

## Management of Group B Streptococcus

Group B Streptococcus (GBS) is a common bacterium carried in the vagina or rectum of about 30% of women at any time. It is the commonest cause of life threatening infection in newborn babies.

### Antenatal

Routine screening (either bacteriological or risk based) for antenatal GBS carriage is not recommended. Antenatal treatment with penicillin is not recommended.

### Neonatal

Newborn infants with clinical signs compatible with infection should be treated promptly with benzyl penicillin and gentamicin which provide cover against early onset GBS disease as well as other common pathogens. Postnatal antibiotic prophylaxis is not recommended for low risk term infants.

### Intrapartum

Antibiotic prophylaxis should be given to women with the presence of two or more risk factors.

Risk factors include:-

1. Women who have had a previous baby with GBS infection.
2. GBS detected urine at any time during current pregnancy.
3. Fever in labour  $>38^{\circ}\text{C}$ .
4. Prolonged rupture of membranes  $> 18$  hours.
5. Prolonged labour.
6. Prematurity  $< 37$  weeks.

## Prophylactic Antibiotics

### **1<sup>st</sup> choice**

Benzylpenicillin 3g IV at onset of labour, then Benzylpenicillin 1.5g IV every 4 hours until delivery

### **Penicillin allergy**

Clindamycin 900mg IV 8 hourly until delivery