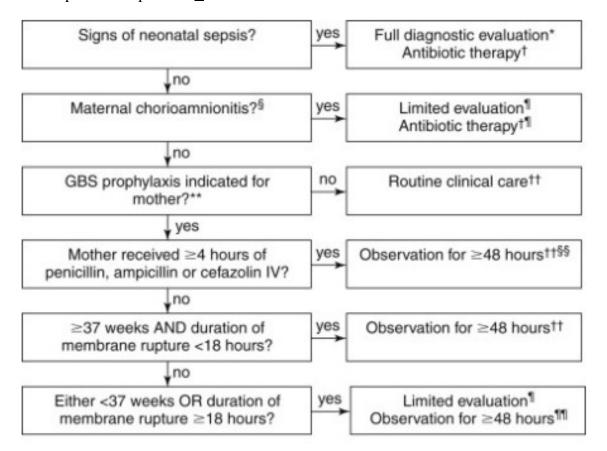
## Management of neonate born to a mother who received intrapartum antimicrobial prophylaxis

2002/01(制定) 2013/04 (修)

The reason for maternal intrapartum antimicrobial prophylaxis (IAP)

- Previous infant with invasive GBS disease
- GBS bacteriuria this pregnancy
- Delivery < 37 weeks of gestation
- Duration of ruptured membranes > 18 hours
- Intrapartum temperature > 38 °C



Includes CBC with differential, platelets, blood culture, chest radiograph (if respiratory abnormalities are present), and LP (if patient stable enough to tolerate procedure and sepsis is suspected).

<sup>†</sup> Antibiotic therapy should be directed towards the most common causes of neonatal sepsis including GBS and other organisms (including gram negative pathgoens), and should take into account local antibiotic resistance patterns.

<sup>§</sup> Consultation with obstetric providers is important to determine the level of clinical suspicion for chorloamnionitis. Chorioamnionitis is diagnosed clinically and some of the signs are non-spedific.

Includes blood culture (at birth), and CBC with differential and platelets. Some experts recommend a CBC with differential and platelets at 6-12 hours of age.

<sup>\*\*</sup> GBS prophylaxis indicated if one or more of the following: (1) mother GBS positive at 35-37 weeks' gestation, (2) GBS status unknown with one or more intrapartum risk factors including <37 weeks' gestation, ROM ≥18 hours or T ≥100.4°F (38.0°C), (3) GBS bacteriuria during current pregnancy, (4) history of a previous infant with GBS disease.</p>

<sup>††</sup> If signs of sepsis develop, a full diagnostic evaluation should be done and antibiotic therapy initiated.

<sup>§§</sup> If ≥37 weeks' gestation, observation may occur at home after 24 hours if there is a knowledgeable observer and ready access to medical care.

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TABLE 39-1 -- Manifestations of Early-Onset and Late-Onset Group B Streptococcal Disease

Characteristic	Early-Onset Disease	Late-Onset Disease
Age at onset	Birth through day 6 of life	Day 7 to 3 months
Symptoms	Respiratory distress, apnea	Irritability, fever, poor feeding
Findings	Pneumonia, sepsis	Sepsis, meningitis, osteoarthritis
Maternal obstetrical complications	Frequent	Uncommon
Mode of transmission	Vertical, in utero, or intrapartum	Nosocomial, horizontal
Predominant serotypes	la, III, V[*]	III, la, V[*]
Effect of intrapartum antibiotic prophylaxis recommended by the Centers for Disease Control and Prevention	Reduces incidence by 85%-90%	No effect

st In decreasing order of frequency

Reference: Avery's disease of newborn, 9<sup>th</sup> edition, chapter 39