In the late 1970s, group B streptococci (GBS) emerged as an important cause of perinatal morbidity and mortality. Implementation of national guidelines for intrapartum antibiotic prophylaxis since the 1990s has resulted in approximately 80% reduction in the incidence of early-onset neonatal sepsis due to GBS.(ACOG, 2011) Yet, GBS remains the leading cause of infectious mortality and morbidity among newborns.(Verani et al., 2010) It is estimated that 10 to 30% of pregnant women are colonized with GBS in the vagina or rectum.(Verani & Schrag, 2010)

ACOG and CDC recommend universal screening of all pregnant women by vaginal and rectal culture at 35-37 weeks' gestation unless the patient has had GBS bacteriuria in the current pregnancy or a previous infant affected by early onset GBS disease. The culture is collected by inserting one swab into the vagina (vaginal introitus) and then into the rectum (through the anal sphincter). Women with positive cultures should receive intrapartum antibiotics: penicillin is the agent of choice with ampicillin as an acceptable alternative. Erythromycin does not provide adequate coverage or placental transfer for GBS prophylaxis.

Recommendations

- If a culture has not been performed or results are not available, pregnant women should receive intrapartum antibiotics based on the following risk factors:
    - Threatened preterm labor (<37 weeks gestation)
    - Intrapartum fever (>100 F)
    - Rupture of membranes >18 hours
- All women who have had a child affected by early-onset GBS disease should receive intrapartum prophylaxis and no culture is needed.
- For women who were colonized in a prior pregnancy but did NOT have a child affected by GBS, she may not remain colonized and therefore a culture should be performed.
- A positive urine culture for GBS during the current pregnancy mandates intrapartum antibiotic prophylaxis irrespective of the vagino-rectal culture result and thus, in such women, the 35-37 week culture is not needed.
- GBS prophylaxis is not needed for women who undergo **pre-labor, pre-membrane rupture** cesarean delivery. Women planning repeat cesarean delivery should still undergo screening for GBS as rupture of membranes may occur prior to the scheduled cesarean.