This study addressed issues of great importance to gynecologic surgeons, since infection is a serious source of postoperative morbidity and mortality among hysterectomy patients, but other studies have greater application to our patient population.

In a metanalysis involving 2,752 women who underwent abdominal hysterectomy, those who received preoperative cephalosporin had significantly less febrile morbidity and fewer postoperative infections than the controls who received no antibiotic. Patients who have vaginosis and are not treated immediately prior to hysterectomy have a 27% deep cuff infection rate, compared with 0% in the treated group.

Recommendations
I prefer to administer 1 g intravenous cefoxitin after the patient arrives in the operating room and discontinue the drug 24 hours postoperatively to avert resistance.

Keep in mind the risk of inducing antibiotic resistance—particularly methicillin-resistant staphylococcal infections—if the recommended prophylactic regimen, including its proper timing, is abandoned.

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REFERENCES
Q In labor induction, when do you call it quits?

A When the latent phase reaches 18 hours in nulliparous women, the likelihood of successful vaginal delivery decreases markedly.

EXPERT COMMENTARY
This paper explores 2 sides of the same question:
• When has an induction failed?
• Is there an optimal length of the latent phase where the vaginal delivery rate is high enough without placing the mother or baby in significant jeopardy?

This question is important because induction of nulliparous patients at or near term is a common obstetrical intervention, and because nulliparous women with an unfavorable cervix have a more protracted latent phase. The labor curve also differs between spontaneous and induced labors.

What constitutes a “failed” induction?
As the authors point out, we lack an exact definition. One group of researchers developed a definition based on outcomes. In their framework, Simon and Grobman note, “a failed induction of labor may be diagnosed in women whose continued lack of progression into the active phase makes it unlikely that they would safely proceed to a vaginal delivery.” The investigators’ opined that, in nulliparous gravidas, a latent phase of up to 12 hours was safe, while longer periods carried a low chance (13%) of vaginal delivery.

Simon and Grobman performed their study to “further determine the most clinically relevant definition of a failed induction of labor.”

Details of the study
This was a relatively small retrospective chart review of 397 nulliparous women who were induced for medical or elective reasons. Of these, 32% underwent prior cervical ripening with the use of an extraamniotic saline-infusion catheter for 6 hours. The latent phase began with the initiation of oxytocin and amniotomy and ended when either 4 cm cervical dilation and 80% effacement were achieved, or the cervix dilated to 5 cm regardless of effacement.

Only 2% of women never achieved active labor prior to cesarean section, but the rate of cesarean delivery increased in near linear fashion with the lengthening of the latent phase. Nevertheless, 64% of women who had a latent phase up to 18 hours delivered vaginally. After 18 hours in the latent phase, the rate of vaginal delivery dropped such that the women who had a latent phase of 18.1 to 21 hours had a cesarean rate of 69%.

Other risks of a prolonged latent phase
Maternal hazards were an increased risk of chorioamnionitis and postpartum hemorrhage, though this did not translate into a lengthened hospital stay or increased transfusion rate. There was no appreciable neonatal consequence of a prolonged latent phase as measured by meconium, special care nursery admission, or umbilical cord pH.

Bottom line
This study provides some reassurance that, when the latent phase is 18 hours or less, patience may pay off with a vaginal delivery and acceptable maternal and neonatal risk. Keep in mind, however, that this study did not address the role of misoprostol for cervical ripening. Nor was it powered to assess the risk for relatively rare outcomes such as hysterectomy.

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REFERENCE

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