

PROTOCOL FOR: Group B Streptococcal (GBS) Disease: Prevention and Management

POLICY:

1. The pediatric provider and NICU staff must be noted immediately when a mother has been given antibiotics prior to delivery for suspected chorioamnionitis.
2. The pediatric provider and NICU staff must be noted immediately when the infant of a mother who has been treated with antibiotics for prophylaxis for Group B streptococcal disease demonstrates signs of neonatal sepsis.
3. A full diagnostic work-up is defined as CBC and Differential, blood culture, chest X-ray if signs of respiratory distress are present, and lumbar puncture (if signs of sepsis that affect more than one organ system are present).
4. A limited diagnostic work-up is defined as CBC with differential and blood culture.
5. Infants at risk for Group B streptococcal disease will not be discharged before 24 hours of life unless all of the following exceptions are met:
 - a. Infant appears healthy
 - b. Infant was \geq 38 weeks' gestation at delivery
 - c. Mother received intrapartum antibiotics for 4 or more hours before delivery
 - d. All other discharge criteria are met
 - e. Parents are competent to fully comply with discharge instructions for home observation of the infant after discharge.
 - f. Timely follow-up by visiting nurse or primary care provider is planned.

DESIRED
PATIENT
OUTCOMES:

1. Infants at risk for group B streptococcal disease will be identified by screening cultures and/or perinatal risk factors
2. Infants will have diagnostic work-up and antibiotic therapy initiated immediately when they are at greatest risk for Group B streptococcal disease.

CLINICAL
ASSESSMENT
AND CARE:

1. Vital signs (T, P, R, BP) every 4 hours for a minimum of 48 hours (or until discharge if infant meets above criteria)
2. Ongoing assessment for signs of neonatal sepsis (temperature instability, respiratory distress, tachypnea, apnea, hypotonia, lethargy, poor feeding, hypo- or hyperglycemia, seizures).
 - a. *Immediately report signs of sepsis to pediatric provider.*
3. Refer to attached algorithm for specifics of risk assessment, diagnostic testing, and management.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 5/04

REVISION DATE:

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Definitions

1. IAP - Intrapartum Antimicrobial Prophylaxis
2. If no maternal IAP for GBS was administered despite an indication being present, data from CDC are insufficient on which to recommend a single management strategy but the JDH group recommends the approach listed.
3. Applies only to penicillin, ampicillin or cefazolin and assumes recommended dosing regimens.
4. Includes CBC and Differential count, blood culture and chest radiograph if respiratory abnormalities are present. When signs of sepsis are present, a LP, if feasible should be performed.
5. Duration of therapy varies depending on the results of blood culture, CSF findings, if obtained, and the clinical course of the infant. If laboratory results and clinical course do not indicate bacterial infection duration may be as short as 48 hours.
6. CBC and Differential results suggestive of sepsis:
 - a. WBC count $> 30,000/ \text{mm}^3$
 - b. WBC Count $< 5,000/ \text{mm}^3$
 - c. Band/Total PMN ratio > 0.2
 - d. Absolute Neutrophil Count $< 1,500/\text{mm}^3$

Date: Feb, 2004

Modified for JDH Normal Newborn Nursery: From the U.S. CDC Revised Guidelines Aug 2002 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5111a1.htm>