GBS Algorithm for Term Pregnancies

UNC SCHOOL OF MEDICINE

[1] Assess PCN allergy status antepartum and stratify as needed

[2] Any GBS bacteriuria OR previous child with GBS infection

No → **Yes** → GBS prophylaxis

[3] Vaginal-rectal culture at 36 0/7 to 37 6/7wks ([4] patient provider collect)
[8] If PCN allergic: test for clindamycin sensitivity

Negative → No GBS prophylaxis needed

Positive

Culture:
a) Not done or
b) Unavailable or
c) >5 wks from neg culture

[5] Shared decision-making re prophylaxis for patients with hx of GBS carrier status → Accept ppx

Decline ppx

- EGA <37 wks
- PPROM or ROM ≥ 18 hrs
- Maternal temp ≥ 38°C
- No suspicion of chorio

Yes ← → **No**

Planned Cesarean

Unplanned Cesarean or vaginal delivery

Labor or ROM → GBS prophylaxis

No labor or ROM → No GBS prophylaxis

GBS prophylaxis (Yes)

[6] Consider NAAT testing IP, with f/u culture if positive NAAT result

GBS prophylaxis with positive result

[1] Assess PCN allergy status intrapartum *(if not done antepartum)* and stratify as needed

No PCN allergy OR Not at Risk for PCN allergy	Low Risk for PCN allergy	High Risk Or Severe Risk for PCN allergy		UNKNOWN risk of PCN anaphylaxis

No PCN allergy OR Not at Risk for PCN allergy

PCN 5 million units IV load then 2.5-3 million units q 4 hrs until delivery (prefered) OR ampicilin 2 gm IV load, then 1 g q 4 hrs until delivery

Low Risk for PCN allergy

[7] Cefazolin 2 g IV load then 1 g IV q8 hrs until delivery OR PCN clinical challenge with detailed allergy hx

High Risk Or Severe Risk for PCN allergy

[8] *Clindamycin susceptible:*

Clindamycin 900 mg IV q 8 hr until deliver

Clindamycin resistant (or unknown clindamycin susceptibility):

Vancomycin weight based dosage of 20 mg/kg IV q 8 hrs. MAX single dosage of 2 g. Minimum infusion time: 1 hr or 500 mg/30 min for a dose of >1 g. Recommend baseline screen before initation: serum creat & estimated creatinine clearance

UNKNOWN risk of PCN anaphylaxis

Options:
1. PCN allergy skin testing
2. Cefazelin (low cross-reactivity w/PCN)
3. Clindamycin if susceptible
4. Vancomycin if not susceptible to clindamycin
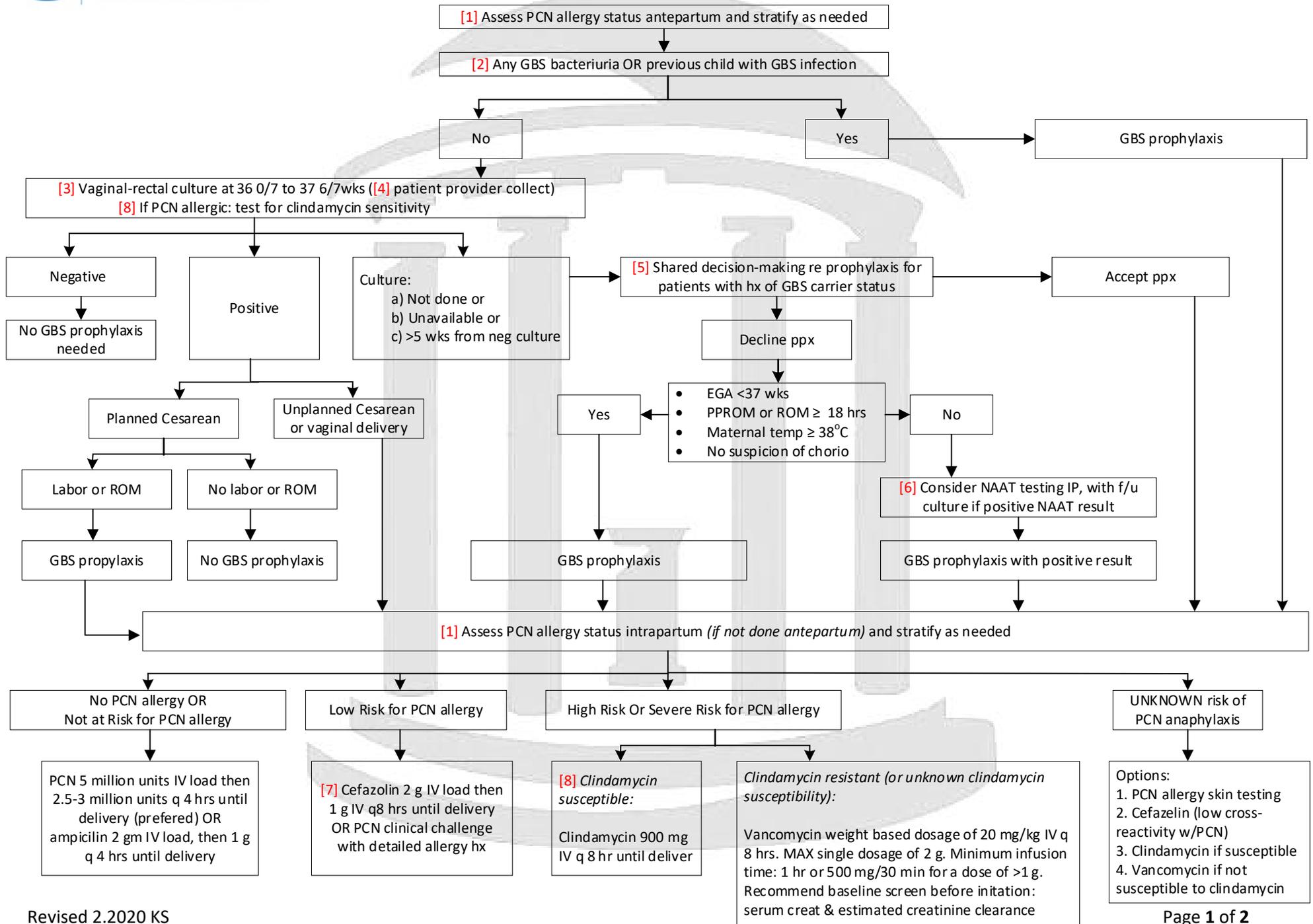
These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school.

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References: See Prevention of GBS Early Onset Disease in Newborns