

As you know, there has been much discussion about the best approach to preventing neonatal Group B Streptococcal (GBS) infection. While there is still controversy about this issue, both the U.S. Centers for Disease Control (CDC) and the Society of Obstetricians & Gynaecologists of Canada (SOGC) now recommend universal screening at 35-37 weeks gestation and treatment based on culture results or risk factors if the culture results are not known.

- In 1994, the SOGC, in collaboration with the Canadian Pediatric Society (CPS) recommended two approaches to GBS prophylaxis: 1) universal screening and intrapartum treatment of women with a positive culture, **or** 2) intrapartum treatment based on risk factors for neonatal GBS infection.
- In 2002, CDC released guidelines recommending routine screening at 35-37 weeks gestation.
- In 2002, the Canadian Periodic Task Force on Preventive health Care also released recommendations for GBS prophylaxis and there was a commentary in the CPS Pediatric Infectious Disease Notes calling for a multi disciplinary conference to develop new Canadian recommendations.
- In 2004, the SOGC Infectious Diseases Committee released a new guideline recommending that all women be offered screening for GBS with a vaginal-rectal swab at 35-37 weeks gestation. The treatment recommendations differ slightly from those recommended by the CDC and the Canadian Periodic Task Force on Preventive Health Care. Both the CDC and the SOGC recommendations emphasized proper specimen collection and handling. The RCP supports the SOGC guidelines.
- It is important for clinicians to have a clear understanding of the women who should receive intrapartum chemoprophylaxis and those who should not receive treatment in labour, according to the SOGC guidelines. **Women with a negative GBS culture result within 5 weeks and no history of GBS infection do not need intrapartum prophylaxis, unless they develop fever in labour.**

Recommendations for primary care providers:

- Women who agree to screening for GBS should have a culture done from a single swab first to the vagina then to the rectal area. This culture should be taken between 35-37 weeks gestation.
- The swab should be labeled as a vaginal-rectal swab for GBS. It should be transported to the lab at room temperature in a non-nutritive transport medium and arrive, ideally, within 48 hours of collection. In rural areas, this may mean scheduling prenatal appointments based on the lab transport schedule, if at all possible.
- If the woman has a known allergy to penicillin, SOGC recommends noting this on the requisition and requesting sensitivity testing for clindamycin and erythromycin.
- Since GBS colonization status can change, the SOGC recommends repeating the GBS culture after 5 weeks. Some clinicians may decide to delay collecting the GBS swab to 36 weeks so that the results will be valid until 41 weeks gestation. **If a woman goes into labour and her culture result is >5 weeks old, her GBS status should be considered unknown.**