Indications for Intrapartum GBS Prophylaxis

Vaginal and rectal cultures collected at 35 to 37 weeks’ gestation for all pregnant women (unless patient had GBS bacteriuria during the current pregnancy or had a previous infant with invasive GBS disease)

Intrapartum prophylaxis indicated
- GBS bacteriuria during current pregnancy
- Previous infant with invasive GBS disease
- Positive GBS screening culture during current pregnancy (unless a planned cesarean delivery, in the absence of labor or amniotic membrane rupture, is performed)
- Unknown GBS status (culture not done, incomplete, or results unknown) and any of the following:
  - Delivery at < 37 weeks’ gestation
  - Amniotic membrane rupture ≥ 18 hours
  - Intrapartum temperature > 100.4°F (38.0°C)*

Intrapartum prophylaxis not indicated
- Previous pregnancy with a positive GBS screening culture (unless culture was also positive during the current pregnancy)
- Planned cesarean delivery performed in the absence of labor or membrane rupture (regardless of maternal GBS culture status)
- Negative vaginal and rectal GBS screening culture in late gestation during the current pregnancy, regardless of intrapartum risk factors

Online figure A. Algorithm for the prophylaxis of GBS during labor. (GBS = group B streptococcus.)

*—If amnioticitis is suspected, broad-spectrum antibiotic therapy that includes an agent known to be active against GBS should replace GBS prophylaxis.