Group B Streptococcus (GBS) Prophylaxis: Intrapartum

DATE _____/_____/_______  TIME __________

DD  MM  YYYY

WEIGHT:_________ KG  HEIGHT______________CM

☐ ALLERGY CAUTION sheet reviewed

Admission

GBS Status
☐ Positive  or  ☐ Negative

Membrane Status
☐ Intact  or  ☐ Confirmed rupture

Informed Refusal
☐ Woman refuses prophylaxis for GBS

Medications: Choose appropriate antibiotic

☐ penicillin
  5 million units IV once stat THEN
  2.5 million units IV every 4 hours until delivery

GBS prophylaxis with penicillin allergy - not anaphylaxis
☐ ceFAZolin -
  2 g IV once stat THEN
  1 g IV every 8 hours until delivery

GBS prophylaxis with documented anaphylactic reaction to penicillin and documented susceptibility to clindamycin
☐ clindamycin
  900 mg IV stat THEN every 8 hours until delivery

GBS prophylaxis with documented anaphylactic reaction to penicillin and documented clindamycin resistance
☐ vancomycin
  1 g IV stat THEN every 12 hours until delivery

Signature:______________________________________  Print Name:______________________________________
College ID:______________________________________  Pager:________________________________________

PTN Review Date: June 24, 2014  PTN# GBSPv1  Exp Date: June 24, 2017

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Background
Guidelines for the prevention of Group B streptococcal disease have been updated (see references below).

Recommendations
1. Screening
   - Offer all women screening for GBS at 35 - 37 weeks gestation with vaginal/rectal cultures, regardless of planned mode of delivery.
   - Screening may be offered at an earlier gestational age in women who are at higher risk of needing early delivery, e.g. an at risk pregnancy that may require delivery before 37 weeks and in whom a recent (less than or equal to 5 weeks) negative culture would prevent the need for antibiotics.
   - Women with indications for GBS prophylaxis do not require screening.

2. Collection of the sample
   - Swab the lower vagina and then the rectal area using the same swab
   - Women can be instructed to collect their own samples
   - If the woman is penicillin allergic, indicate "Penicillin allergy" on the requisition, and whether the reaction is anaphylaxis or not. Request antibiotic susceptibility testing on GBS cultures in women who are thought to have a significant risk of anaphylaxis from penicillin.

3. Treatment at onset of active labour or at time of ruptured membranes with immediate induction of labour
   Indications:
   - Positive GBS screening culture during current pregnancy within the last 5 weeks
   - GBS bacteriuria during any time during current pregnancy
   - Previous infant with invasive GBS disease
   - Intrapartum rapid test positive for GBS (not yet available)

Unknown GBS status (culture not done, incomplete, or results unknown) and any one of the following – use risk factors to treat – Start antibiotic prophylaxis if:
   - Rupture of membranes is greater than 18 hours
   - Intrapartum fever is greater than 38°C and signs of chorioamnionitis are present (note: requires broader spectrum antibiotics)
   - Woman <37 weeks gestation is in labour AND/OR has ruptured membranes (note: GBS prophylaxis is required for at least 48 hours. Other antibiotics may be indicated while awaiting spontaneous or obstetrically indicated labour).

No treatment is indicated for the following:
   - GBS screen negative (less than or equal to 5 weeks) even if the following are present: prolonged labour, less than 37 weeks gestation, previous pregnancy with positive GBS screen in the absence of fever or evidence of chorioamnionitis.
   - Elective Cesarean delivery (Surgical antibiotic prophylaxis covers GBS).

ANTIBIOTIC PROPHYLAXIS (see orders on reverse side).

REFERENCES