The Rt Hon Yvette Cooper MP
Secretary of State for Health and Social Care
Department of Health and Social Care
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Dear Secretary of State,

Congratulations on your appointment as Secretary of State for Health and Social Care. We welcome your commitment to urgently improving maternity services and believe surgical site infection prevention should form part of that conversation.

We believe that greater clarity, consistency and support around surgical site infection (SSI) prevention in maternity care is essential as new research highlights the need to improve awareness of post-Caesarean section infections and the impact SSIs can have on mothers during recovery.

This issue is becoming increasingly important as the rate of Caesarean sections continues to rise. Recent NHS figures show that Caesarean sections now account for 45% of births in England, with planned Caesarean sections making up 20% of births and emergency Caesarean sections making up 25%[1]. A prospective multicentre study conducted in the UK found that 9.6% of women developed a post-surgical infection following a Caesarean section, with 0.6% readmitted to hospital for treatment[2]. Therefore, it is vital that mothers receive clear information about infection risk and that maternity teams are supported with consistent infection prevention protocols to help minimise the risk of infection and additional strain on the NHS.

Our research found almost a quarter of mothers who had undergone a Caesarean section said that they were not clearly informed about the risk of infection prior to their Caesarean section[3]. This concern is shared amongst maternity stakeholders including midwives and obstetricians with 77% believing that more information should be given to mothers about infection risks following Caesarean sections[3].

This matters because post-Caesarean section infections can have a significant impact on physical recovery, emotional wellbeing and the precious first weeks of becoming a parent. Among mothers who experienced a Caesarean section wound infection, 32% said it had a significant or severe impact on their early experience of motherhood[3], with 80% saying that it made caring for their baby more challenging[3] and 61% stating that they missed out on important early moments with their baby due to their infection[3].

Louise Billington, 47, from the West Midlands, is one of many mothers who have experienced a wound infection after an emergency Caesarean section, with the infection affecting her crucial first weeks with her son and her confidence as a new mother. She said:

“I had looked forward to becoming a mum for so long, and when Callum arrived, I just wanted to take him home and enjoy those first weeks. Once the infection set in, I spent much of the next four or five weeks in bed. Caring for Callum while managing the wound was draining, and I had to rely on others for help with dressing changes, shopping and getting to appointments. Instead of taking him out to meet family and friends, everyone had to come to us. I felt I was missing out on the simple moments I had imagined, and it took away some of the happiness of that time and knocked my confidence.”

"When my wound started leaking late one evening, I was alone with a newborn and didn't know whether it was normal or who I should contact. Clear information about wound care and the signs of infection would have given me reassurance and helped me know when to seek support."

Our research findings point to a clear need for greater consistency in how surgical site infection prevention is supported across maternity settings. 80% of maternity stakeholders agree that more could be done within hospitals to prevent surgical site infections following Caesarean sections[3], while 83% agree that clear protocols are essential for reducing the risk[3].

We believe there is an evident opportunity to improve infection prevention protocols and help support maternity teams in applying those protocols consistently. Recent global clinical consensus research on surgical gloving practice published in the *Journal of Hospital Infection* highlights one such method of reducing the risk of infection. Clinical evidence shows that changing surgical gloves after placental delivery and before final closure can reduce surgical site infection (SSI) risk by 59%[*,4], demonstrating how a simple and practical intervention could help improve outcomes for mothers.

We are therefore calling on the Government to work with maternity leaders, clinicians and NHS bodies to strengthen the consistency of SSI prevention protocols across maternity services. This should include improving the information mothers receive about infection risk before and after a Caesarean section, ensuring that evidence-based interventions such as glove changing are reflected in relevant guidance, addressing practical barriers to consistent implementation, and improving the monitoring and reporting of post-Caesarean section SSIs so that services can better understand risk, track outcomes and support improvement.

We would welcome the opportunity to work with Government and relevant stakeholders to help improve awareness of surgical site infections and support better outcomes for mothers across the UK.

Yours sincerely,

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References:

* A relative risk (RR) of 0.41 means a 59% lower risk of post-caesarean SSI (0.59=1-0.41)

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4. Narice BF, et al. Impact of changing gloves during cesarean section on postoperative infective complications: A systematic review and meta-analysis. Vol. 100, Acta Obstetricia et Gynecologica Scandinavica. John Wiley & Sons, Inc; 2021. p. 1581–94.