

Summary of Intrapartum Chemoprophylaxis for GBS and Infant Observation/Treatment Following Birth

Chemoprophylaxis* is indicated for the following women at the time of labour or ROM without labour:

- Women < 37 weeks gestation:
 - who had a positive GBS culture within the past 5 weeks
 - who had GBS bacteriuria in this pregnancy
 - who had a previous infant affected by GBS
 - whose GBS status is unknown
- Women 37+ weeks gestation:
 - who had a positive GBS culture within the past 5 weeks
 - who had GBS bacteriuria in this pregnancy
 - who had a previous infant affected by GBS
 - whose GBS status is unknown **and** have ROM > 18 hours

*Preferred treatment is Penicillin G 5 million units IV, then 2.5 million units q 4 hours until delivery. For women allergic to penicillin, alternatives are:

cefazolin 2 g IV then 1g IV q 8 hours (for women who are not at risk of anaphylaxis),
clindamycin 900mg IV q 8 hours (for women who are at risk for anaphylaxis),
erythromycin 500mg IV q 6 hours (for women who are at risk for anaphylaxis).

Any woman who develops a fever in labour (>38°C) should be treated with broad spectrum antibiotics (e.g. ampicillin), regardless of GBS status.

Differences between this approach and risk-based screening:

- Do not treat women < 37 weeks who had a negative culture in the last 5 weeks, unless they develop a fever in labour.
- Do not treat women with ROM > 18 hours at any gestational age who had a negative culture in the last 5 weeks, unless they develop a fever in labour

Infant monitoring/treatment following birth:

- Infants whose mothers received adequate intrapartum prophylaxis (i.e. \geq 4 hours prior to delivery) – observe in hospital for 24 hours, further evaluation only if signs of sepsis
- Infants whose mothers received inadequate intrapartum prophylaxis (i.e. < 4 hours prior to delivery) – observe in hospital for 48 hours, evaluate and treat based on signs of sepsis
- Infants of mothers with chorioamnionitis should be evaluated for sepsis and treated with antibiotics. Evaluation should include:
 - CBC & differential
 - Blood culture
 - Chest x-ray
 - Consider LP
- Any infant displaying signs consistent with possible sepsis should be evaluated promptly, regardless of maternal GBS status