

Group B Streptococcus Treatment Guideline

Group B streptococcus (**GBS**) is a well known and leading cause of bacterial infection in newborns. In the United States, there are approximately 7,600 cases of **GBS** sepsis each year. This will account for 310 deaths.

The CDC published an extensive review of **GBS** disease and presented two different prevention and treatment guidelines in May 1996. [The department of OB-GYN at NHCP adopted the treatment of “high risk” patients and stopped doing routine cultures based on this report.](#)

In addition to these published guidelines from 1996, the CDC web site has further recommendations on counseling patients who are **GBS** carriers.

A **GBS** carrier with no other high risk factors has the following risks:

1. 1 in 200 chance of delivering a baby with **GBS** disease if antibiotics **are not** given
2. 1 in 4,000 chance of delivering a baby with **GBS** disease if antibiotics **are** given
3. 1 in 10 chance, or lower, of experiencing a mild allergic reaction to penicillin(rash)
4. 1 in 10,000 chance of developing a severe allergic reaction-anaphylaxis-to penicillin.

[The higher risk patients of developing **GBS** disease are:](#)

1. [Previous baby with **GBS** disease](#)
2. [Urinary tract infection due to **GBS**](#)
3. [GBS carriage late in pregnancy \(35-37 week culture\)](#)
4. [Fever during labor \(100.4 F, any one time regardless of other possible etiologies\)](#)
5. [Rupture of membranes 18 hours or more before delivery](#)
6. [Labor or rupture of membranes before 37 weeks gestation](#)

[All patients with the higher risk factors listed above should be given chemoprophylaxis in labor.](#) In addition, any patient who is a carrier should be counseled and offered chemoprophylaxis if they desire using the above risks.

Chemoprophylaxis in the antepartum period is only needed for a positive urine culture, or a positive vaginal/rectal culture in the setting of preterm labor.

Acute cystitis and asymptomatic bacteriuria can be treated with [a 3-day course of antibiotics](#). [A repeat urine culture](#) should be obtained 10 days after completion of therapy.

Notify pediatrics on patients given chemoprophylaxis.

CHEMOPROPHYLAXIS IN LABOR

Penicillin G: 5 million units IV load, then 2.5 million units every 4 hours

OR

Ampicillin: 2 grams IV load, then 1 gram every 4 hours

If penicillin allergic:

Clindamycin: 900 mg IV every 8 hours

OR

Erythromycin: 500 mg IV every 6 hours

GBS Bacteriuria

Ampicillin 500 mg PO every 6 hours X 3 days

Amoxicillin 500 mg PO every 8 hours X 3 days

Clindamycin 300 mg PO every 6 hours X 3 days

Erythromycin 500 mg PO every 6 hours X 3 days

Repeat urine culture 10 days after therapy and if positive a longer course of antibiotics is indicated.

References

1. ACOG Educational Bulletin # 245, Antimicrobial Therapy for Obstetric Patients
2. ACOG Committee Opinion # 173, Prevention of Early-Onset Group B Streptococcal Disease in Newborns
3. CDC Web site on GBS Disease, www.cdc.gov/ncidod/diseases/bacter/strep_b.htm
4. Centers for Disease Control and Prevention: Morbidity and Mortality weekly Report (MMWR): Prevention of perinatal group B streptococcal disease: A public health perspective. Vol. 45, May 31, 1996.