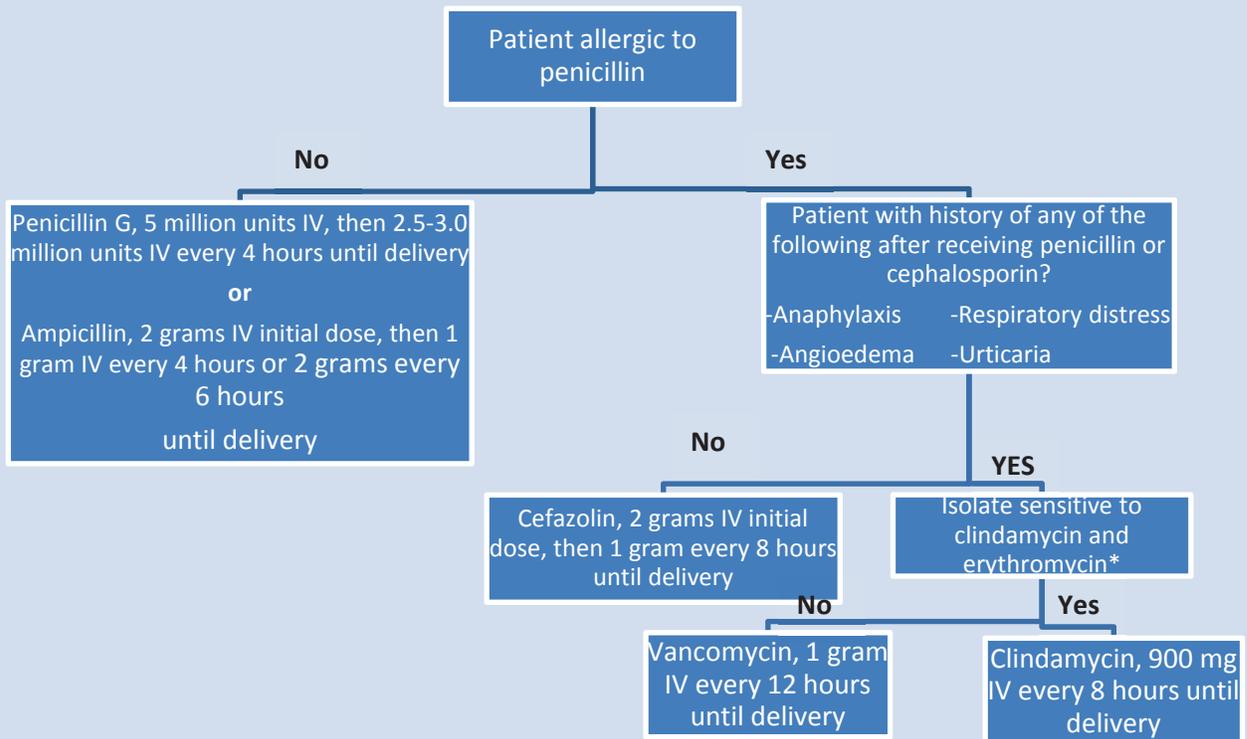


Obstetric management

- 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.

Recommended antibiotic prophylaxis



*Susceptibility testing must be performed to both (despite the fact that erythromycin is not an appropriate antibiotic) because some isolates with erythromycin resistance will also be partly resistant to clindamycin despite the results of susceptibility testing.