

Antibiotics for intrapartum prophylaxis to prevent GBS disease of the newborn

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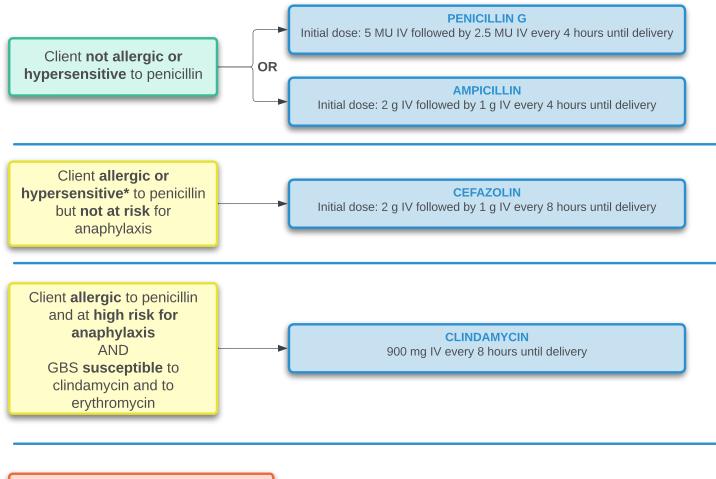
LABORATORY

Positive GBS vagino-rectal swab within 5 weeks of labour GBS bacteriuria any time in current pregnancy

OR

RISK FACTORS

Prolonged rupture of membranes (≥18 hours)
Intrapartum fever (380C or more)
Preterm labour/birth (<37 weeks) with unknown GBS status
Previous baby with GBS disease



Client allergic to penicillin and at high risk for anaphylaxis
AND
GBS not susceptible to clindamycin or susceptibility unknown

Physician consultation and order

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1 g IV every 12 hours until delivery

* Allergy to penicillin (β-lactam antibiotics) significantly over-reported, often unverified. Consider referral to allergy testing where applicable/available.

References

- 1. College of Midwives of Ontario Standard on Prescribing and Administering Drugs. Toronto: College of Midwives of Ontario; May 2008.
- 2. Darling L, Saurette K, Clinical Practice Guideline No 11. Group B Streptococcus: prevention and management in labour. Association of Ontario Midwives, 2010.
- 3. Furness A, Kalicinsky C, Rosenfield L, Barber C, Poliquin V. Penicillin skin testing, challenge, and desensitization in pregnancy: a systematic review. J Obstet Gynaecol Can. 2020;42(10):1254-61.