most studies were conducted in hospital settings, so the results may not be entirely representative of primary care settings. The results do not apply to children or older adults specifically, and do not clearly differentiate between disease severities.

The results suggest that a single symptom or sign included in this review cannot accurately diagnose COVID-19. However, the presence of loss of taste or smell may serve as a red flag for

the presence of the disease. The presence of high temperature or cough may also be useful to identify people who might have COVID-19. These symptoms may be useful to prompt further testing when they are present.

Further research is needed to investigate combinations of symptoms and signs; and testing unselected populations, in primary care settings and in children and older adults.

How up to date is this review?

For this update of the review, the authors searched for studies published from January to July 2020.

RECENT EVENTS

Improving the Relevance of Evidence from the Cochrane Library to Nigerians

Patients are at the heart of healthcare. Their voices, views, priorities and desires are very important. This is one of the major reasons why the Cochrane Consumer network exists: to ensure that Cochrane reviews address questions that are relevant to consumers and that Cochrane evidence is presented in ways that facilitate use by consumers.

Mrs. Dachi Arikpo, Coordinator West Africa Hub, Cochrane Africa Network making a presentation on the Cochrane Consumer Network at Cochrane Library - Consumer Workshop



Cochrane Nigeria has been working with specific consumer groups (adults living with HIV, diabetes or sickle cell disease) to find out their health information needs as relates to their peculiar health conditions under the Cochrane's Consumer Challenge fund. Six workshops were held, between December 2020 and February 2020 to introduce the participants to Cochrane and Cochrane Library. These workshops were followed by focus group discussions to find out what health information the participants need to cope with their condition and what information they would want to see in the Cochrane Library. The discussions were lively and the participants shared their views on what health information is vital to them.

Dr. Ekpereonne Esu (Senior Research Associate, Cochrane Nigeria and Lecturer, Department of Public Health, University of Calabar) making a presentation on Cochrane and Evidence based Health Care at one of the Cochrane Library - Consumer Workshops.



Many of the participants were hearing about Cochrane for the first time and this was a good opportunity to enlighten them about the Cochrane Library.



NEW AND UPDATED REVIEWS FROM THE COCHRANE LIBRARY

The following new or updated reviews, published recently in the Cochrane Library, were authored or co-authored by Nigerians.

New or Updated Review

- Hand hygiene for the prevention of infections in neonates **by** *Bankole Peter Kuti, Tinuade A Ogunlesi, Olabisi Oduwale, Chukwudi Oringanje, Ekong E Udoh, Martin M Meremikwu*. Issue 1, 2021.
- Hand-washing promotion for preventing diarrhea **by** *Regina I Ejemot-Nwadiaro, John E Ehiri, Dachi Arikpo, Martin M Meremikwu, Julia A Critchley*. Issue 1, 2021.
- Ethosuximide, sodium valproate or lamotrigine for absence seizures in children and adolescents **by** *Francesco Bri-go, Stanley C Igwe, Simona Lattanzi*. Issue 1, 2021

Other Recent Reviews

- Cervical stitch (cerclage) in combination with other treatments for preventing spontaneous preterm birth in singleton pregnancies **by** *George U Eleje, Ahizechukwu C Eke, Joseph I Ikechebelu, Ifeanyichukwu U Ezebilalu, Princeston C Okam, Chito P Ilika*. Issue 9, 2020.
- Vitamin D, calcium or a combination of vitamin D and calcium for the treatment of nutritional rickets in children **by** *Moriam T Chibuzor, Diepiriye Graham-Kalio, Joy O Osaji, Martin M Meremikwu*. Issue 4, 2020.
- Agricultural and nutritional education interventions for reducing aflatoxin exposure to improve infant and child growth in low- and middle-income countries **by** *Marianne E Visser, Anel Schoonees, Chibundu N Ezekiel, Nicola P Randall, Celeste E Naude*. Issue 4, 2020.

ANNOUNCEMENTS

- Data Analysis Workshop with Open Source Software – Cochrane Nigeria invites applications for a data analysis workshop using open source software – R & QGIS.

17 - 21 May 2021 (Lagos) and **24 - 28 May 2021** (Calabar)

Course Fee: ₦50,000

For more details email: cochranenigeria@yahoo.co.uk

4th Cochrane Africa Network Indaba *(an International Evidence-based Health Care Conference)*

Cochrane Nigeria will be hosting the 4th Cochrane Africa Network Indaba (an International Evidence-based Health Care Conference) from the 13th-15th of July 2021 at the National Hospital Abuja, Nigeria.

Theme: MAKING EVIDENCE-BASED HEALTHCARE FUNCTIONAL IN AFRICA



This event aims to bring together researchers, health professionals, policy-makers, national, regional and international stakeholders, evidence-based healthcare champions and Cochrane Africa collaborators to deliberate on priorities and strategies for making healthcare decisions evidence-based at all levels of the healthcare delivery system in Africa.

Policies aimed at infectious disease outbreaks, emerging and re-emerging infectious disease control in Africa will also be discussed. The conference will feature hybrid and virtual plenary sessions, panel discussions, workshops, networking opportunities, and the formal launch of Cochrane Nigeria.

SPEAKERS AT THE 2021 INDABA INCLUDE:

- ♦ **Prof. Mohammed Nasir Sambo** - The Executive Secretary, National Health Insurance Scheme - Nigeria.
- ♦ **Prof. Martin Meremikwu** – Director, Cochrane Nigeria and Institute of Tropical Diseases Research and Prevention, University of Calabar Teaching Hospital, Calabar, Nigeria
- ♦ **Prof. Stanley Okolo** – Director-General, West Africa Health Organization
- ♦ **Dr. Babatunde Salako** – Director-General, Nigerian Institute of Medical Research
- ♦ **Prof. Taryn Young** – Centre for Evidence Based Healthcare, Stellenbosch University
- ♦ **Prof. Charles Wiysonge** – Cochrane South Africa
- ♦ **Simon Lewin** - Norwegian Institute of Public Health, Oslo, Norway
- ♦ **Dr. Tamara Kredo** – Cochrane South Africa

For more information on how to register, the conference programme and abstract submission guidelines please visit <https://africa.cochrane.org/cochrane-africa-indaba-2021> or <https://nigeria.cochrane.org/>
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