

Hibitane™

Obstetric Cream

The importance of using an antimicrobial obstetric lubricant at every contact¹

Webinar Transcription: Delivered by Dr Rachel McGuire
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'Guiding Infection Control: Essential Expectations of Your
Obstetric Lubricants' - in conjunction with The Midwifery
and Maternity Forum.



“Why Antimicrobial Lubricants are Important

To start with, why do we need to be thinking about antimicrobial lubricants? So we know that the basis for our practice in maternity care is all about reduction of maternal and neonatal morbidity or mortality. And research shows that sepsis is one of the leading causes of both of these. **The most recent MBRRACE report from 2024 showed that sepsis was the cause of 9% of maternal deaths** between 2020 and 2022. So that's a significant proportion of those deaths. **Globally, it's estimated that about 30 to 40% of neonatal deaths are as a result of infection.** So, it's not a small issue.

Infection Risks in Antenatal, Labour and Post Natal Periods

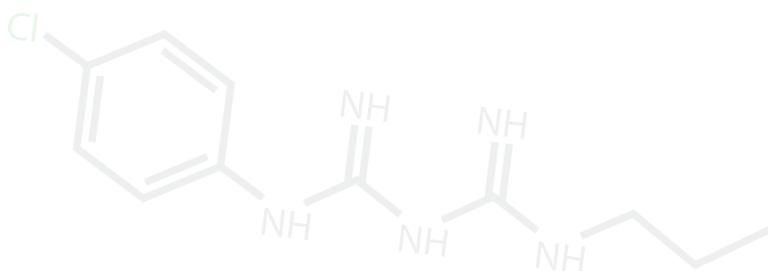
We know that pregnant women are already at increased risk of infection and therefore severe infection progressing to sepsis because of the immunocompromised state that comes as part and parcel of pregnancy. But increasingly, we are all seeing women with additional risk factors for immunosuppression and who therefore more vulnerable to sepsis. We know that we have increasing rates of diabetes, of obesity, malnutrition, and poorer overall health status before they're even pregnant, let alone adding in that additional immunocompromised state that they become during their pregnancy.

We can then add in the risk factors for infection and sepsis that they can acquire during labour. For example, **women with prolonged rupture of membranes, the need for invasive procedures, and then the women that have vaginal or perineal trauma, that causes breaching of the skin barrier allowing microorganisms to enter easily and to cause infections.**

There are many infections that mother and baby are susceptible to in the antenatal period and labour in the postnatal period.

The infections themselves can be caused both by organisms that are part of the normal urogenital flora, that live there without causing a problem most of the time, but have the potential to cause infection. The biggest example that we have in maternity of that is of group B streptococcus.

Infections can also be caused by non-commensal organisms. So things such as MRSA, enterococcus faecalis, group A streptococcus, and E.colis.



Group B Streptococcus – steps to reduce risk

Talking specifically about Group B strep, we know this is the infection that we think about a lot, and we worry about a lot in the labour period. We know that early onset group B streptococcus in the neonate, is most frequently acquired by vertical transmission from the mother during labour or following rupture of membranes. So it's important that we take preventative steps to reduce not only the risk to baby but also to mothers who are at risk of infection from group B strep in the postnatal period.

Vaginal examinations: the frequency is likely higher than we think

The NICE guidelines on intrapartum care do talk about infection control, but they also talk about that women should be offered four hourly vaginal examinations in the first stage of labour. In reality, however, we have all had women, especially the high-risk women on labour ward that get more frequent examinations, whether that's because there's a concern for foetal well-being, concerns about progress in labour, or in response to maternal request for examination, or maternal behaviour that may be indicating that things are progressing, and the need to know that.

But then we can also think about the number of women that are having examinations as part of an induction process, stretch and sweep examinations, the women who are coming in to be assessed for labour, or those women that present in the antenatal period that are having examinations for whatever concern there is about foetal or maternal well-being. So actually the potential number of examinations that women are having in pregnancy, let alone in labour, is probably much higher than we actually think it is.

How vaginal examinations increase risk of infection

In terms of how vaginal examinations increase the risk of maternal infections and of chorioamnionitis, either the examination itself can introduce an organism into the vagina, or more so in labour - in assessing cervical dilation - **the examination itself introduces vaginal organisms into the cervical canal, where they are not normally present.**

Research shows that up to 80% of women had increased growth of vaginal organisms after a vaginal examination compared to the growth that they had before an examination. So there is a significant number of women that were increasing the bacteria that is present after an examination.

Vaginal Trauma and Risk of Infection

When we look specifically at the postnatal period, up to 85% of women will sustain some form of genital tract trauma in labour; from the very smallest graze to an obstetric anal sphincter injury – and the rate of infection is more high-risk with trauma.

Furthermore, rates of infection may be significantly underestimated, very likely because many women may not report them, but also because there's no clear clinical definition of what an infection is. So, there's sometimes a lack of recognition of infection.

An observational study in an NHS trust showed that looking specifically at second degree tears that become infected, the most common causative organisms were organisms that were endogenous to the genital tract.

Considering Increased Recovery & Longer Hospital Stays

That study also looked at the qualitative aspect of the experience of women who get infections; either having an infection, or having an infection that then leads to wound breakdown. These were experiencing increased pain, they had a longer recovery, and although they might consider their perineum to be healed, lots of these women still had ongoing concerns regarding the appearance of their perineum, and the sensation afterwards. That can have lifelong impact on these women.

Maternal and neonatal infections don't only cause morbidity and mortality, but they also potentially increase the length of hospital stays. They can have a significant impact on a woman's thoughts and feelings around their birth experience and how that aligned with the plan that they went into labour with, and that can have a significant impact on mental health.

Prevention is Better than Cure

It's so important that we take steps to prevent infection in all aspects of our practice. But in my role, I think it's even more critical during the high-risk period around labour.

Prevention is always better than cure - and the NICE guidelines in the Royal College of Obs and Gynae guidelines align with this. The 2021 update to the caesarean section guideline advised the use of vaginal preparation before caesarean birth, to reduce the risk of ascending infection causing endometritis in those women who have ruptured membranes.

We give prophylactic antibiotics for those having high risk procedures, like instrumental deliveries, manual removal of placentas, and repair of 3rd and 4th degree tears. We give prophylactic antibiotics in those women who have group B strep. So why would we not do everything that we can to prevent introduction of bacteria that has potential to cause significant impact for both mother and baby?

Using Antimicrobial Lubricants to Help Prevent Infection

So thinking about antimicrobial lubricants and how they differ from other lubricants that you may use in your practice, **the key ingredient - chlorhexidine - is the differing point in antimicrobial lubricants such as Hibitane Obstetric Cream™.**

Chlorhexidine is a compound that is antiseptic and antimicrobial. It actually works by disrupting the cell wall of the organism. It then prevents that organism from repairing the cell wall, and that ultimately leads to cell death. We know that **chlorhexidine is effective against a range of gram positive and gram-negative bacteria, many viruses, fungi and yeasts.** When it's applied to skin or mucous membranes, Chlorhexidine works by binding to the tissue and it's then slowly released over 24 hours or more.

Chlorhexidine only actually needs to be in a very low concentration to have anti-bacterial action, and overall its safety profile is very good. It has low allergy and toxic potential.

Addressing antibiotic resistance or vaginal microbiome concerns

Antibiotic resistance is a really concerning topic, not only within the UK but worldwide. However, research has shown that intermittent use of chlorhexidine has no impact on antibiotic resistance, and there's also no evidence that intermittent application of topical chlorhexidine to the vaginal mucosa has any significant detrimental effect to the vaginal microbiome.

Using an Antimicrobial Lubricant to Combat Group B Strep

As mentioned, group B strep is something that we all worry about in labour, and research has shown that Group B Strep is extremely sensitive to chlorhexidine.

So vaginal disinfection with chlorhexidine was shown to have a statistically significant reduction in group B strep colonisation in the neonate. Then looking at the mother, vaginal cleansing with chlorhexidine has been shown to reduce postnatal infections.

We know that chlorhexidine also has an effect on E.coli and enterococci, which can put mothers at risk of infection.

Use Antimicrobial Lubricants at Every Contact

So when should we be using an antimicrobial lubricant such as Hibitane Obstetric Cream™? In my work as an obstetrician, it's something I use frequently.

It might be a product that you've seen used in special circumstances, like on the instrumental trolley or on the theatre trolley for the obstetric team to use. But this isn't actually all it can be used or should be used for. We know that the risk of infection is higher in the more invasive procedures that might be done, like by people like myself.

But as I mentioned earlier, every single vaginal examination has the opportunity to introduce infection. Every single examination should have all precautions taken to reduce this. We already do some things to reduce that risk e.g. we use sterile gloves, we try to have the examination as sterile as possible within the limits of maternity care. But antimicrobial lubricants are another way that we can do this.

Hibitane Obstetric Cream™ is licensed for a variety of uses in obstetrics and gynaecology. It can be used as a lubricant for all vaginal examinations as well as at the time of spontaneous vaginal delivery and instrumental deliveries.

So, Hibitane Obstetric Cream™ doesn't just have to be something that's on the instrumental trolley or the theatre trolley. It can be something that's on the delivery trolley or the examination trolley or in a community midwife home birth kit. It can be used every examination to prevent introduction of infection at every contact with the woman.

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Learn more about
Hibitane™ Obstetric
Cream here

For further details please see the Hibitane™ Obstetric Cream Summary of Product Characteristics (SmPC). <https://dermauk.co.uk/wp-content/uploads/2021/07/Hibitane-SmPC-2-7-2021.pdf>

For Prescribing information please visit **Hibitane.co.uk**

1) Webinar excerpt via The Midwifery and Maternity Forum, Dr McGuire, 'Guiding Infection Control: Essential Expectations of Your Obstetric Lubricants' - <https://dermauk.co.uk/resources/> (last accessed January 2026)

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