

Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: GBS Intrapartum Prophylaxis

Indication
Obstetrics - Intrapartum Group B Streptococcus (GBS) Prophylaxis
<p>In OLOL, risk factor based screening is the usual approach, see below algorithm from HSE National Clinical Practice Guideline Prevention of Early-Onset Group B Streptococcal Disease in Term Infants, 2023.</p> <p>In addition, for patients with a known immediate-onset or severe <a href="#">penicillin hypersensitivity</a> , universal screening for GBS with low vaginal/rectal swab is recommended at 35 to 37 weeks gestation. If GBS is detected, C&amp;S will be performed in the laboratory to determine the susceptibility profile.</p>
<p><b>Algorithm 1: Risk Factor Based Screening. See section 1 for the evidence outlining each management option and see appendix 3 for an outline of the strengths &amp; limitations of each option.</b></p> <pre>graph TD     A[Planned Vaginal Delivery] --&gt; B[Option 1: Risk-Factor Based Approach]     B --&gt; C[Previous Baby with invasive GBS]     B --&gt; D[Preterm labour &lt;37/40*]     B --&gt; E[GBS detected in current pregnancy]     B --&gt; F[History of GBS detected prior to current pregnancy]     B --&gt; G[Intrapartum]     C --&gt; H[Offer IAP]     D --&gt; I[Offer IAP]     E --&gt; J[Offer IAP]     F --&gt; K[Offer option of IAP or repeat screening at 35-37/40 with low vaginal/rectal swab]     G --&gt; L[No risk factors for early onset GBS sepsis]     G --&gt; M[Rupture of membranes &gt;18 hours]     G --&gt; N[Maternal pyrexia]     L --&gt; O[No IAP]     M --&gt; P[Offer IAP]     N --&gt; Q[Treat with broad spectrum antibiotics that cover for GBS and E. coli]     R[Pre-Labour Caesarean Section Intact Membrane] --&gt; S[No IAP]</pre> <p>* Not covered by this guideline GBS group B streptococcus IAP Intrapartum antibiotic prophylaxis</p>
<b>First Line Antimicrobials</b>
Benzylpenicillin 3g stat dose by IV infusion, then benzylpenicillin 1.8g IV every 4 hours until delivery
<b>NON-immediate-onset and NON-severe Penicillin Hypersensitivity</b>
Cef-UR-oxime 1.5g IV stat, then 1.5g QDS IV until delivery
<b>IMMEDIATE-onset or SEVERE Penicillin Hypersensitivity</b>
<b>N.B. Ask patient about the nature of their <a href="#">penicillin hypersensitivity</a> .</b>
<b>N.B. Check lab results for GBS history.</b>
EMPIRIC <a href="#">Vancomycin</a> 20mg/kg by IV infusion TDS, max 2g per dose until delivery (max rate 10mg/min)
If known GBS susceptible to clindamycin, replace vancomycin with clindamycin 900mg TDS IV.
<b>Comments</b>
• In order to optimise the efficacy of intrapartum prophylaxis, the first dose should preferably be given at least 4 hours before delivery; in general administer intrapartum prophylaxis as soon as possible after the onset of labour.