Prevention of Early Onset GBS Disease

Introduction
The CDC universal testing and treatment strategy for the identification and management of maternal GBS carriers has reduced the vertical transmission of GBS during labor and delivery with a resultant decline of early onset neonatal GBS by 80%. Central to the approach is the identification of carriers, between 15% and 40% of all pregnant women, late in pregnancy, and treating these mothers during labor prior to delivery.

Recommendations

Identification of Patients Requiring Treatment in Labor and Delivery (Presenting in labor or with PROM)
A. Screen positive women between 35 and 37 weeks' for GBS
   a. Rectovaginal swab
   b. Note: prior pregnancy GBS culture positive is NOT an indication
B. Prior infant with early onset invasive GBS
C. GBS in urine during current pregnancy
D. GBS unknown
   a. <37 weeks (preterm labor)
   b. ROM >18 hours
   c. Intrapartum fever ≥100.4°F (≥38.0°C)

Cesarean Section and GBS
A. Prior to labor or before rupture of membranes
   a. Should not receive antibiotics

Culture Notes
A. Rectal and vaginal swab (before digital exam, before lubricants)
B. Selective media
C. Penicillin allergy
   a. High risk of anaphylaxis: angioedema, respiratory distress, urticarial
      i. Clindamycin and Erythromycin susceptibility testing ordered
**Treatment**
A. Penicillin: IV, 5 million units, then 2.5 to 3 million units every 4 hours
B. Ampicillin: 2 grams IV then 1 gram every 4 hours
C. Allergy to Penicillin
   a. Low risk: Cefazolin 2 grams IV, then 1 gram every 8 hours
   b. High risk
      i. Susceptible to erythromycin/Clindamycin: Clindamycin, 900 mg IV every 8 hours
      ii. Vancomycin: 1 gram IV every 12 hours

**Pediatric Implications**
A. Adequate if antibiotics given 4 hours prior to delivery

**Miscellaneous**
A. Do not delay obstetric procedures to achieve 4 hours
B. Obtain GBS culture for PTL
   a. If negative – no/stop GBS Treatment
   b. If positive – treat while in labor
   c. If not available – treat in labor
   d. If reaches 35 to 37 weeks – re-culture
   e. If last culture 5 weeks previous – re-culture
C. PPROM
   a. Obtain culture and start antibiotics for latency
   b. If labor – continue antibiotics
   c. If no labor – continue antibiotics for 48 hours or for latency
D. For patients at term no further testing needs to be done if a negative culture is obtained after 35 weeks’ gestation, regardless of whether the culture is >5 weeks old

**References:**

Centers for Disease Control and Prevention (CDC). Q&As about implementing the 2010 guidelines for obstetric providers. [http://www.cdc.gov/groupbstrep/clinicians/qas-obstetric.html](http://www.cdc.gov/groupbstrep/clinicians/qas-obstetric.html).