**Systemic antibiotic prophylaxis in elective cesarean delivery.**

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**Abstract**

Objective: To test the value of using prophylactic antibiotics at elective cesarean delivery.

Method: One-hundred and twenty women delivered by elective cesarean in the absence of labor and before the rupture of membranes were randomized to receive either 1.5 g of cefuroxime intravenously at cord clamping (n = 59) or no prophylaxis (control group, n = 61). Result: Twelve women developed febrile morbidity (six study, six control, P = 0.09). Of these, five had endometritis (two study, three control, P = 0.09) and two had wound infection (one study, one control, P = 0.09). Ten more women had microbiological evidence of endometritis and wound infection (six study, four control, P = 0.08). There was no significant difference in the hospital stay (6.5 days study, 6.8 days control, P = 0.06). Staphylococcus aureus was the commonest pathogen accounting for 14 infection episodes. Amniotic fluid culture could not predict the development of infection. Conclusion: Administration of prophylactic antibiotics at elective cesarean deliveries was not associated with decreased postoperative morbidity.