Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Peripartum Infections / Prophylaxis

Indication

Obstetrics - Intrapartum Group B Streptococcus (GBS) Prophylaxis [14-16]

First Line Antimicrobials

Benzylpenicillin 3g stat dose by IV infusion, then benzylpenicillin 1.8g IV every 4 hours until delivery

Penicillin Allergy Alternatives

DELAYED-onset Penicillin Hypersensitivity

Cef-UR-oxime 1.5g IV stat, then 1.5g QDS IV until delivery

IMMEDIATE-onset or SEVERE Penicillin Hypersensitivity

Clindamycin 900mg TDS IV

OR

If patient is known to have GBS resistant to clindamycin:

Vancomycin 20mg/kg by IV infusion TDS, max 2g per dose until delivery

(Max rate 10mg/min)

Comments

- In order to optimise the efficacy of intrapartum prophylaxis, the first dose should preferably be given at least 4 hours before delivery; in general administer intrapartum prophylaxis as soon as possible after the onset of labour.

Indication

Obstetrics - Pyrexia in Labour ≥ 38°C [14,15,18,21-23]

First Line Antimicrobials

Benzylpenicillin 3g STAT IV then 2.4g QDS IV

AND

Gentamicin 5mg/kg once daily IV

AND

Metronidazole 500mg TDS IV

Penicillin Allergy Alternatives

DELAYED-onset Penicillin Hypersensitivity

Cef-UR-oxime 1.5g QDS IV

AND

Gentamicin 5mg/kg once daily IV

AND

Metronidazole 500mg TDS IV

IMMEDIATE-onset or SEVERE Penicillin Hypersensitivity

Clindamycin 900mg TDS IV

AND

Gentamicin 5mg/kg once daily IV

Note : If GBS resistant to clindamycin is isolated, replace clindamycin with vancomycin 25mg/kg loading dose (max 2g), followed by 15mg/kg BD IV AND metronidazole 500mg TDS IV.

Comments

NB . If the patient does not respond to initial empiric treatment or is severely unwell, contact Consultant Microbiologist for advice.