

Prophylactic Antibiotics for Intrapartum/Postpartum Procedures

Procedure	Antibiotic	Timing
Scheduled cesarean delivery (unlabored, membranes intact)	<ul style="list-style-type: none"> Cefazolin 2g IV if < 120 kg Cefazolin 3g IV if \geq 120 kg <p>OR</p> <ul style="list-style-type: none"> Clindamycin 900mg <u>plus</u> gentamicin 5mg/kg if severe PCN allergy² 	<ul style="list-style-type: none"> Within 60 minutes prior to skin incision¹ Additional dose of preoperative antibiotics should be given if surgery longer than 4 hours or EBL \geq 1500 mL.
Unscheduled cesarean delivery (in labor, ruptured membranes, not being treated for IAI³)	<ul style="list-style-type: none"> Cefazolin 2g IV if < 120 kg Cefazolin 3g IV if \geq 120 kg <p>OR</p> <ul style="list-style-type: none"> Clindamycin 900mg <u>plus</u> gentamicin 5mg/kg if severe PCN allergy² <p>AND</p> <ul style="list-style-type: none"> Azithromycin 500mg IV 	<ul style="list-style-type: none"> Within 60 minutes prior to skin incision¹ Additional dose of preoperative antibiotics should be given if surgery longer than 4 hours or EBL \geq 1500 mL.
Manual removal of placenta (if not receiving antibiotics for IAI³)	<ul style="list-style-type: none"> Cefazolin 1g IV 	<ul style="list-style-type: none"> After removal
Repair 3rd/4th degree laceration (if not receiving antibiotics for IAI³)	<ul style="list-style-type: none"> Cefoxitin OR cefotetan 1g IV <p>OR</p> <ul style="list-style-type: none"> Clindamycin 900 mg IV if severe PCN allergy 	<ul style="list-style-type: none"> At time of repair

1. If emergent cesarean delivery, antibiotics recommended as soon after skin incision as possible.
2. See maternal PCN allergy (link)
3. Intraamniotic infection (IAI). If on broad spectrum antibiotics for treatment of IAI, additional antibiotics are not recommended.

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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