



The APT-Sepsis Programme



Module 2a:
Prevent infection using best practice



Module 2a outline

By the end of this module, you should be able to:

1

Describe the meaning of infection and why it is important

2

Understand why and when to use antibiotic prophylaxis

3

Understand the key infection prevention strategies that lead to a safer delivery

4

Be competent at vaginal preparation through practical assessment, if your role requires it





MODULE 2A: PART ONE

What is infection prevention and why is it important?



Infection prevention is...

Prevention of infection is the best way to reduce the number deaths from infection

Infection prevention is the process of taking action **BEFORE** an infection has started

Antibiotic prophylaxis is an example of infection prevention – we wash our hands to stop infections spreading

What is infection prevention and why is it important?



Module 2a: Prevent infection using best practice



Types of infection prevention?



Can you think of ways to prevent infection in your day-to-day role?

What is infection prevention and why is it important?



What other methods of infection prevention can you think of?

?

What further actions can we take as healthcare providers to help prevent infections?

?

What can our patients and their visitors do to help prevent infections?

?

What can we change about our environment and workplace to help prevent infections?

What is infection prevention and why is it important?



Types of infection prevention

There are many types of infection prevention and we support all suggestions of how to improve care in APT-Sepsis

We will be focusing on covering TWO groups of infection prevention practices:

1 Antibiotic prophylaxis

Where and when not to use antibiotic prophylaxis

2 Safe delivery

The clinical practices that improve safety at the time of delivery



Note

If, after this training, you have any ideas on how to improve infection prevention, please contact one of your APT-Sepsis champions





MODULE 2A: PART TWO

Understand why and when to use antibiotic prophylaxis



What is antibiotic prophylaxis?

- 1 Prophylaxis is giving treatment or taking an action to prevent disease
- 2 Antibiotic prophylaxis is giving antibiotics to patients **BEFORE** there are signs of infection to prevent infection

Antibiotic prophylaxis is not recommended for all patients as we use antibiotic carefully



When to use antibiotic prophylaxis



Time to use antibiotic prophylaxis:

Emergency or elective caesarean section, 15–60 minutes prior to skin incision	Manual removal of the placenta	Operative vaginal birth (i.e. vacuum or forceps)	When there is a 3rd / 4th degree tear
Preterm pre-labour rupture of membranes	Confirmed Group B Streptococcus (GBS) colonisation	Incomplete abortion or miscarriage surgery (MVA / EVAC / D&C)	



Note

We must always follow these WHO and MOH recommendations



When NOT to use antibiotic prophylaxis

Understand why and when to use antibiotic prophylaxis



Time NOT to use antibiotic prophylaxis:

Preterm labour (<37 weeks) with intact amniotic membranes	Uncomplicated vaginal birth	Meconium-stained amniotic fluid	Episiotomy

▶ Note

We must always follow these WHO and MOH recommendations





MODULE 2A: PART THREE

Clinical practices that improve safety at the time of delivery



Clinical practices that improve safety at the time of delivery



Vaginal preparation

For caesarean section, routine vaginal preparation be performed using either chlorhexidine or povidone-iodine solution: aqueous-based solutions are best as cause the least irritation to the mucosa



Shaving

It is **NOT** recommended to routinely shave the pubic area for vaginal birth or caesarean section



Note

We must always follow these WHO and MOH recommendations



Clinical practices that improve safety at the time of delivery



Skin cleansing

For caesarean section, the abdominal skin **MUST** also be prepared with alcohol-based chlorhexidine or povidone-iodine solution



Limit examinations

LIMIT routine vaginal assessments in the first active stage of labour to **NO MORE THAN** every four hours, unless there is a clinical indication to do so




Note

We must always follow these WHO and MOH recommendations



Why perform vaginal preparation before CS?

Clinical practices that improve safety at the time of delivery



The vagina contains bacteria which can ascend and cause infection of the uterus and abdomen before CS.

Vaginal preparation before CS reduces the risk of endomyometritis by 50%.



Instructions to champion – Explain how procedure is planned



Explain what is going to happen, ensure privacy and gain verbal consent



Vaginal preparation should take place in the operating theatre before the start of the caesarean section and before abdominal preparation



Prepare your equipment: you will need gauze, a sponge holder / forceps and chlorhexidine or povidone-iodine solution in a dish

► Note

Chlorhexidine (any concentration or mixed with cetrimide) or iodine (any concentration can be used)



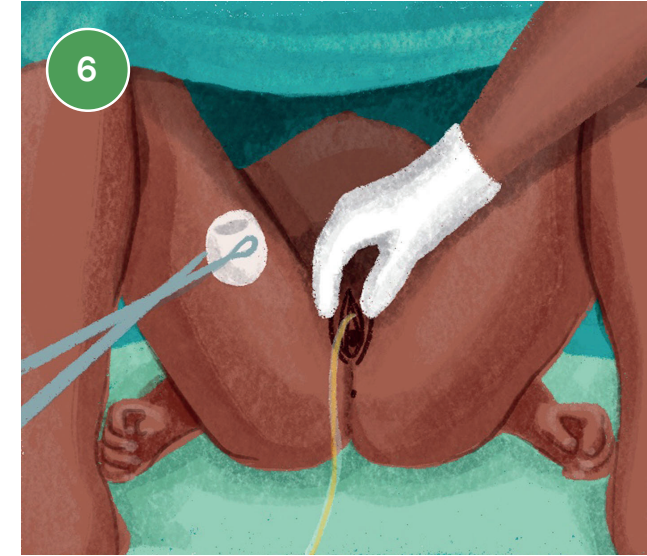
How to perform vaginal preparation



Put on an apron, perform hand hygiene and put on gloves



Pick up the gauze swab with the sponge holder and soak the gauze swab in the cleaning solution

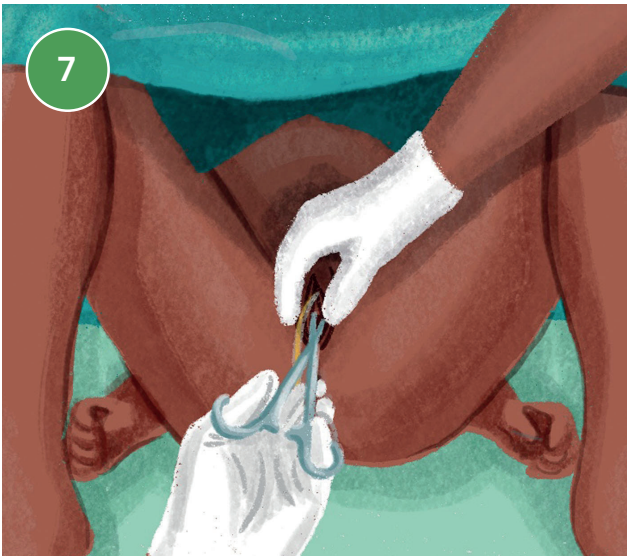


With one of your gloved hands, gently spread the labia apart and open the vagina

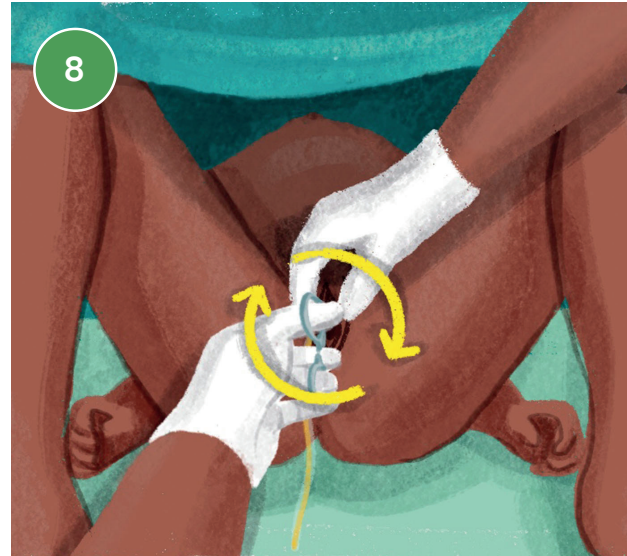
Clinical practices that improve safety at the time of delivery



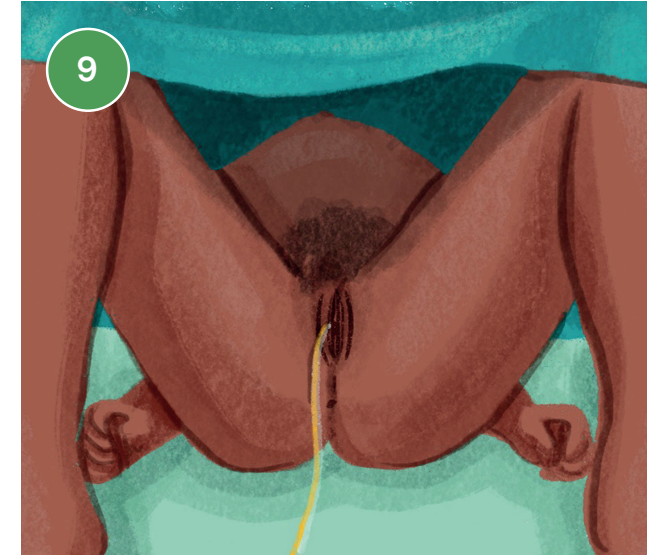
How to perform vaginal preparation



With your other hand, carefully insert the sponge holder / forceps holding the gauze to reach the level of the cervix



Gentle rotate the sponge holder / forceps and the gauze for 30 seconds, ensuring coverage of the cervix and upper vagina



Remove the gauze and dispose of it appropriately before proceeding with abdominal preparation for safe caesarean section

► Note

Contraindications to VP – face presentation, cord prolapse, placenta praevia.
PRACTICAL SESSION.



Module 2a: Prevent infection using best practice



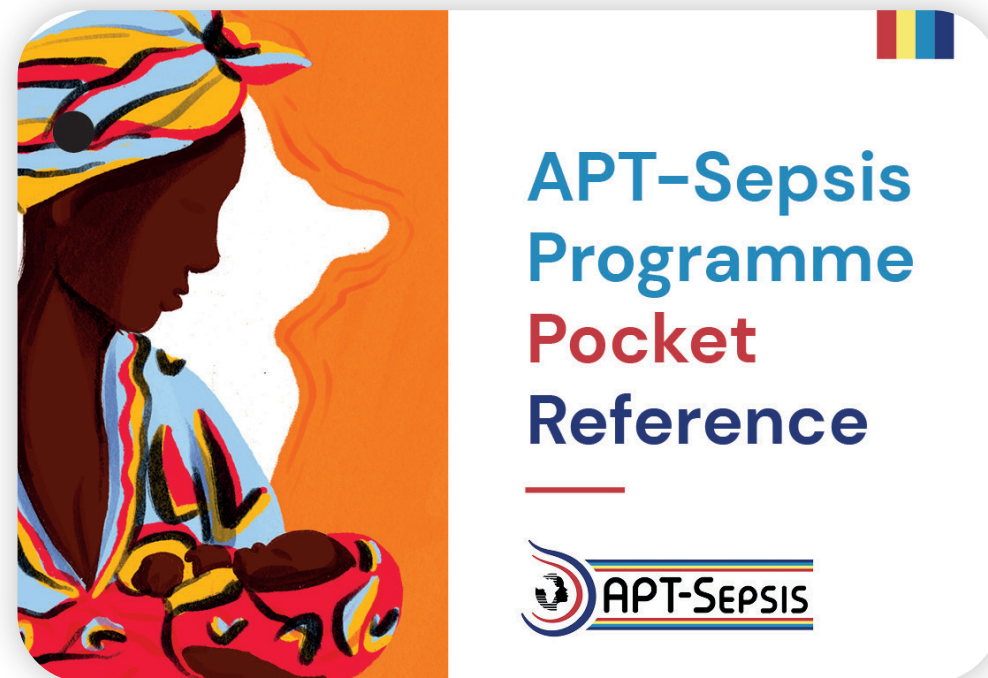
Reminders in the clinical workspace: posters

- There are two APT-Sepsis posters promoting infection prevention and vaginal preparation
- These will be displayed in clinical areas, including theatres



Reminders in the clinical workspace: the APT-Sepsis Pocket Reference

This resource contains the key learning messages needed to prevent infection using best practice, including when and when not to use antibiotic prophylaxis and how to perform vaginal preparation



Clinical practices that improve safety at the time of delivery



We have now covered how to present infection using best practice

Instructions to Champions:

Ask questions to recap;

- When should antibiotic prophylaxis be used
- When not used?
- What practices are recommended and what not recommended

Let's see what we remember!

Show video as recap





Questions about APT-Sepsis?

Please contact your local central APT-Sepsis hub team if you have any questions or suggestions about the APT-Sepsis Programme

Malawi:

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