# ANODE: Prophylactic antibiotics for the prevention of infection following operative delivery

Submission date 23/09/2015	<b>Recruitment status</b> No longer recruiting
<b>Registration date</b> 23/09/2015	<b>Overall study status</b> Completed
Last Edited 10/10/2019	<b>Condition category</b> Pregnancy and Childbirth

- [X] Prospectively registered
- [X] Protocol
- [] Statistical analysis plan
- [X] Results
- [] Individual participant data

#### Plain English summary of protocol

#### Background and study aims

Operative vaginal delivery, also known as assisted delivery, accounts for more than 10% of births in the UK. In an operative vaginal delivery, forceps or a vacuum device are used in order to help to deliver a baby during the final stages of labour. It has been found that women who have had this type of delivery have a higher risk of infection following the birth of their baby (postpartum infection). An operative vaginal delivery can cause accidental tearing of the vagina or even require a surgical incision (episiotomy) to be made; these are both possible sources of infection. Although there are concerns about over-prescribing antibiotics, it may be a good way to stop postpartum infections from developing. The aim of this study is to find out whether giving new mothers a single dose of an antibiotic after an assisted delivery could help to prevent postpartum infection.

Who can participate?

Healthy women aged 16 and over who have had an operative vaginal delivery.

#### What does the study involve?

Participants are randomly allocated into two groups. Those in the first group are given an injection directly into a vein (intravenous) of an antibiotic solution (amoxicillin) immediately after giving birth. Participants in the second group are given a placebo solution (salt solution with no antibiotic). When the women are discharged from hospital, signs of infection are recorded. After six weeks, participants are asked to complete a questionnaire about any problems they have experienced with pain, healing or infection.

What are the possible benefits and risks of participating? Not provided at time of registration.

Where is the study run from? NPEU Clinical Trials Unit, Oxford (UK) When is the study starting and how long is it expected to run for? September 2009 to August 2017

Who is funding the study? National Institute for Health Research (UK)

Who is the main contact? Nelly Owino anode@npeu.ox.ac.uk

# **Contact information**

**Type(s)** Public

**Contact name** Ms Nelly Owino

## **Contact details**

NPEU Clinical Trials Unit National Perinatal Epidemiology Unit University of Oxford Old Road Campus Headington United Kingdom OX3 7LF

# Additional identifiers

EudraCT/CTIS number 2015-000872-89

## **IRAS number**

ClinicalTrials.gov number

Secondary identifying numbers 19501

# Study information

## Scientific Title

ANODE: A randomised controlled trial of prophylactic Antibiotics to investigate the prevention of infection following Operative vaginal Delivery

# Acronym

ANODE

## **Study objectives**

The aim of this study is to find out if giving mothers a single dose of an antibiotic after they have had an assisted delivery helps to prevent infection.

Ethics approval required

Old ethics approval format

Ethics approval(s) 15/SC/0442

**Study design** Randomised; Interventional; Design type: Not specified, Prevention

**Primary study design** Interventional

**Secondary study design** Randomised controlled trial

**Study setting(s)** Other

#### Study type(s)

Treatment

#### Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

## Health condition(s) or problem(s) studied

Topic: Reproductive health and childbirth; Subtopic: Reproductive Health and Child (all Subtopics); Disease: Reproductive Health & Childbirth

#### Interventions

Co-amoxiclav versus placebo, A single intravenous dose (1g amoxycillin/200mg clavulanic acid in 20ml water for injections for active drug, 20ml 0.9% saline for placebo)

## Intervention Type

Other

#### Primary outcome measure

Confirmed or suspected maternal infection within 6 weeks of delivery.

## Secondary outcome measures

1. Need for additional perineal care/breast feeding determined within 6 weeks of delivery

2. Hospital admissions and diagnoses measured at one-year post delivery

3. Hospital bed stay/hospital and GP visits/wound breakdown/antibiotic side effects determined within 6 weeks of delivery

4. Maternal general health determined within 6 weeks of delivery

5. Relief/dyspareunia/ability to sit comfortably to feed the baby determined within 6 weeks of delivery

- 6. Perineal wound infection determined within 6 weeks of delivery
- 7. Cases of surgical site infection (perineal) determined within 6 weeks of delivery
- 8. Cases of systemic sepsis determined within 6 weeks of delivery

## Overall study start date

01/09/2015

## **Completion date**

31/01/2019

# Eligibility

#### Key inclusion criteria

- 1. Female aged 16 years or over
- 2. Mental capacity (ability to give informed consent)
- 3. Have had an operative vaginal delivery at at least 36 weeks gestation

Participant type(s) Patient

# Age group

Adult

**Sex** Female

#### **Target number of participants** Planned Sample Size: 3424; UK Sample Size: 3424

## Total final enrolment

3427

## Key exclusion criteria

Current exclusion criteria as of 04/05/2018:

1. Clinical indication for ongoing antibiotic administration post-delivery e.g. due to confirmed antenatal infection, 3rd or 4th degree tears. Note that receiving antenatal antibiotics e.g. for maternal Group B Streptococcal carriage or prolonged rupture of membranes, is not a reason for exclusion if there is no indication for ongoing antibiotic prescription post-delivery.

2. Known allergy to penicillin or to any of the components of co-amoxiclav, as documented in hospital notes.

3. History of anaphylaxis (a severe hypersensitivity reaction) to another β-lactam agent (e.g. cephalosporin, carbapenem or monobactam), as documented in hospital notes.

Previous exclusion criteria:

1. Clinical indication for ongoing antibiotic administration post-delivery (e.g. due to confirmed antenatal infection, third or fourth degree tears)

2. Known allergy to penicillin (as documented in hospital notes)

## Date of first enrolment

29/02/2016

Date of final enrolment 13/06/2018

# Locations

**Countries of recruitment** England

United Kingdom

Study participating centre NPEU Clinical Trials Unit National Perinatal Epidemiology Unit (NPEU) University of Oxford Old Road Campus Headington United Kingdom OX3 7LF

# Sponsor information

**Organisation** University of Oxford

**Sponsor details** Nuffield Department of Obstetrics & Gynaecology Level 3 Women's Centre John Radcliffe Hospital Oxford England United Kingdom OX3 9DU

**Sponsor type** Hospital/treatment centre

ROR https://ror.org/052gg0110

# Funder(s)

Funder type

#### Government

**Funder Name** National Institute for Health Research

#### Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type** Government organisation

Funding Body Subtype National government

**Location** United Kingdom

# **Results and Publications**

#### Publication and dissemination plan

Planned publication in a high-impact peer reviewed journal

# Intention to publish date

30/06/2019

Individual participant data (IPD) sharing plan

#### IPD sharing plan summary

Not provided at time of registration

#### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	24/07/2018		Yes	No
Results article	results	15/06/2019	20/05/2019	Yes	No
<u>Results article</u>	results	01/10/2019	10/10/2019	Yes	No
HRA research summary			28/06/2023	No	No