

GLOVE SELECTION IN MATERNITY CARE:

Supporting Safe, Appropriate, and Cost-Effective Practice

INTRODUCTION

Appropriate glove selection is a key component of infection prevention and occupational health and safety in maternity care. Selecting the right glove for the clinical task helps protect both mother and newborn, while ensuring clinicians have the necessary comfort, dexterity, and performance to deliver safe care.^{1,2,3}

Glove choice should be guided by the risk of infection, the type of procedure, and whether aseptic technique is required.

WHEN NON-STERILE EXAMINATION GLOVES ARE APPROPRIATE

Non-sterile examination gloves are suitable when clinicians are exposed to blood or body fluids but the risk of infection is low and asepsis is not required.

For routine vaginal or cervical examinations during labour, evidence indicates that clean (non-sterile) examination gloves are reasonable and not inferior to sterile gloves in preventing infection when membranes remain intact and the risk of ascending infection to the foetus is minimal.

A randomised controlled trial comparing sterile examination gloves with clean (non-sterile) examination gloves for cervical examinations during labour found no significant difference in:

- Intrapartum infection (chorioamnionitis)
- Postpartum infection (endometritis)

Reported infection rates were 5.4% versus 4.4%, respectively.⁴

WHEN STERILE GLOVES ARE REQUIRED

Sterile gloves are essential when procedures involve aseptic technique, deeper tissue contact, or entry into higher-risk areas, particularly when membranes are no longer intact.³

Examples include:

- Vaginal examinations after rupture of membranes
- Insertion of foetal scalp electrodes
- During the delivery of the baby
- Instrumental or assisted deliveries
- Cord clamping and cutting involving manual tissue contact
- Manual removal of the placenta or uterine exploration
- Perineal repair or suturing
- Caesarean section



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CLINICAL CONSIDERATION

In these situations, healthcare workers are frequently exposed to large volume of blood and bodily fluids, increasing the risk of contamination at the wrist and glove-gown interface. Long-cuff gloves provide extended coverage of the wrist and forearm, supporting continuous barrier protection and minimizing the risk of skin exposure and contamination.⁵



STERILE SURGICAL GLOVES VS STERILE EXAMINATION GLOVES

When sterile gloves are required, it is important to determine whether the activity is a sterile task or a surgical procedure.

STERILE SURGICAL GLOVES	STERILE EXAMINATION GLOVES
• Intended for operative surgery and invasive procedures • Designed to withstand higher mechanical stress • Provide enhanced tensile strength and tear and puncture resistance • Suitable for prolonged wear, suturing, and frequent instrument handling • Higher cost reflects higher performance specifications	• Intended for sterile, short-duration, lower-stress procedures • Appropriate when sterility is required but high mechanical stress is not anticipated • Provide effective barrier protection with greater cost efficiency • Suitable for many maternity procedures that are sterile but not surgical

CONCLUSION

Sterile gloves remain essential for procedures that involve entering sterile body areas, increase infection risk, or require tissue repair or operative intervention.^{1,2,3} However, sterile examination gloves, particularly those with extended cuffs, offer clinicians a cost-effective and appropriate alternative when sterility is required but the enhanced performance characteristics of a sterile surgical glove are not necessary.

Glove selection should always be guided by clinical assessment, local policy, and professional judgement, ensuring patient safety remains the highest priority while supporting efficient and cost-effective maternity care.

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