|  |  |
| --- | --- |
| Table II. 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** |
| • Previous infant with invasive GBS disease | • Colonization with GBS during a previous pregnancy (unless an indication for GBS prophylaxis is present for current pregnancy) |
| • GBS bacteriuria during any trimester of the current pregnancy\* | • GBS bacteriuria during previous pregnancy (unless an indication for GBS prophylaxis is present for current pregnancy) |
| • Positive GBS vaginal-rectal screening culture in late gestation† during current pregnancy\* | • Negative vaginal and rectal GBS screening culture in late gestation† during the current pregnancy, regardless of intrapartum risk factors |
| • Unknown GBS status at the onset of labor (culture not done, incomplete, or results unknown) and any of the following:  -- Delivery at <37 weeks' gestation§  -- Amniotic membrane rupture ≥18 hours  -- Intrapartum temperature ≥100.4°F (≥38.0°C)¶  -- Intrapartum NAAT\*\* positive for GBS | • Cesarean delivery performed before onset of labor on a woman with intact amniotic membranes, regardless of GBS colonization status or gestational age |