INTRAPARTUM CARE

MANAGEMENT OF GROUP B STREPTOCOCCUS (GBS)

OBTAINING AND ADMINISTERING INTRAVENOUS ANTIBIOTICS FOR THE COMMUNITY (INCLUDING FOR GBS PROPHYLAXIS)

Key Points

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

2. GBS screening results are current for 5 weeks.¹

3. Adequate intrapartum antibiotic prophylaxis is defined as penicillin administration (or other appropriate antibiotic cover if allergic to penicillin) for ≥ 4 hours prior to birth.²

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

5. 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.

6. Antibiotic therapy must be prescribed by a medical practitioner if an appropriate standing order is not available from the client’s support hospital or GP.

7. Prior to the administration of any intravenous antibiotic to a CMP client at home, the CMP midwife should ensure that

   - The client has consented to antibiotic coverage in labour and
   - has one or more of the identified risk factors below and
   - a written order is for administration of the intravenous antibiotics has been obtained from a medical practitioner.

8. If the client declines intravenous antibiotics and has one or more of the below risk factors, please refer to CMP guidelines ‘Care when a Client Makes a Decision Incompatible with the CMP Midwifery Standard of Practice’.

Indications for the Administration of Intrapartum Intravenous Antibiotics

- Positive GBS culture antenatally and client is in labour or has ruptured membranes at term (≥37 weeks)
- Unknown GBS status with ruptured membranes ≥ 18 hours with no symptoms of infection shown by mother or fetus
• Symptomatic or asymptomatic GBS bacteriuria during pregnancy regardless of count.\textsuperscript{2,3}
• A history of a previous neonate with GBS sepsis requiring antibiotics regardless of present culture result.\textsuperscript{2,3} Re-screening is not required in the current pregnancy.\textsuperscript{2}
• Intrapartum fever of $\geq 38^\circ$ C. \textsuperscript{2}

**Obtaining a Medication Order for Intravenous Antibiotics**

If the client screens positive to GBS during this pregnancy or has any other risk factors mentioned above and has consented to intravenous antibiotics, the midwife or client needs to obtain an order and collect the drug before labour commences. This may be done by:

1. The client visiting her G.P with a standard CMP letter requesting a written order for antibiotics on the CMP order form. The client will then purchase the antibiotics from the pharmacy. Alternatively the midwife may supply the antibiotics from the CMP drugs store (See CMP Standard Protocol Storage and Transportation of Medications).
2. If the client has KEMH as her supporting hospital, the midwife may call the KEMH Obstetric team during the Wednesday antenatal clinic to obtain an order prior to labour commencing. This can then be faxed to the CMP office for the Midwife to obtain.

**If the GBS result is not obtained until labour commences or the woman has prolonged ruptured membranes for $\geq$ 18 hours, and has consented to antibiotics the midwife must:**

• Call the client’s supporting hospital for a verbal order. This is to be documented in the clients Birth Record CMP MR 08B (page 7). The on-call doctor can then fax the script to the CMP office for the midwife to retrieve and place in the client’s records following administration of the medication. The midwife is to retrieve the antibiotics from the stores as per above or call her support midwife to do so.

**Administration of intravenous antibiotics in the community**

- Confirm the client requires antibiotics (as per above)
- Obtain verbal consent for the insertion of IV cannula or butterfly and administration of antibiotics
- Insert an IV cannula or butterfly and commence antibiotics as prescribed.

**Prior to administration check the following:**

1. The correct drug:
   - The written prescription or phone order with the drug label
   - The expiry date of the drug
2. The correct patient.
3. Confirm the name and date of birth of the client
4. Any client allergies or adverse drug reactions.
5. The correct time:
- Check script for frequency of administration
- Check when drug last administered

6. The correct route of administration.

7. All drugs must be checked prior to administration. The midwife must then sign and document the date, time, dose and route following administration of the drugs in the clients CMP Birth Record – CMP MR 08 B (page 7).

8. If checking intravenous antibiotics independently in the community the midwife must keep the drug container and any additives. The midwife must ensure they are checked and signed for by the support midwife when she attends for the birth.

Recommended Regime:

**LOADING DOSE**
IV Benzyl penicillin 3g

**MAINTAINANCE DOSE**
IV Benzylpenicillin 1.8g every 4 hours until birth

**IF THE WOMAN IS ALLERGIC TO PENICILLIN WITH NO HISTORY OF ANAPHYLAXIS/Angio-oedema/Respiratory Distress or Urticaria**

**LOADING DOSE**
IV Cephazolin 2g

**MAINTAINANCE DOSE.**
IV Cephazolin 1g every 8 hours until birth

**IF THE WOMAN IS ALLERGIC TO PENICILLIN WITH A HISTORY OF ANAPHYLAXIS/Angio-oedema/Respiratory Distress or Urticaria**
Clindamycin 900mg every 8 hours until birth

**RECONSTITUTION AND ADMINISTRATION**
Benzyl penicillin (600mg)

For loading dose of 3g
Dilute 3g in 13mL of water for injection (WFI) This can be administered as a **VERY SLOW I.V. bolus injection over a minimum of 10 minutes.**
OR
Added to a 100mL bag of Sodium Chloride 0.9% and administered as an I.V. infusion over 30 minutes.

For maintenance dose of 1.8g
Dilute 600mg in 3.6mL of WFI (Repeat for 3 vials)
To be administered as an I.V. bolus over 3-5 minutes
Cephaizin (1g)
For loading dose of 2g
Dilute 1g with 10mL of WFI (Repeat for 2 vials)
To be administered as an I.V. bolus over 3-5 minutes

For maintenance dose of 1g
Dilute 1g with 10mL of WFI
To be administered as an I.V bolus over 3-5 minutes

Clindamycin
Dilute 900mg with 100mL of sodium chloride 0.9%
To be administered as an I.V. infusion over 30 minutes

DOCUMENTATION
Ensure all doses administered are clearly documented on the CMP drug chart (CMP MR 08B). Should transfer to hospital occur, remove the yellow copy of the CMP drug chart and place in the hospital records or attach to the hospital drug chart.

REFERENCES
1. National Guidelines for Consultation and Referral 2008
2. Women and Newborn Health service ; Clinical guidelines; Section B, Obstetrics and midwifery guidelines, 1.4.1
3. NICE Guidelines
4. Public Health and Ambulatory care ; Management of clinical emergencies
5. Women and Newborn Health Service; Clinical guidelines; Section P: Pharmacy and medication guidelines, 1.4
6. Checking and the administration of Intravenous drugs by Medical and Midwifery/ Nursing Staff, Oct 2000
   KEMH – Dept of Pharmacy (Sept 2009) – Guideline Update. GBS B1.4.1

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
   4 Medication Safety
   9 Recognising and Responding to Clinical Deterioration
   12 Provision of Care

Legislation - Nil
Related Guidelines / Policies – KEMH GBS Streptococcal Disease
   CMP Anaphylaxis
Other related documents – Midwifery care when a Client Makes a Decision that Is Incompatible with the CMP
   Midwifery Standard of Practice

RESPONSIBILITY
Policy Sponsor
Nursing & Midwifery Director OGCCU
Initial Endorsement
October 2008
Last Reviewed
March 2015
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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.