

NZCOM CONSENSUS STATEMENT

Group B Streptococcus (GBS)

This Consensus Statement was ratified at the NZCOM Annual General Meeting on 15 September 2004

The New Zealand College of Midwives (Inc) supports a risk-based approach as an effective strategy for preventing GBS transmission to babies. A risk based approach means assessing the woman for the presence of GBS risk factors when she is in labour. The risk factors that have been demonstrated as being of importance are any of the following:

- previous GBS-affected infant
- GBS bacteruria this pregnancy
- preterm (< 37 weeks) labour and imminent birth
- intrapartum fever $\geq 38^{\circ}\text{C}$
- membrane rupture ≥ 18 hrs.

The New Zealand College of Midwives (Inc) does not support the screening of all women during pregnancy for GBS. The risk-based screening approach requires fewer women and babies to be exposed to antibiotics.

Rationale:

- GBS remains an important and preventable public health problem in New Zealand.
- Early-onset neonatal Group B Streptococcus (GBS) infection is the leading cause of infectious disease in the newborn.
- There is sufficient evidence about the significance of these risk factors in relation to the increased risk of transmission of GBS.
- Antibiotics during labour have been demonstrated to interrupt the transmission of GBS from the birth canal to the baby around the time of birth.

When any of the GBS risk factors have been identified, the rationale for the management of them needs to be discussed with the woman. The recommendations are:

- Information about GBS is given to the woman in order that she understands both the potential implications for her baby as a result of presenting with these risk factors and the available treatment options.
- Antibiotics for GBS are only offered to women in labour who present with the risk factors.
- A history of penicillin allergy should be sought from all women.
- **All newborn babies showing signs of sepsis** should undergo immediate referral and assessment from a paediatrician. This will include a full blood count and blood cultures. While waiting for culture results antibiotic therapy is recommended for at least 48-hours.
- **All babies born to women with suspected chorioamnionitis**, irrespective of their gestation, condition at birth or exposure to intrapartum antibiotics, require immediate assessment and referral to a paediatrician. Antibiotic therapy is recommended for babies showing signs of sepsis.
- **Healthy-appearing babies born at ≥ 35 -weeks gestation to women with GBS risk factors and who have received appropriate antibiotics ≥ 4 -hours before birth** require no investigations or treatment, but should be observed closely for at least 24 hours post-partum. This includes close observation at home.

- **Well-appearing babies born at \geq 35-weeks gestation to women with GBS risks factors who have received either no or inadequate (< 4-hours) antibiotics during labour** should be observed closely for at least 24-hours. It is recommended that this be in hospital and that referral may be considered.
- **Well-appearing babies born at < 35-week gestation** to women without chorioamnionitis, who have not received antibiotics \geq 4 hours before birth need close observation for at least 48-hours. It is recommended that this be in hospital and that referral may be considered.

References:

- Title: Technical Report for the prevention of Group B Streptococcal infection.
 Author: GBS New Zealand Consensus Working Party, 2003
 Source: New Zealand College of Midwives nzcom@nzcom.org.nz
- Title: Consensus Statement- Prevention of Group B Streptococcal infection
 Author: GBS New Zealand Consensus Working Party, 2003
 Source: New Zealand College of Midwives nzcom@nzcom.org.nz
- Title: Taking antenatal Group B Streptococcus seriously: Women's experiences of screening and perceptions of risk.
 Author: Darbyshire, P., Collins, C., McDonald, H.M. and Hiller, J.
 Source: Birth 30: 2 June 2003
- Title: Is routine antenatal screening for Group B Streptococcus appropriate for women in New Zealand? A review of the evidence.
 Author: Grigg, C.
 Source: New Zealand College of Midwives Journal. October, 2002.
- Title: Early-onset neonatal group B streptococcal infections in New Zealand.
 Author: Grimwood K, Darlow BA, Gosling IA, et al. (1998-99)
 Source: Journal of Paediatric Child Health 2002; 38:272-7.
- Title: Early-onset group B streptococcus prevention protocols in New Zealand public hospitals
 Author: Gosling IA, Stone PR, Grimwood K.
 Source: Aust NZ J Obstet Gynaecol 2002; 42:362-4.
- Title: Awareness, knowledge and attitudes of lead maternity carers towards early-onset neonatal group B streptococcal disease.
 Author: Gosling IA, Stone PR, Grimwood K.
 Source: NZ Med J 2002; 115:106-8.
- Title: Late antenatal carriage of group B streptococcus by New Zealand women.
 Author: Grimwood K, Stone PR, Gosling IA, et al.
 Source: Aust NZ J Obstet Gynaecol 2002; 42:182-6

GBS- NZCOM

The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession's position on any given situation. The guidelines are designed to educate and support best practice.

All position statements are regularly reviewed and updated in line with evidence-based practice.