Table 1. Indications for Intrapartum Prophylaxis

1. Positive maternal GBS culture AT ANY POINT during THIS pregnancy
2. GBS bacteriuria during current pregnancy
3. Prior infant with GBS disease
4. GBS status unknown within 5 weeks of delivery AND either:
   - <37 wks GA with onset of labor OR
   - ROM >18 hours

Table 2. Intrapartum Prophylaxis Not Indicated

1. Negative vaginal/rectal GBS ≤ 5 weeks in the current pregnancy, regardless of intrapartum risk factors (except maternal GBS bacteriuria)
2. Planned cesarean delivery performed in the absence of labor or ruptured membranes, regardless of maternal GBS status and regardless of gestational age.
3. Previous pregnancy w/ positive vaginal/rectal GBS but current pregnancy negative vaginal/rectal GBS ≤ 5 weeks.
4. In those cases where vaginal/rectal GBS was negative and IT IS > 5 weeks SINCE TEST, and >37 wks GA, and onset of labor
5. If GBS unknown, no prophylaxis, refer to Early Onset Sepsis calculator

Table 3. Recommended Regimens for Perinatal Disease Prevention

<table>
<thead>
<tr>
<th>Regimens</th>
<th>Antimicrobial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended</td>
<td>Penicillin G 5 million units IV initial dose, then 2.5 million units IV every 4 hours until delivery</td>
</tr>
<tr>
<td>Alternative</td>
<td>Ampicillin 2 grams IV initial dose, then 1 gram IV every 4 hours until delivery</td>
</tr>
</tbody>
</table>

If penicillin allergic:

- Low Risk or Medium Risk [D]: Cefazolin 2 grams IV initial dose; 3 grams if >120kg, then 1 gram IV every 8 hours until delivery
- High Risk [E]: Clindamycin 900 mg IV every 8 hours until delivery (if susceptible)[C] or Vancomycin 20 mg/kg every 8 hours until delivery MAX 2 grams per dose. Geal trough: 10-15 mcg/mL [C]

manda

> Table 4. Newborn Discharge Criteria

1. D/C criteria in PIPC Newborn Readiness for Discharge guideline are met


2. For GBS + mom, ready access to medical care & an adult able to comply fully with instructions for home observation will be present

Table 5. Evaluation and Therapy of the Newborn

Blood culture and/or cardiac pulmonary signs
- LP if signs of sepsis
- May D/C if infant well and if cultures are negative

Authors: Maria Skoczyk, MD; Cosmas van de Ven, MD; Joanne Bailey, CNM
Updated: Lari Day, MD; Lauren D. Leader, PharmD, BCPS; Megan Bollinger, RN

The recommendations in this guide are meant to serve as treatment guidelines for use at Michigan Medicine facilities. If you are an individual experiencing a medical emergency, call 911 immediately. These guidelines should not replace a provider’s professional medical advice based on clinical judgment, or be used in lieu of an Infectious Diseases consultation when necessary. As a result of ongoing research, practice guidelines may have made all attempts to ensure the accuracy based on current information, however, due to ongoing research, users of these guidelines are strongly encouraged to confirm the information contained within them through an independent source.