Purpose

To establish standard care practice for treating mothers and babies with Group B Streptococcus (GBS) and clinical or suspected chorioamnionitis (CSC).

Policy Statement

Covent Health is committed to ensure patients receive appropriate treatment for Group B Streptococcus (GBS) and clinical or suspected chorioamnionitis (CSC).

Applicability

This policy and procedure applies to all Covenant Health patient care providers who are permitted by legislation to dispense or administer medications within their defined scope of practice and within their unit standards.

Responsibility

Covenant Health management shall support patient care provider staff.

Covenant Health patient care providers are responsible to identify patients who require treatment for early onset neonatal sepsis (EONS) and to follow the processes outlined in the procedure.

Principles

Group B Streptococcus (GBS) is a leading cause of serious neonatal infection. Intrauterine infection of the fetus from ascending spread of GBS from the vagina of a colonized woman who is typically asymptomatic. Pregnant women routinely receive a vaginal/anorectal swab between 35-37 weeks to test for GBS status. Risks associated with a GBS positive swab include fetal aspiration of infected amniotic fluid which can lead to stillbirth, neonatal pneumonia, or sepsis. Infants can also become infected with GBS during passage through the birth canal, although these infants are usually colonized only.

Procedure

Intrapartum antibiotic prophylaxis (IAP) is the practice of administering intravenous antibiotics during labor to certain at risk pregnant women. Recommendations for IAP to prevent perinatal GBS disease were issued in 1996 by the American College of Obstetricians and Gynecologists (ACOG), Center for Disease Control (CDC), in 1997 by the American Academy of Pediatrics, and the Society of Obstetricians and Gynecologists of Canada. Since the implementation of routine IAP for at risk women and the CDC
prevention of GBS disease guidelines in 2002, early onset GBS sepsis rates have decreased to 1 in 4000.

In addition to reducing the rates of early onset GBS sepsis, IAP is also used when there is clinical or suspected chorioamnionitis (CSC) or maternal sepsis. Chorioamnionitis is a difficult condition to diagnose but symptoms include:

- Maternal temperature greater than 38 degrees Celsius
- Uterine tenderness
- Leukocytosis
- Maternal tachycardia
- Fetal tachycardia
- Foul smelling amniotic fluid

Infants born to mothers with CSC or sepsis are at risk of developing early onset neonatal sepsis (EONS). Signs of neonatal sepsis include: need for resuscitation at birth, apnea, respiratory distress, cardiovascular instability, hypotonia, lethargy, temperature instability, feeding difficulties, and hypoglycemia. If the newborn exhibits symptoms and/or maternal GBS risk factors or CSC present a decision may be made to investigate the newborn for sepsis and initiate empiric antibiotic treatment.

Traditionally antibiotic treatment would continue for a minimum of 48 hours pending blood culture results. Recent studies have highlighted a subpopulation of newborns being investigated for EONS secondary to CSC where the antibiotics may be discontinued after 24 hours. These criteria include:

- Equal to or greater than 35 weeks GA
- Baby is without signs of sepsis
- Blood culture remains negative at 24 hours
- CRP at 24 hours of age is less than 10 mg/L
- Well mother, ie: non febrile, no antibiotics postpartum, normal WBC

The shortened antibiotic duration reduces antibiotic exposure, hospital stay, and supports a family centered practice. Please see attached algorithm for updated EONS management.
Early Onset Neonatal Sepsis (EONS)

References


Chronologica I Revision
Date(s) March 30, 2016
Early Onset Neonatal Sepsis (EONS)

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Page 4 of 5

Signing

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