GROUP B STREP INFECTION IN PREGNANCY

Group B Strep (GBS) disease remains one of the leading causes of newborn morbidity and mortality. Intrapartum chemoprophylaxis is currently the most effective intervention. CDC recommendations (August 2002) calls for universal prenatal screening for vaginal and rectal GBS colonization of all pregnant women at 35 to 37 weeks gestation (if not delivered in 4 weeks from time of culture, repeat culture). ACOG also recommends universal screening.

SCREENING:

Perineal culture: Specimen from posterior vagina to anus and around anus (do not swab in anus)
If positive, needs intrapartum chemoprophylaxis (see below)
Penicillin-allergic women: specify order: if culture positive for GBS, test for susceptibility to clindamycin and erythromycin

COLONIZATION: 10-30% of women colonized (urogenital tract)
Increased risk of early onset GBS disease
Need intrapartum chemoprophylaxis if GBS present in urine
culture (GBS bacteriuria)
If >100,000 colonies/hpf; tx as UTI – should also receive intrapartum chemoprophylaxis

Intrapartum chemoprophylaxis **INDICATED**	Intrapartum chemoprophylaxis **NOT INDICATED**
Previous infant w/GBS disease	Previous pregnancy GBS positive, but GBS negative this pregnancy
GBS bacteriuria this pregnancy (no need to do GBS prenatal screening)	Planned c-section w/absence of labor or rupture of membranes
Positive GBS culture during current pregnancy	Negative GBS culture during current pregnancy
Unknown GBS status and any of the following: preterm delivery, rupture of membranes >18 h, intrapartum temp ≥100.4 *	

* IF CHORIOAMNIONITIS IS SUSPECTED, TREAT WITH BROAD SPECTRUM ANTIBIOTIC THERAPY THAT ALSO COVERS GBS.

INTRAPARTUM CHEMOPROPHYLAXIS FOR POSITIVE GBS
(AT LEAST 2 DOSES ADMINISTERED PRIOR TO DELIVERY):

Recommendation: Penicillin G, 5 million units IV initial dose, then 2.5 million units
IV every 4 hours until delivery

Alternative: Ampicillin, 2 g IV initial dose, then 1 g IV every 4 hours until
delivery

If Penicillin allergy:

Not at high risk for anyphylaxis:
Cefazolin 2 g IV initial dose, then 1 g every 8 hours until delivery

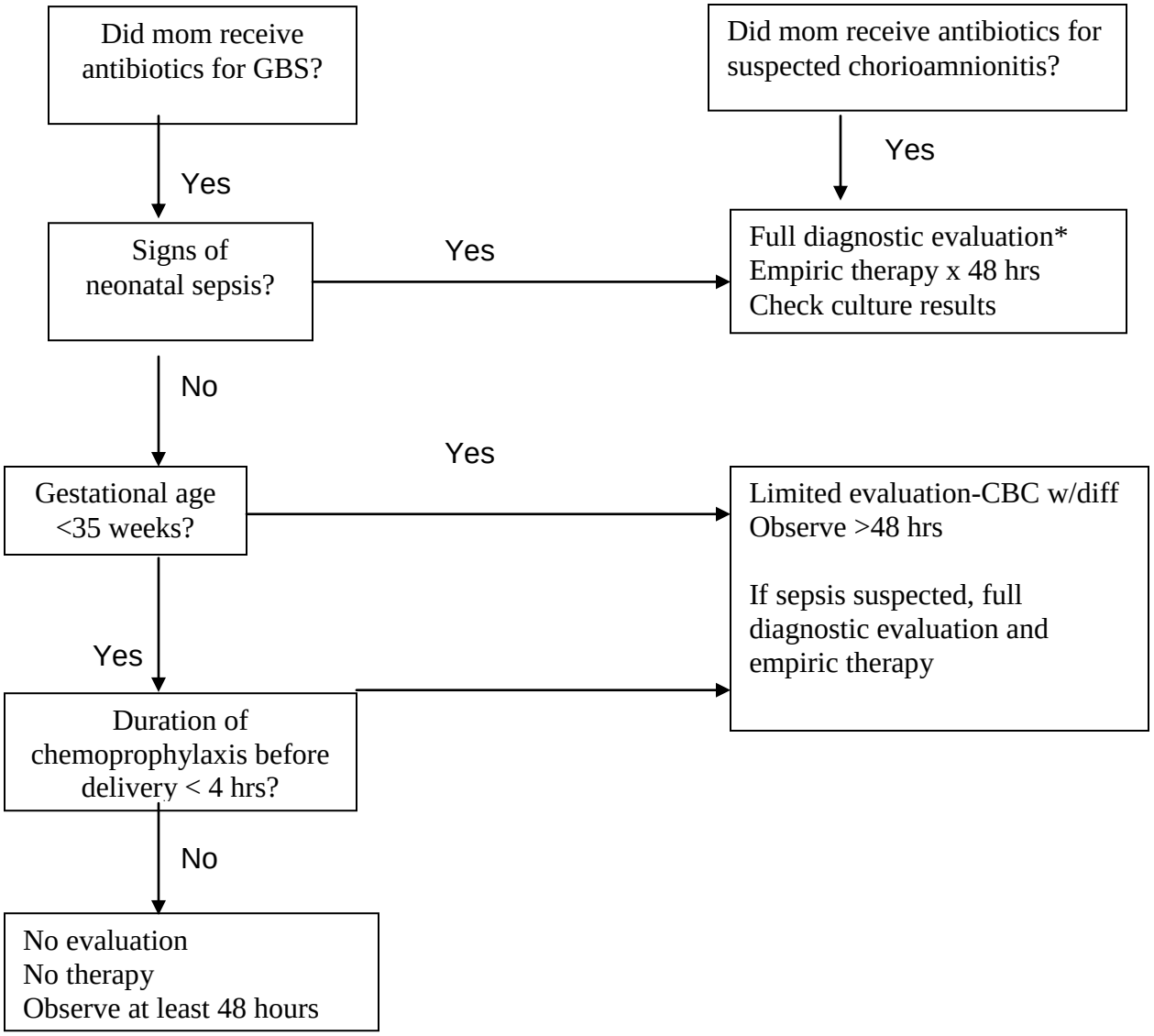
At high risk for Anaphylaxis:

1. GBS susceptible to clindamycin and erythromycin:
   Clindamycin, 900 mg IV every 8 hours until delivery
   OR
   Erythromycin, 500 mg IV every 6 hours until delivery

2. GBS resistant to clindamycin or erythromycin or susceptibility unknown:
   Vancomycin, 1 g IV every 12 hours until delivery

REFERENCES:
ACOG Committee Opinion, December 2002
American Family Physician, March 1, 2003, Vol. 67, No. 5
www.cdc.gov/ncidod Prevention of perinatal GBS Disease. August 16, 2002, revised.

Management of the newborn whose mom received intrapartum chemoprophylaxis or treatment of chorioamnionitis:



*Full diagnostic evaluation includes:

CBC w/diff, blood culture, CRP and CXR if respiratory problems
If signs of sepsis, do lumbar puncture (NBICU)

REFERENCES:

MMWR August 16, 2002 "Prevention of Perinatal Group B Streptosoccal Disease", revised