# Article information:

Azithromycin to Prevent Sepsis or Death in Women Planning a Vaginal Birth | NEJM  
<https://www.nejm.org/doi/10.1056/NEJMoa2212111>

# Article summary:

1. A single oral dose of azithromycin given to women in labor planning a vaginal delivery resulted in a significantly lower risk of maternal sepsis or death compared to placebo.

2. The study did not find a significant difference in stillbirth or neonatal death or sepsis between the azithromycin and placebo groups.

3. Azithromycin was not associated with a higher incidence of adverse events.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article reports on a randomized, placebo-controlled trial that investigated the effectiveness of a single oral dose of azithromycin in reducing maternal and neonatal sepsis or death during planned vaginal delivery. The study found that azithromycin significantly reduced the risk of maternal sepsis or death but had little effect on newborn sepsis or death. However, the article does not provide a detailed analysis of potential biases or limitations in the study design, such as selection bias, measurement bias, or confounding factors.

One potential source of bias is the inclusion criteria for the study, which excluded women with infections warranting antibiotic use and those with contraindications to azithromycin. This may have resulted in a sample that was not representative of all women planning a vaginal birth and may limit the generalizability of the findings.

The article also does not explore potential adverse effects or risks associated with azithromycin use during labor and delivery. While the study found no significant difference in adverse events between the treatment and placebo groups, it is important to consider potential long-term effects on maternal and neonatal health.

Additionally, the article does not present counterarguments or alternative perspectives on the use of prophylactic antibiotics during labor and delivery. Some experts may argue that widespread use of antibiotics could contribute to antibiotic resistance and should be reserved for cases where there is clear evidence of infection.

Overall, while the study provides valuable insights into the effectiveness of azithromycin in reducing maternal sepsis or death during planned vaginal delivery, it is important to consider potential biases and limitations in interpreting these findings. Further research is needed to fully understand the risks and benefits associated with prophylactic antibiotic use during labor and delivery.

# Topics for further research:

* Adverse effects of azithromycin use during labor and delivery
* Antibiotic resistance and prophylactic antibiotic use during labor and delivery
* Confounding factors in the randomized
* placebo-controlled trial on azithromycin use during labor and delivery
* Selection bias in the trial on azithromycin use during labor and delivery
* Measurement bias in the trial on azithromycin use during labor and delivery
* Generalizability of the findings on azithromycin use during labor and delivery

# Report location:

<https://www.fullpicture.app/item/599b40789a255aa9deeb26e23c59807d>