

Title

Group B Streptococcus (GBS) screening: repercussion in the postnatal ward dynamics

Authors

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Abstract Content**BRIEF INTRODUCTION**

GBS screening guidelines may result in increased diagnostic/therapeutic procedures in the postnatal ward (PNW). Aim: Measure neonatal interventions in the sequence of GBS screening.

MATERIALS AND METHODS

Observational effectiveness study, sequential convenience sample. Effectiveness criteria: length of stay (LOS), blood samples, antibiotic therapy. Effectiveness measures: relative risk, number needed to screen (NNS). Statistic analysis: t Student; $p < 0.05$

CLINICAL CASES OR SUMMARY RESULTS

685 of 739 (93%) neonates were included; 85% were born to screened mothers, from whom 18% were positive. From those, excluding elective caesarean section, 62% had complete prophylaxis. In 30% of carriers and 17% of non-carriers other risks for perinatal infection were found. Comparing neonates born to screened and unscreened mothers no significant differences were found in the LOS (2.5 vs 2.7 days), newborns with analysis performed (21% vs 27%), antibiotic therapy (4% vs 4%). GBS screening reduced neonatal blood samples in 22% (RR=0.8, IC95% 0.5-1.1). This risk would have been reduced in 38% (RR=0.6, IC95% 0.4-0.9) if all positive pregnant women had complete prophylaxis. For every 170 screened pregnant women, blood analysis would have been avoided in 10 neonates (NNS=17; IC95% 7-42). If all colonized women had complete prophylaxis, that number would increase to 17 (NNS=10; IC95% 6-57).

CONCLUSIONS

This study shows GBS screening does not result in additional workload in a PNW if screening rate is high and followed by the correct prophylaxis. Sample size shows the need for further effectiveness studies.