Erythromycin is no longer an acceptable alternative for intrapartum GBS prophylaxis for penicillin-allergic women at high risk for anaphylaxis.

Other obstetric management issues:
- Available data are not sufficient to suggest that GBS colonization should differentially affect the use of obstetric procedures for monitoring, cervical ripening, or labor induction. These procedures should be reserved for appropriate indications and not altered for GBS-colonized women (CIII).
- Data are not sufficient to make recommendations regarding the timing of procedures intended to facilitate progression of labor, such as amniotomy, in GBS-colonized women.

Intrapartum antibiotic prophylaxis is optimal if administered.

FIGURE 7. Algorithm for recommended laboratory testing for prenatal screening for group B streptococcal (GBS) colonization*

- Vaginal-rectal swab†
  - Enrichment broth (can use nonpigmented or pigmented broth)
    - Incubate 18–24 hrs at 35°–37°C
  - Nonpigmented broth
  - Pigmented broth
  - Further testing (can subculture or use rapid tests)
    - No indicator color growth
    - GBS indicator color observed
  - Subculture to appropriate media; incubate 18–24 hrs at 35°–37°C
    - Identify GBS by recommended method*
      - GBS-
      - Reincubate overnight
        - GBS-
        - Report as GBS-
      - GBS+
      - Antimicrobial susceptibility testing if penicillin-allergic and at high risk for anaphylaxis*
  - DNA probe, latex agglutination or nucleic acid amplification test (NAAT)
    - GBS-
    - Report as GBS-
    - GBS+
    - Report as GBS+

* See Boxes 1–3 for details on specimen processing and antimicrobial susceptibility testing.
† Direct plating with appropriate media may be done in addition to enriched culture. Direct plating should not be used as the sole means to identify GBS.