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Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

Policy Statement—Recommendations for the Prevention of Perinatal Group B Streptococcal (GBS) Disease

COMMITTEE ON INFECTIOUS DISEASES AND COMMITTEE ON FETUS AND NEWBORN

KEY WORDS

group B *Streptococcus*, early onset, diagnosis, prophylaxis, penicillin allergy, treatment

ABBREVIATIONS

GBS—group B streptococcal/*Streptococcus*
IAP—intrapartum antibiotic prophylaxis
CDC—Centers for Disease Control and Prevention
CBC—complete blood cell

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abstract

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The Centers for Disease Control and Prevention (CDC) guidelines for the prevention of perinatal group B streptococcal (GBS) disease were initially published in 1996. The American Academy of Pediatrics (AAP) also published a policy statement on this topic in 1997. In 2002, the CDC published revised guidelines that recommended universal antenatal GBS screening; the AAP endorsed these guidelines and published recommendations based on them in the 2003 *Red Book*. Since then, the incidence of early-onset GBS disease in neonates has decreased by an estimated 80%. However, in 2010, GBS disease remained the leading cause of early-onset neonatal sepsis. The CDC issued revised guidelines in 2010 based on evaluation of data generated after 2002. These revised and comprehensive guidelines, which have been endorsed by the AAP, reaffirm the major prevention strategy—universal antenatal GBS screening and intrapartum antibiotic prophylaxis for culture-positive and high-risk women—and include new recommendations for laboratory methods for identification of GBS colonization during pregnancy, algorithms for screening and intrapartum prophylaxis for women with preterm labor and premature rupture of membranes, updated prophylaxis recommendations for women with a penicillin allergy, and a revised algorithm for the care of newborn infants. The purpose of this policy statement is to review and discuss the differences between the 2002 and 2010 CDC guidelines that are most relevant for the practice of pediatrics. *Pediatrics* 2011;128:611–616

INTRODUCTION

Group B streptococcal (GBS) disease has been a leading cause of neonatal morbidity and mortality since the 1970s.[1,2] Maternal colonization with GBS in the genitourinary or gastrointestinal tract and transmission to the infant during the labor-and-delivery process is the principal risk factor for early-onset invasive GBS disease.[3] Women who are identified as being GBS-colonized through culture-based screening are more than 25 times more likely to deliver an infant with early-onset infection than are women with negative prenatal cultures.[4] Identification of maternal colonization through universal, culture-based screening with intrapartum antibiotic prophylaxis (IAP) for women with positive screening results has been recommended since 2002.[5] This strategy, endorsed by the American Academy of Pediatrics, has been widely adopted in the United States and has resulted in an estimated 80% decrease in early-onset GBS infection.[6]

However, even in the era of universal screening, cases of GBS disease continue to occur.[7–11] To evaluate data published after the Cen-