GROUP B STREPTOCOCCUS (GBS) SCREENING DURING PREGNANCY

KEY POINTS

1. All women must be fully informed during the antenatal period about the advantages and limitations of GBS screening in pregnancy.

2. All women must receive a copy of the CMP ‘Screening for Group B Streptococcus’ pamphlet and sign the agreement form in the CMP Pregnancy Health Record.

3. Screening must be offered at 35 – 37 weeks gestation for rectovaginal GBS colonisation via a low vaginal and a rectal swab. Screening results are current for 5 weeks.  

4. GBS culture results are not available for 24 – 48 hours, therefore screening is not initially useful for women in labour with an unknown current status.

5. Adequate intrapartum antibiotic prophylaxis is defined as penicillin (or other appropriate antibiotic cover if allergic to penicillin) for ≥ 4 hours prior to birth.  

6. Women with a penicillin allergy should have sensitivity testing requested at the time of screening cultures since 20% of GBS will be resistant to clindamycin, and 30% to erythromycin.  

Risk factors for GBS infection:

Intrapartum prophylactic IV antibiotic therapy MUST be recommended for women with the following risk factors:

- positive GBS culture (at any stage in current pregnancy)
- symptomatic or asymptomatic GBS bacteriuria during pregnancy regardless of count.  
- a history of a previous neonate with GBS sepsis requiring antibiotics regardless of present culture result.  
- an unknown culture or current status at the time of labour and the fetus is preterm (<37 weeks).
- membranes are ruptured ≥ 18 hours.
- intrapartum fever of ≥ 38º C.  

Recommendations for women accepting GBS screening:

1. GBS swabs must be collected between 35-37 weeks gestation following appropriate doctors order/standing order.
2. The woman may collect her own GBS swabs following appropriate instruction. The midwife should perform swab collection when there are any language or communication difficulties.
3. The woman must be advised on the correct technique for swab collection (see below).

METHOD OF SWAB COLLECTION

Low vaginal swab
Insert the sterile swab 1-2cms into the lower entrance of the vagina and swab the sides (refer client to instruction leaflet).

Followed by rectal swab
Then insert the same swab into the rectum past the external sphincter. Place the swab into the tube.

The midwife must ensure the swab is correctly labelled with the woman’s identification details/sticker and site of collection. Place the swab in the specimen bag with the request form and deliver to Pathwest laboratory (refer to CMP clinical guideline Collection and Transportation of Specimens). Alternatively clients may deliver their own specimens following instructions.

Management for women who screen POSTIVE to GBS in pregnancy:

1. Intrapartum prophylactic IV antibiotics are recommended for all pregnant women who screen POSITIVE to GBS.

2. For guidance on the procedure for obtaining a drug order for IV antibiotics – see CMP Midwifery Protocol ‘GBS Management during Labour’

3. For clients who screen POSITIVE to GBS or develop risk factors for GBS infection (as listed above) and decline intrapartum antibiotic prophylaxis – consultation and/or referral to hospital must occur as per CMP polices and guidelines, ACM National Midwifery Guidelines for Consultation and Referral (2013) and the state-wide Home Birth Policy (2012). Following the birth the parents must be advised to observe for signs and symptoms of GBS infection in their newborn (refer parents to the CMP pamphlet – Screening for Group B Streptococcus).

Recommendations for women declining GBS screening:

1. Women who decline screening must be advised to commence IV antibiotics if they present with pre-labour rupture of membranes >18 hours, following appropriate consultation.

2. Following the birth the parents must be advised to observe for signs and symptoms of GBS infection in their newborn (refer parents to the CMP pamphlet – Screening for Group B Streptococcus).

Consultation and/or transfer/referral
REFERENCES / STANDARDS


National Standards – 12 Provision of Care
Legislation - Nil
Related Guidelines / Policies :

Department of Health, Western Australia. *Home Birth Policy and Guidance for Health Professionals, Health Services and Consumers*, Perth, Health Networks Branch, Department of Health, Western Australia; 2012
Australian College of Midwives. *National Midwifery Guidelines for Consultation and Referral*, 2013

Other related documents:
Midwifery care when a Client Makes a Decision that Is Incompatible with the CMP Midwifery Standard of Practice

RESPONSIBILITY

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Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.

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