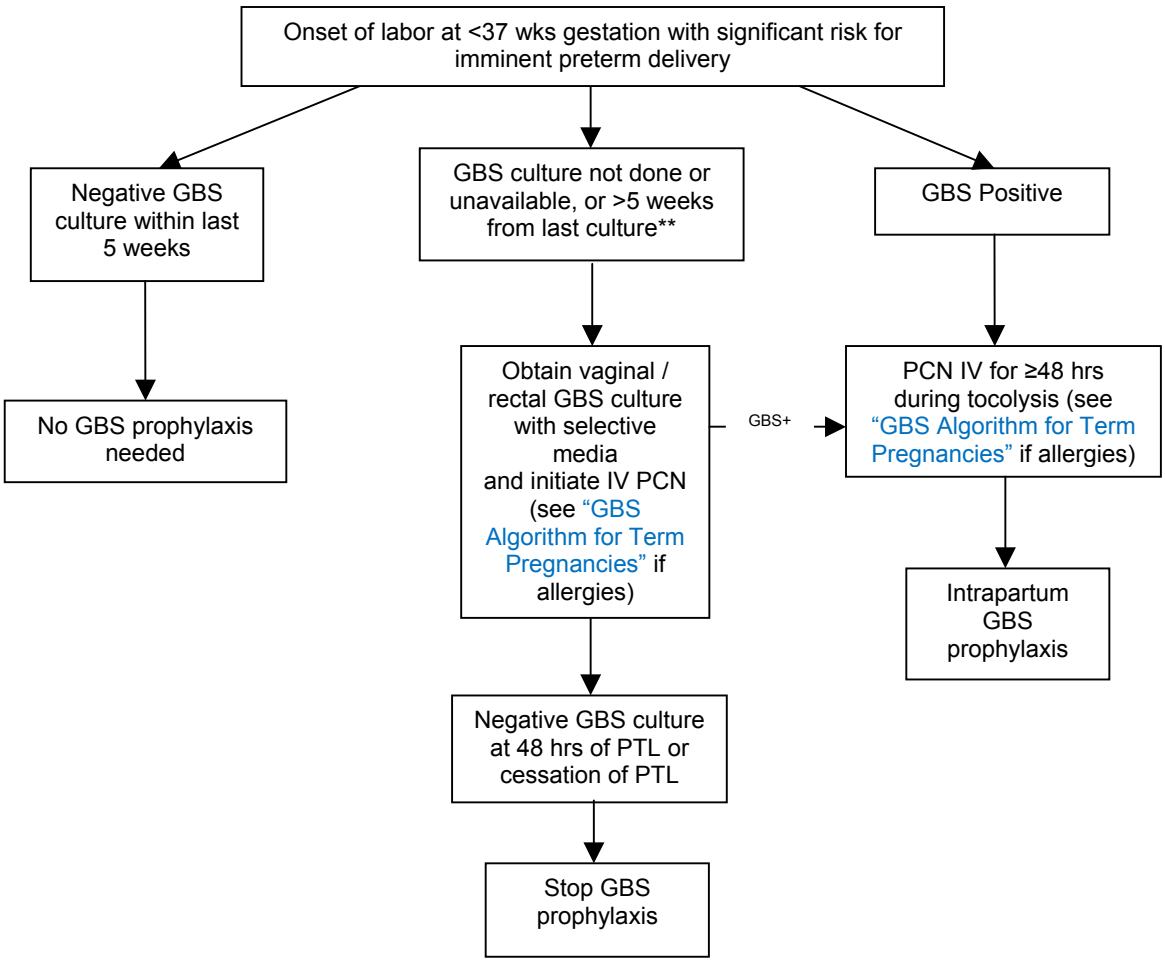
UNC SCHOOL OF MEDICINE

UNC Center for Maternal & Infant Health

Group B Strep in Pregnancy

GBS Algorithm for Preterm Labor



Approved 11/30/2009
Revised April 2011

**A negative GBS screen is considered valid for 5 weeks. If a patient with a history of PTL is re-admitted with signs and symptoms of PTL and had a negative GBS screen >5 weeks prior, she should be rescreened and managed according to this algorithm at that time.

References

1.Verani JR, McGee L, Schrag SJ. Prevention of perinatal group B streptococcal disease—revised guidelines from CDC, 2010. Division of Bacterial Diseases, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC). MMWR Recomm Rep 2010;59(RR–10):1–3.

Notes

Women who have previously given birth to an infant with invasive GBS infection should receive intrapartum chemoprophylaxis; prenatal culture-based screening is not necessary for these women.

Cervical, perianal, perirectal, or perineal specimens are not acceptable, and a speculum should not be used for culture collection.

Laboratories must process GBS cultures correctly using the recommended selective broth media for results to be accurate. Culture specimens should be collected by swabbing the lower vagina (not by speculum examination) and rectum (ie, through the anal sphincter), to maximize the likelihood of GBS recovery. The new guidelines provide expanded recommendations for laboratory methods for the identification of GBS, with the options of using pigmented broth or DNA probe, latex agglutination, or nucleic acid amplification test (NAAT) after incubation for 18–24 hours. However, use of NAAT to detect GBS directly from rectovaginal specimens (ie, without incubation of the specimen for 18–24 hours) has a very limited role.).

Penicillin remains the agent of choice for intrapartum antibiotic prophylaxis. Ampicillin is an acceptable alternative, but penicillin is a preferred because it has a narrower spectrum of antimicrobial activity and be less likely to select for resistant organisms.

For women not yet screened for GBS, a vaginal and rectal specimen for GBS culture should be obtained if time permits. If GBS screening culture results from the current pregnancy are not available and if onset of labor or rupture of membranes occurs before 37 weeks' gestation with a substantial risk for preterm delivery (as assessed by the woman's health-care provider), intrapartum antibiotic prophylaxis for GBS should be provided pending culture results.

If a negative culture result within the preceding 5 weeks is on record, or if the clinician determines that labor can be successfully arrested and preterm delivery averted, antibiotics for GBS prophylaxis should not be initiated.

Regardless of management strategy chosen, these women should also receive intrapartum antibiotic chemoprophylaxis for GBS when labor likely to proceed to delivery occurs or recurs.

A negative GBS screen is considered valid for 5 weeks. If a patient with a history of PTL is re-admitted with signs and symptoms of PTL and had a negative GBS screen >5 weeks prior, she should be rescreened and managed according to this algorithm at that time.

Women admitted with signs and symptoms of labor or with rupture of membranes at <37 weeks and 0 days' gestation should be screened for GBS colonization at hospital admision unless a vaginal-rectal GBS screen was performed within the preceding 5 weeks (AII).

Women admitted with signs and symptoms of preterm labor who have unknown GBS colonization status at admission or a positive GBS screen within the preceding 5 weeks should receive GBS prophylaxis at hospital admission (AII).

Antibiotics given for GBS prophylaxis to a woman with preterm labor should be discontinued immediately if at anypoint it is determined that she is not in true labor or if the GBS culture at admission is negative (AII).

Negative GBS colonization status should not affect the administration of antibiotics for other indications (AIII).

Women with threatened preterm delivery who have a GBS screen performed that is positive and do not deliver at that time should receive GBS prophylaxis when true labor begins (AII).

Women with threatened preterm delivery who have a GBS screen performed that is negative but do not deliver at that time should undergo repeat screening at 35–37 weeks' gestation. If such women are re-admitted at a later date with threatened preterm delivery, they should undergo repeat screening if the previous culture was performed >5 weeks prior (AIII).

Revised April 19, 2011.

Notification to Users

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.