Wishaw General Hospital
Women's Services Directorate

Guidelines for the Prevention of Early-onset Neonatal Group B Streptococcal (GBS) Disease in the neonates.

This guideline is based on available evidence as well as local experience and practical difficulties which have been encountered in clinical practise. If in doubt, please discuss with senior medical staff.

The Risk Factors this document refers to are:

- Prolonged rupture of membranes > 18 hours
- Preterm delivery <37 weeks of gestation)
- Intrapartum fever >38^0 C on one occasion.

GBS on vaginal swab detected incidentally/ GBS bactiuria (GBS in urine culture) in ***this*** pregnancy*	Give intrapartum antibiotic prophylaxis**/ treat the baby if mum had inadequate or no prophylaxis. No need for surface swabs. Observe for at least 12 hours
Unwell baby	Admission to neonatal unit for treatment, like for any baby with suspected sepsis.
Early onset GBS invasive disease in **previous baby**	Give intrapartum antibiotic prophylaxis to mum and treat the baby if mum had no/inadequate prophylaxis, even if the vaginal swabs are negative. Observe for at least 12 hours
Only **one risk** factor***	No treatment-observe for at least 12 hours and discharge
2 or more risk factors	Give intrapartum antibiotic prophylaxis/ treat the baby if mum had inadequate or no prophylaxis. No need for surface swabs. Observe for at least 12 hours if mum had adequate prophylaxis.

GBS positive vaginal swab in **previous pregnancy but baby remained well**	Vaginal swab at 36 weeks of pregnancy (to be organised by mother's midwife) • If negative (and no other risk factors during labour), no need for swabs or antibiotics- treat like any other baby without risk factors. • If positive, give intrapartum antibiotic prophylaxis/ treat the baby if mum inadequate or no prophylaxis. No need for surface swabs • If Swab at 36 weeks is not done, consider intrapartum antibiotic prophylaxis, if intrapartum antibiotics were not given or inadequate, consider antibiotics to baby. • Observe for at least 12 hours in all the cases
Elective LSCS (no labour or ruptured membranes), with GBS on vaginal swab but no risk factors for sepsis	No treatment or investigations
Intrapartum temperature of **38 degrees** Centigrade on two or more occasions in labour may indicate chorioamnionitis	Give intrapartum Co-amoxiclav as per obstetric protocol. Treat the baby if mum had inadequate or no prophylaxis. No need for surface swabs.

****Adequate intrapartum antibiotic prophylaxis:**

At least one dose given 2 hours before the delivery

****One spike of temperature is considered as a risk factor- not an indication for antibiotics on its own.*

Observation:

- 4 hourly heart rate (normal range 120-160/min),
- Respiratory rate 40-60 per minute),
- Temperature (36.5-37^{0}C).
- If out-with the normal range or other concerns, please discuss with Neonatal team.

Intrapartum antibiotic for mother- Benzylpenicillin-

- 3 grams IV followed by 1.8 grams IV 4 hourly until delivery.
- If woman is allergic to penicillin,
    - Clindamycin 900 mg intravenously 8 hourly until the baby is delivered is the alternative.
- Midwife may prescribe and administer Benzyl penicillin, if she has undergone the approved training for the administration of intravenous drugs, if not, first on call doctor should be contacted for prescribing and administration.
- Midwives are not allowed to prescribe or administer Clindamycin, first on call doctor should be contacted to perform these tasks.

Antibiotic for well baby with risk factors or maternal high vaginal swab positive for GBS-

Benzyl Penicillin, 50 mg/kg/dose BD

Symptomatic babies-

To be decided by managing team (first line is Benzylpenicillin and Gentamicin).

When to stop antibiotic in the baby?

If the baby is on antibiotics, it should be continued until blood culture result is available. If the baby is unwell, duration of antibiotics will be decided by neonatal staff based on clinical condition.

Reference:

1. RCOG Guideline No. 36. Prevention of Early Onset Neonatal Group B Streptococcal Disease. RCOG Press 2003.

2. Centre for Disease Control and Prevention. Prevention of Perinatal Group B Streptococcal Disease. MMWR 2002; 51: 1 – 18.

3 Centre for Disease Control and Prevention. Prevention of perinatal group B streptococcal disease: a public health perspective. MMWR 1996; 45: 1 – 24.

4. Timing of intrapartum ampicillin and prevention of vertical transmission of group B streptococcus. De Cueto M, Sanchez MJ, Sampredo A, Miranda JA, Herruzo AJ, Rosa-Fraile M. Obstet Gynecol 1998; 91: 112 – 4.

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This Guideline is currently being reviewed by the Maternity Clinical Effectiveness Group in regard to any changes. It remains a current guideline until the updated version is published.