

Universal MRSA Screening at L&D: Little Benefit

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FROM THE INTERSCIENCE CONFERENCE
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CHEMOTHERAPY

BOSTON – Active surveillance testing for methicillin-resistant *Staphylococcus aureus* colonization of pregnant women who were admitted to labor and delivery units costs a lot of bucks for only a little bang.

Over a 20-month period, a universal methicillin-resistant *S. aureus* (MRSA) screening program, required by Illinois law, cost \$90,950 but had no apparent impact either on MRSA disease in the postpartum period or on nosocomial MRSA infections in a postpartum ward and newborn nursery, said Naseem Helo, a fourth-year medical student at Loyola University Medical Center in Maywood, Ill.

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these women were more likely to deliver within 24 hours of labor induction (68% vs. 56%; $P = .002$).

The early amniotomy group did not differ significantly from the standard care group with respect to rates of cesarean delivery (41% vs. 40%), cord prolapse (0.7% vs. 0%), and abruption (0.4% vs. 0.6%).

Fetal heart rate data were not analyzed, but rates of amnioinfusion (a “reasonable proxy” for variable decelerations) were similar, according to Dr. Macones.

The two groups also had statistically indistinguishable rates of infectious outcomes, including chorioamnionitis (11.5% vs. 8.5%) postpartum fever (10.4% vs. 9.4%) in the mother, and NICU admission (13.6% vs. 15.0%) and suspected or confirmed sepsis (9.7% vs. 11.1%) in the neonate.

In questions posed after the presentation, one attendee asked how the 4-cm threshold was selected for early amniotomy, and whether the findings would be similar with, say, a 2-cm threshold instead. “We chose 4 cm based on some earlier work in spontaneous labor with rupturing membranes,” Dr. Macones explained. “I agree that we could dial that down a bit.” However, within the early amniotomy group, the efficacy and safety findings appeared similar regardless of the timing of the procedure, he said.

When asked if the study was mixing cervical ripening with labor induction, Dr. Macones said, “I think the lines between ripening and induction are actually quite gray.” He contended that the study’s aim was to assess the impact of amniotomy when the intention was to perform it as early as possible.

An alternative approach would be to look at women once their cervix is ripened and then ask what the role of amniotomy is, he acknowledged. “But I think that’s a little bit different question than we actually had.”

Dr. Macones did not report any relevant financial disclosures. ■

Among 2,254 pregnant women who were admitted to the labor and delivery unit, 1,819 (81%) received a nasal MRSA test at a cost of \$50 each and 39 women (2%) screened positive, for a cost of more than \$2,300 per positive screen, Mr. Helo said at the meeting, which was sponsored by the American Society for Microbiology.

Of the 39 MRSA-colonized women, 13 went on to have a cesarean section, 21

had vaginal delivery, 2 had miscarriages, and 3 were lost to follow-up because they did not deliver at the center.

When investigators looked at the effect of the positive results on practice, they found that although 9 of 13 (69%) women who had cesareans had positive test results available before the surgery, only 3 of the 9 (33%) received vancomycin prophylaxis.

“During the newborn stay, no new-

borns had complications of MRSA disease, and there were no nosocomial infections in our labor and delivery service, postpartum ward, and newborn nursery during the 20-month study period or 2 years prior to the study,” Mr. Helo said.

The investigators suggested that the decision to implement universal MRSA surveillance should be driven by MRSA colonization rates in specific geographic populations. ■

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Reference: 1. Sinatra RS, Jahr JS, Reynolds LW, Viscusi ER, Groudine SB, Payen-Champenois C. Efficacy and safety of single and repeated administration of 1 gram intravenous acetaminophen injection (paracetamol) for pain management after major orthopedic surgery. *Anesthesiology*. 2005;102:822-831.

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