Maternal management of EOGBSD

Administration of IAP to women with risk factors, reduces the risk of neonatal EOGBSD

If CS with no labour and no ROM, IAP is not required (even if risk factors). Give routine surgical antibiotics

If maternal temperature ≥ 38 °C, give broad spectrum antibiotics that includes an agent active against GBS

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**Labour established or Membranes ruptured**

- **Gestation < 37+0 weeks?**
  - **No**
    - **Term PROM?**
      - **Yes**
        - **Antibiotics to prolong latency not recommended**
        - If GBS status:
          - **Positive**: Recommend IOL with IV oxytocin
          - **Negative**: Offer IOL with IV oxytocin or expectant care
            - Discuss risks/benefits of approaches
          - **Unknown**: Offer culture for GBS
      - **No**
        - **Maternal risk factors?**
          - **Yes**
            - Follow neonatal management
            - If maternal temperature ≥ 38 °C within 24 hours of birth, notify paediatric/neonatal staff immediately
          - **No**
            - Maternal risk factors for EOGBSD
              - GBS colonisation in current pregnancy
              - GBS bacteriuria in current pregnancy
              - Preterm labour (< 37+0 weeks)
              - Previous baby with EOGBSD
              - ROM > 18 hours
                - If labour established: at 14 hours after ROM and birth is unlikely by 18 hours, then commence IAP
              - Temperature ≥ 38 °C
            - Intrapartum antibiotics
              - Commence after onset of labour (aim for at least 4 hours prior to birth)
              - **Loading dose**
                - Benzylpenicillin 3 g IV once
              - **Maintenance dose**
                - Benzylpenicillin 1.8 g IV 4 hourly until birth
                - Commence 4 hours after loading dose
              - If penicillin allergy: determine risk of anaphylaxis:
                - **High risk**: clindamycin 600 mg IV 8 hourly
                - **Low risk**: cephalaxin 2 g IV followed by cephalaxin 1 g IV 8 hourly
                - Consult with expert as required
    - **No**
      - **Preterm PROM?**
        - **Yes**
          - **Culture for GBS**
          - If imminent risk of birth, give IAP
          - If no labour and no local protocol give:
            - Erythromycin 250 mg 6 hourly for 10 days OR
            - Amoxicillin/ampicillin 2 g IV 6 hourly for 48 hours, followed by amoxycillin 250 mg oral 6 hourly for 7 days total (IV + oral), PLUS erythromycin oral 250 mg 6 hourly for 7 days
        - **No**
          - **Labour at < 37+0 weeks?**
            - **Yes**
              - Follow neonatal management
            - **No**
              - Maternal risk factors for EOGBSD
              - Intrapartum antibiotics
                - Commence after onset of labour (aim for at least 4 hours prior to birth)
                - **Loading dose**
                  - Benzylpenicillin 3 g IV once
                - **Maintenance dose**
                  - Benzylpenicillin 1.8 g IV 4 hourly until birth
                  - Commence 4 hours after loading dose
                - If penicillin allergy: determine risk of anaphylaxis:
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