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GROUP B STREPTOCOCCAL PROPHYLAXIS GUIDELINES

The prevention of group B streptococcal neonatal infection is a controversial issue although it seems to be settling towards a combination of genital cultures and the patient's risk assessment based on historical and clinical criteria at the time of labor and delivery. The department of OB/GYN recommends universal Group B streptococcus screening with urogenital cultures at 35-37 weeks. For patients delivered prior to this time the department recommends use of prophylactic antibiotics based on individual risk assessment during labor. Based on the above concept, below is presented a schema of actions in order to minimize the risk of neonatal Group B sepsis:

- 1) All prenatal patients receive a genital Group B streptococcus culture at 35 to 37 weeks gestation
 - a) All patients with positive cultures should receive intrapartum prophylaxis as described bellow.
 - b) All patients with negative cultures should be assessed at the time of labor for historical or clinical factors as defined bellow and managed accordingly.
 - **Historical and clinical risk factors**
 - History of neonatal Group B infection in previous pregnancy
 - History of positive Group B strep culture in current or previous pregnancy
 - Intrapartum fever ($>100.4^{\circ}\text{F}$ { 38°C })
 - PROM to delivery > 18 hours
 - Delivery prior to 37 weeks
 - c) Patients, who go into labor prior to the availability of culture results, should be treated according to historical and clinical risk factors.
 - d) All patients delivering prior to 37 weeks should receive prophylaxis regardless of other risk factors. **(Delivery prior to 37 weeks is a risk factor by itself).**

Important Points to Consider to Improve the Prevention Process

- 1) If a patient is in early labor and duration of PROM between ten and 18 hours and one expects this patient to still be in labor past 18 hours since PROM, then this patient should be started on prophylaxis **before the 18 hour mark.**
- 2) Patients with PROM not in labor may be managed as following:
 - a) Preterm PROM not in labor – if expectant management is the choice

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- i) Obtain genital Group B culture and begin antibiotics until cultures are available:
 - (1) GBS (-): discontinue antibiotics
 - (2) GBS (+): continue antibiotics until delivery or until a 10 day treatment course is completed.

 - b) Term PROM not in labor – if expectant management is the choice
 - i) Obtain genital Group B culture and begin antibiotics until cultures are available:
 - (1) GBS (-): discontinue antibiotics
 - (2) GBS (+): continue antibiotics until delivery or until a 10 day treatment course is completed.

 - c) Term PROM not in labor – if induction is the choice
 - i) Initiate antibiotics when patient starts labor and delivery is expected to take place in ≥ 18 hours from the time of PROM.

 - d) Term PROM in labor – initiate antibiotics when delivery is expected to take place in ≥ 18 hours from the time of PROM.
- 3) Do not attempt to eradicate GBS colonization antenatally. If a patient has an incidental positive GBS culture in the antenatal period one may consider the following:
- a) Symptomatic bacteriuria should be treated as appropriate.
 - b) Asymptomatic bacteriuria may be treated with a single 10-day course of Ampicillin 500-mg po q6 hours. No need for repeat culture or any effort to eradicate GBS. However these patients should receive intrapartum prophylaxis at any gestational age.
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- ❖ Suggested methodology for optimal culture yield
 - Culture should be obtained in proper media and sampling should be done from the outer 1/3 of the vagina, the urethra, and if possible the rectal area.
 - ❖ Suggested antibiotic regimen for prophylaxis
 - **Drug of choice:**
 - Penicillin- 5 million units IV followed by 2.5 million units IV in 4 hours and every 4 hours until delivery thereafter.
 - **Alternative drug:**
 - Ampicillin – 2 Grams IV and then 1 Gram in 4 hours and every 4 hours until delivery thereafter.
 - **Patients allergic to Penicillin:**
 - Use Erythromycin or Clindamycin