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and Social Care Trust

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Maternity Staff

STANDARD OPERATING PROCEDURE NO.

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This SOP has been devised based in the RCOG green top guidelines for the prevention of early-onset neonatal Group B streptococcal disease (RCOG, 2017)

Introduction

Group B Streptococcus is recognised as the most frequent cause of severe early-onset (less than 7 days of age) infection in newborn infants.

This guideline has been devised for use in the antenatal period as a risk assessment tool for identifying women whose baby may be at risk of contracting GBS.

All pregnant women should be given information on GBS. This is available in the pregnancy book. The RCOG guidelines on GBS should be given to women who have a positive GBS result in their current pregnancy.

Universal bacteriological screening for GBS is not recommended. The view is that there is no clear evidence to show that testing for GBS routinely would do more good than harm. Maternal request is not an indication for screening, however women can avail of this in the private sector if they wish.

This guideline is only for use when women have had GBS in a previous pregnancy. GBS isolated outside of pregnancy is not relevant.

Process 1

All Women should have a urinalysis undertaken at every antenatal visit and urine sent to the lab where indicated.



If GBS is detected in urine the woman should be treated within 72 hours with an antibiotic appropriate for her gestation. She should also receive intrapartum antibiotics

With the woman's consent, place GBS sticker on inner cover of notes, as well as on intrapartum risk factors page. Complete relevant sections.

Process 2

A Routine swab for GBS is not recommended. A vaginal swab should be obtained and sent for testing if a woman reports symptoms of abnormal discharge.

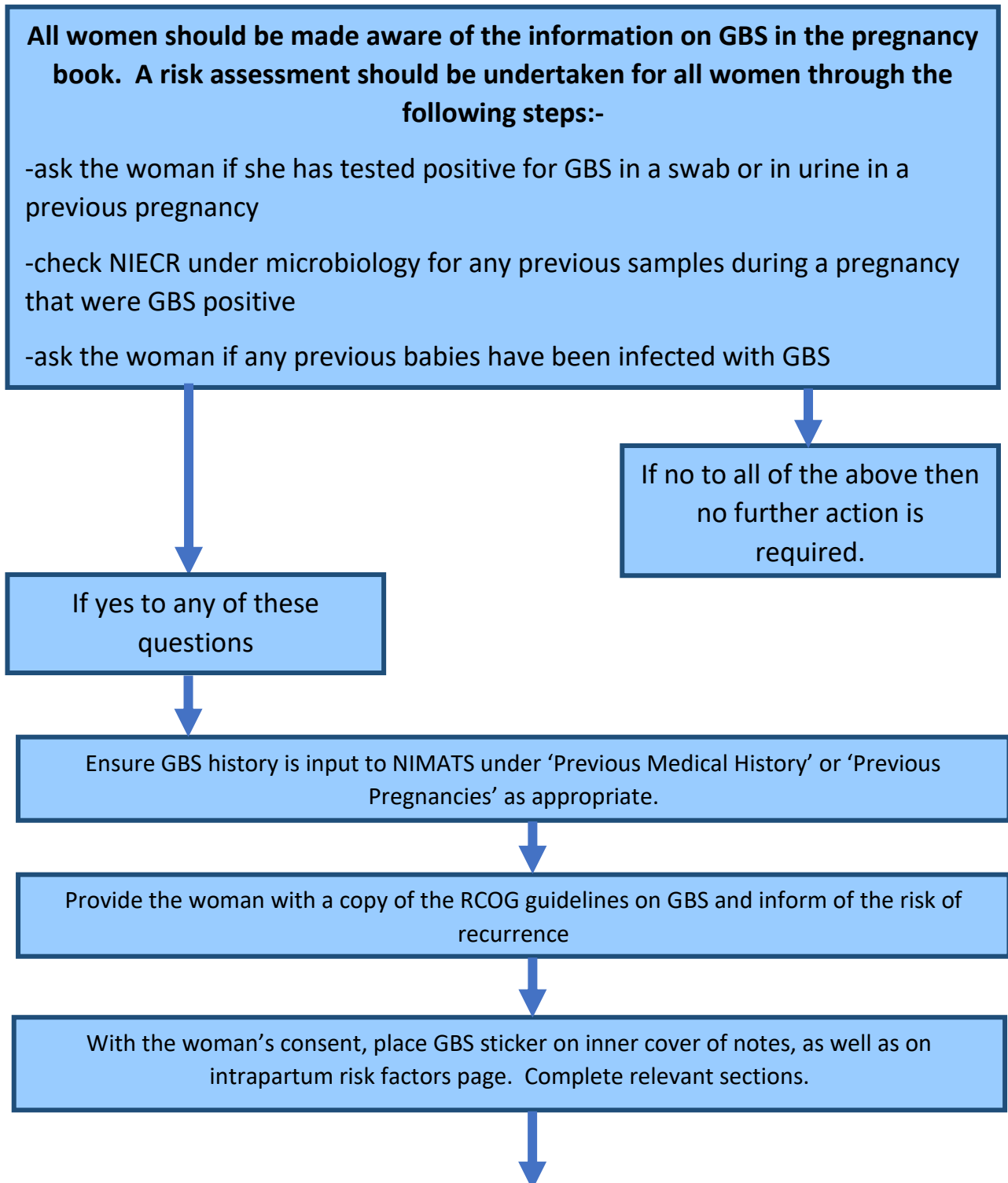


If GBS is detected in a swab, the woman does not need treated in pregnancy but she should receive intrapartum antibiotics



With the woman's consent, place GBS sticker on inner cover of notes, as well as on intrapartum risk factors page. Complete relevant sections.

Process 3



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At 35-37 weeks (or earlier for women with a history of pre term labour or those with a multiple pregnancy) a repeat swab should be offered. The woman can self swab. A leaflet should be provided on how to do this effectively. Alternatively, the woman can be offered intrapartum antibiotics.

The swab should be sent in a green microbiology form and labelled 'GBS screen'



If result is negative for GBS then antibiotics are not required. Inform the woman of this and complete sticker as appropriate.



If result is positive for GBS then antibiotics in labour should be offered. Inform the woman of this and complete sticker as appropriate.

NOTE: Women who have a previous baby infected with GBS should be offered antibiotics in labour even if screening in present pregnancy is negative

NB. Method of induction should not vary according to GBS carrier status. Membrane sweeping is not contraindicated for women who have GBS.