Closure of subcutaneous tissue

1.4.39 Do not routinely close the subcutaneous tissue space in caesarean birth unless the woman has more than 2 cm subcutaneous fat, as it does not reduce the incidence of wound infection. **[2004]**

Use of superficial wound drains

1.4.40 Do not routinely use superficial wound drains in caesarean birth as they do not decrease the incidence of wound infection or wound haematoma. See recommendation 1.7.2 on the use of negative pressure wound therapy. **[2004, amended 2021]**

Closure of the skin

1.4.41 Consider using sutures rather than staples to close the skin after caesarean birth to reduce the risk of superficial wound dehiscence. See closure methods in the NICE guideline on surgical site infections. **[2019]**

Umbilical artery pH measurement

1.4.42 Perform paired umbilical artery and vein measurements of cord blood gases after caesarean birth for suspected fetal compromise, to allow for assessment of fetal wellbeing and guide ongoing care of the baby. **[2004, amended 2021]**

Timing of antibiotic administration

1.4.43 Offer women prophylactic antibiotics before skin incision for caesarean birth, choosing antibiotics that are effective against endometritis, urinary tract and wound infections. **[2011, amended 2021]**

1.4.44 Inform women that:

- endometritis, urinary tract and wound infections occur in about 8% of women