GROUP A, C AND G STREPTOCOCCUS (GAS) – MANAGEMENT OF PATIENTS

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM
   - Reducing transmission of and providing management of colonisation with GAS, Streptococcus C & G (Streptococcus C & G have the same patient effect as GAS)
   - Reducing risk of Puerperal sepsis due to GAS

2. PATIENT
   - Pregnant / Postpartum woman

3. STAFF
   - Registered midwives
   - Student midwives
   - Medical Staff

4. EQUIPMENT
   - Nil

5. CLINICAL PRACTICE
   **Antenatal**
   - Treat Streptococcus Group A, C or G found in a Mid-Stream Urine (MSU) or Low Vaginal Swab (LVS) with oral antibiotics and also give prophylactic intravenous treatment during labour. If Streptococcus Group A, C or G is found on a woman’s routine 36 week LVS commence treatment as soon as the result is known.
   - **Amoxicillin 500mg orally 8 hourly for 5 days**
   - If allergic to penicillin her oral treatment should be individualised according to the allergy and antibiotic susceptibility of the organism
   - **Clindamycin 300mg orally 8 hourly for 5 days**

   **Intrapartum**
   - Give all women who have had a positive sample (urine or vaginal) intrapartum prophylaxis:
     - Benzyl Penicillin 1.2g IV immediately and then 600 mg IV 6 hourly until the baby is born
     - If penicillin allergic use Lincomycin 600 mg IV 8 hourly until the baby is born

   **Postnatal**
   - These isolates can cause necrotizing fasciitis and/or puerperal sepsis and must always be treated even if the patient is clinically well.
   - A Medical assessment is required assessing for signs & symptoms of sepsis
     - Vaginal swab is required
   - Treatment should be guided by clinical severity
     - If unwell:
       - Commence IV antibiotics & fluids as per sepsis guideline
       - Consult ID
     - Mild infections may be treated with oral antibiotics
   - Monitor for signs and symptoms of sepsis
   - Provide routine care for neonate (do not follow Neonatal Group B Streptococcus LOP)
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6. DOCUMENTATION
   • Integrated Clinical Notes
   • Medication Chart

7. EDUCATIONAL NOTES
   • Vaginal and rectal colonisation with GAS is 0.03%, compared with 20.1% for Group B Streptococci, therefore routine antenatal screening is not required at this time. However, whilst GAS prevalence had decreased during the last century (due to improved hygiene practices) an increasing trend is emerging
   • GAS may be associated with increased risk of maternal mortality
   • GAS may be disseminated by colonised asymptomatic healthcare workers
   • Good hand hygiene practice assists in preventing spread of GAS
   • Incidence of neonatal sepsis after isolation of GAS in mother is not known
   • The postpartum woman is particularly vulnerable for GAS, as mucosal and cutaneous damage may occur during delivery. Puerperal sepsis may result from infection
   • Symptoms / complications may occur 2 - 14 days postpartum and may include:
     o Fever > 38 degrees
     o Tender non-involuted uterus
     o Purulent and foul smelling lochia
     o Vaginal bleeding, in excess of that anticipated post delivery
     o Flu-like symptoms
     o Confusion
     o Dizziness
     o Rash – rare (10% of cases)
     o Sepsis – multi organ failure
     o Necrotising fasciitis
     o Glomerular Nephritis
     o Rheumatic fever
   • Symptoms of severe sepsis may include (but are not limited to):
     o Hypothermia
     o Hypotension
     o Tachycardia
     o Tachypnoea
     o Neutropaenia
     o Multi organ failure
     o Systemic infections may include pneumonia, meningitis, peritonitis, joint infection, necrotising fasciitis
   • Predisposing risk factors to Puerperal Sepsis may include (but not restricted to) the following:
     o Anaemia in pregnancy
     o Prolonged labour (> 12 hours)
     o Frequent vaginal examinations during labour (>5)
     o Premature rupture of membranes
     o Lack of asepsis during delivery
     o Traumatic delivery + / - instrumentation
     o 3rd or 4th degree perenial tears
     o Caesarean section
     o Retention of placenta
GROUP A, C AND G STREPTOCOCCUS (GAS) – MANAGEMENT OF PATIENTS  cont’d

- Poor hand hygiene of healthcare workers
- Obesity
- Diabetes
- Chronic heart and/or lung disease
- Alcohol abuse
- Substance abuse
- A sore throat or Upper Respiratory Tract Infection (URTI) in the patient or close contacts (inclusive of healthcare workers)
- Poor personal and/or perineal hygiene in the postpartum period.
- Aboriginal / Torres Strait Islanders are noted to have a greater risk of infection
- Immunosuppression
- Chronic disease

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Obstetric Antibiotic Guidelines
- Group B streptococcus (GBS) screening and prophylaxis
- Sepsis in Pregnancy and Postpartum Period

9. REFERENCES

3. Dare FO, Bako AU, Ezechi OC., Puerperal sepsis: a preventable post-partum complication 1998, Tropical Doctor, April 28 (2): 92-95

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