SCOPE DEFINITION

Guideline Title: *Early onset Group B streptococcal disease (EOGBSD)*

Scope framework	
Population	*Which group of people will the guideline be applicable to?* • Pregnant women • Babies less than or equal to seven days of age
Purpose	*How will the guideline support evidence-based decision-making on the topic?* Identify evidence related to: • Prevention of EOGBSD including risk factors and antibiotic prophylaxis • Assessment, diagnosis, prevention and management of EOGBSD
Outcome	*What will be achieved if the guideline is followed?* *(This is not a statement about measurable changes / not SMART goals)* • A systematic and uniform approach to risk reduction is promoted • Intrapartum antibiotic prophylaxis (IAP) is recommended to pregnant women whose babies are at risk of GBS • IAP is administered as per recommended regimen • Newborn babies receive recommended care (early identification, investigation and management) for EOGBSD according to risk profile and clinical presentation
Exclusions	*What is not included/addressed within the guideline* • Routine antenatal, intrapartum and postpartum care • Late onset Group B streptococcal disease • Management of other neonatal infections • Elements specific to Queensland Clinical Guideline *Standard care*

Clinical questions

Question		**Likely Content/Headings/Document Flow**
Introduction		Background Rationale for approach to IAP Incidence
1.	What are the indications for IAP using a risk factor approach	• Approach to IAP • Risk factors • Risk reduction strategies • Specimen collection
2.	What is the recommended regimen for IAP?	• Penicillin dose, frequency (loading and maintenance) • Regimen if penicillin hypersensitivity • Adequacy of IAP

3.	What is the best practice GBS management with regard to specified pregnancy conditions?	• Recommendations for GBS management where the woman has:
		  o Positive GBS in current pregnancy
		  o GBS bacteriuria
		  o Preterm labour
		  o Chorioamnionitis
		  o Term prelabour rupture of membranes
		  o Preterm prelabour rupture of membranes

4.	What is best practice management of newborn babies who are at risk of EOGBSD or where there is clinical suspicion of sepsis?	• Observation and monitoring
		• Supportive care
		• Investigations
		  o FBC, blood cultures
		  o Lumbar puncture
		  o Other investigations
		• Antibiotic treatment regimen
		• Discharge

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Clinical Excellence Queensland

Potential areas for audit focus (to be refined during development)

Audit items will relate to the desired outcomes and the clinical questions

- Incidence of proven EOGBSD per 1000 births
- Proportion of women screened for GBS who have both vaginal and rectal swabs collected
- Proportion of women with confirmed GBS bacteriuria during pregnancy who receive treatment at the time of infection and during labour
- Proportion of women who are correctly identified as having risk factors for EOGBSD
- Proportion of women who are offered IAP (when indicated),
- Proportion of women who receive the recommended IAP regimen (when indicated)
- Proportion of women who receive IAP prior to birth:
  - less than 2 hours
  - 2–4 hours
  - more than 4 hours
- Proportion of newborn babies
- Proportion of newborn babies with risk factors for EOGBSD who have intravenous antibiotics commenced within 30 minutes of identification
- Proportion of babies who are positive for EOGBSD who were identified as having risk factors