

TABLE 3. Indications and nonindications for intrapartum antibiotic prophylaxis to prevent early-onset group B streptococcal (GBS) disease

Intrapartum GBS prophylaxis indicated	Intrapartum GBS prophylaxis not indicated
<ul style="list-style-type: none">• Previous infant with invasive GBS disease• GBS bacteriuria during any trimester of the current pregnancy*• Positive GBS vaginal-rectal screening culture in late gestation[†] during current pregnancy*• Unknown GBS status at the onset of labor (culture not done, incomplete, or results unknown) and any of the following:<ul style="list-style-type: none">– Delivery at <37 weeks' gestation[§]– Amniotic membrane rupture ≥18 hours– Intrapartum temperature ≥100.4°F (≥38.0°C)[¶]– Intrapartum NAAT** positive for GBS	<ul style="list-style-type: none">• Colonization with GBS during a previous pregnancy (unless an indication for GBS prophylaxis is present for current pregnancy)• GBS bacteriuria during previous pregnancy (unless an indication for GBS prophylaxis is present for current pregnancy)• Negative vaginal and rectal GBS screening culture in late gestation[†] during the current pregnancy, regardless of intrapartum risk factors• Cesarean delivery performed before onset of labor on a woman with intact amniotic membranes, regardless of GBS colonization status or gestational age

Abbreviation: NAAT = Nucleic acid amplification tests

* Intrapartum antibiotic prophylaxis is not indicated in this circumstance if a cesarean delivery is performed before onset of labor on a woman with intact amniotic membranes.

[†] Optimal timing for prenatal GBS screening is at 35–37 weeks' gestation.

[§] Recommendations for the use of intrapartum antibiotics for prevention of early-onset GBS disease in the setting of threatened preterm delivery are presented in Figures 5 and 6.

[¶] If amnionitis is suspected, broad-spectrum antibiotic therapy that includes an agent known to be active against GBS should replace GBS prophylaxis.

** NAAT testing for GBS is optional and might not be available in all settings. If intrapartum NAAT is negative for GBS but any other intrapartum risk factor (delivery at <37 weeks' gestation, amniotic membrane rupture at ≥18 hours, or temperature ≥100.4°F [≥38.0°C]) is present, then intrapartum antibiotic prophylaxis is indicated.