FIGURE 6. Algorithm for screening for group B streptococcal (GBS) colonization and use of intrapartum prophylaxis for women with preterm* premature rupture of membranes (pPROM)

Obtain vaginal-rectal swab for GBS culture† and start antibiotics for latency§ or GBS prophylaxis¶.

Patient entering labor?

Yes

Continue antibiotics until delivery

No

Continue antibiotics per standard of care if receiving for latency or continue antibiotics for 48 hours** if receiving for GBS prophylaxis.

Obtain GBS culture results

Positive

GBS prophylaxis at onset of true labor

Not available prior to labor onset

Negative

No GBS prophylaxis at onset of true labor;†† repeat vaginal-rectal culture if patient reaches 35–37 weeks’ gestation and has not yet delivered.§§

* At <37 weeks and 0 days’ gestation.
† If patient has undergone vaginal-rectal GBS culture within the preceding 5 weeks, the results of that culture should guide management. GBS-colonized women should receive intrapartum antibiotic prophylaxis. No antibiotics are indicated for GBS prophylaxis if a vaginal-rectal screen within 5 weeks was negative.
§ Antibiotics given for latency in the setting of pPROM that include ampicillin 2 g intravenously (IV) once, followed by 1 g IV every 6 hours for at least 48 hours are adequate for GBS prophylaxis. If other regimens are used, GBS prophylaxis should be initiated in addition.
¶ See Figure 8 for recommended antibiotic regimens.
** GBS prophylaxis should be discontinued at 48 hours for women with pPROM who are not in labor. If results from a GBS screen performed on admission become available during the 48-hour period and are negative, GBS prophylaxis should be discontinued at that time.
†† Unless subsequent GBS culture prior to delivery is positive.
§§ A negative GBS screen is considered valid for 5 weeks. If a patient with pPROM is entering labor and had a negative GBS screen >5 weeks prior, she should be rescreened and managed according to this algorithm at that time.

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