

NEWBORN SEPSIS CPM ALGORITHMS

*For infants exposed to perinatal GBS
or Intraamniotic Infection*

August 2019



Care of the Well-Appearing Newborn at Risk for Sepsis In the Setting of GBS Positive or GBS Unknown Status

Maternal factors

- GBS colonization: GBS in urine this pregnancy, GBS disease in infant in prior pregnancy, GBS swab positive this pregnancy
- Intrapartum Antibiotic Prophylaxis (IAP) indicated for: GBS colonized; GBS unknown and less than 37 weeks 0 days; GBS unknown (at any EGA) with ROM greater than or equal to 18 hours

Adequate IAP = Mother received 1st dose Ampicillin or Cefazolin greater than or equal to 4 hours prior to delivery

No

Risk Factors

- ROM greater than 18 hours and/or
- Gestational Age less than 37 weeks

Yes

Evaluation

- Blood Culture within 2 hours of birth
- CBC w/ diff at 6-12 hours of age
- Routine clinical care

Monitoring

- If lab values are abnormal, strongly consider antibiotics and continuous monitoring
- Observe in hospital for at least 48 hours.

No

Routine newborn care

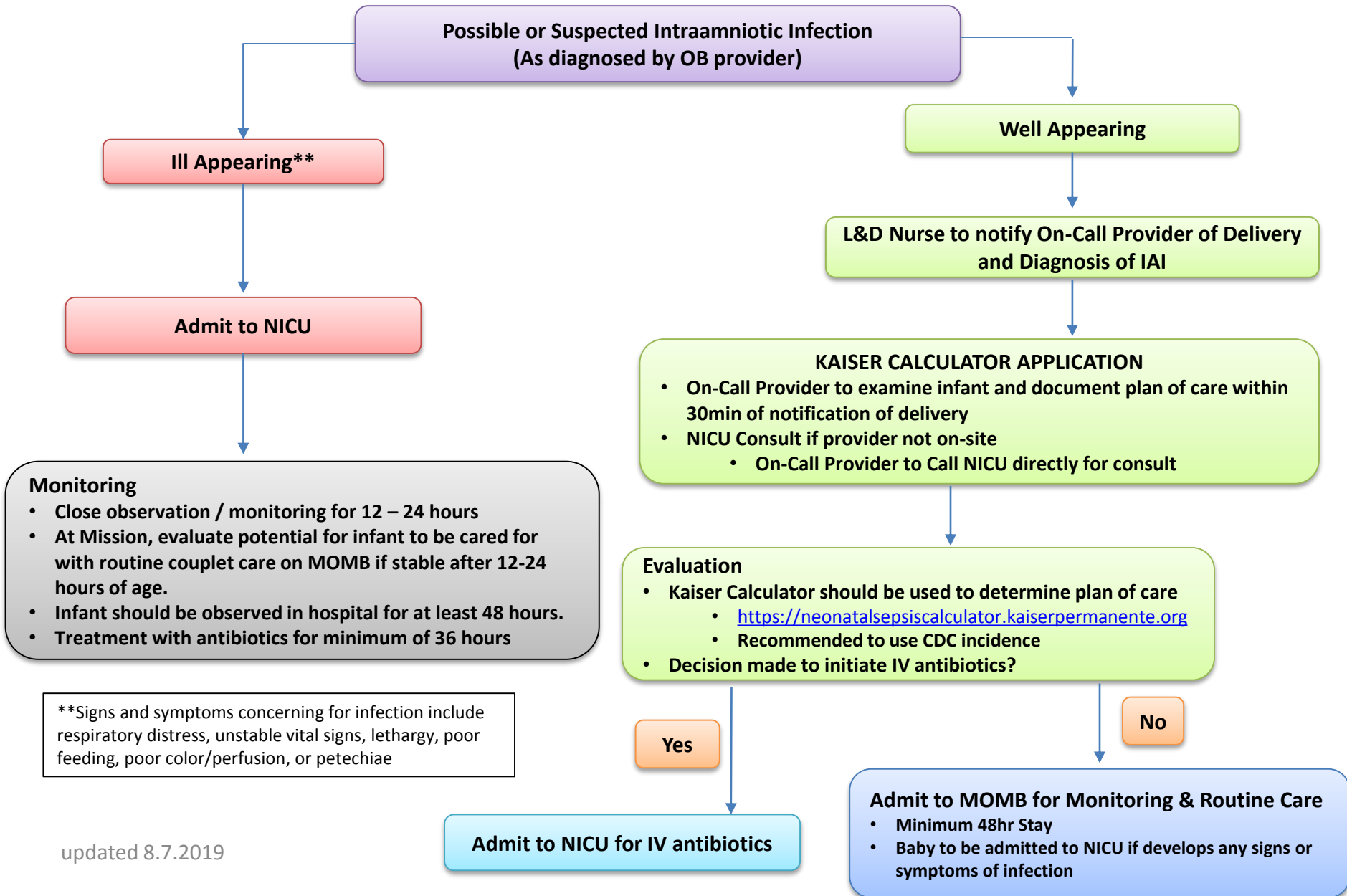
- Observation for at least 48 hours

Yes

Routine newborn care

- Observation for at least 48 hours*
- 24 hours may be sufficient if other discharge criteria are met and there is ready access to medical follow up care

Care of the Newborn at Risk for Sepsis In the Setting of Possible or Suspected Intraamniotic Infection



Definitions of Clinical Presentation for Provider Use with the Early Onset Calculator

Classification of Infant's Clinical Presentation

Clinical Exam	Description
Clinical Illness	<ol style="list-style-type: none"> 1. Persistent need for NCPAP / HFNC / mechanical ventilation (outside of the delivery room) 2. Hemodynamic instability requiring vasoactive drugs 3. Neonatal encephalopathy / Perinatal depression <ul style="list-style-type: none"> ▪ Seizure ▪ Apgar Score @ 5 minutes < 5 4. Need for supplemental O₂ ≥ 2 hours to maintain oxygen saturations > 90% (outside of the delivery room)
Equivocal	<ol style="list-style-type: none"> 1. Persistent physiologic abnormality ≥ 4 hrs <ul style="list-style-type: none"> ▪ Tachycardia (HR ≥ 160) ▪ Tachypnea (RR ≥ 60) ▪ Temperature instability (≥ 100.4°F or < 97.5°F) ▪ Respiratory distress (grunting, flaring, or retracting) not requiring supplemental O₂ 2. Two or more physiologic abnormalities lasting for ≥ 2 hrs <ul style="list-style-type: none"> ▪ Tachycardia (HR ≥ 160) ▪ Tachypnea (RR ≥ 60) ▪ Temperature instability (≥ 100.4°F or < 97.5°F) ▪ Respiratory distress (grunting, flaring, or retracting) not requiring supplemental O₂ <p>Note: abnormality can be intermittent</p>
Well Appearing	No persistent physiologic abnormalities

References

1. <https://www.cdc.gov/mmwr/pdf/rr/rr5910.pdf>
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3. Joshi NS, Gupta A, Allan JM, Cohen RS, Aby JL, Kim JL, Benitz WE, Frymoyer A. [Management of Chorioamnionitis-Exposed Infants in the Newborn Nursery Using a Clinical Examination-Based Approach.](#) *Hosp Pediatr.* 2019 Apr;9(4):227-233. doi: 10.1542/hpeds.2018-0201. Epub 2019 Mar 4.
4. Money N, Newman J, Demissie S, Roth P, Blau J. [Anti-microbial stewardship: antibiotic use in well-appearing term neonates born to mothers with chorioamnionitis.](#) *J Perinatol.* 2017 Dec;37(12):1304-130.
5. Prevention of Group B Streptococcal Early-Onset Disease in Newborns: ACOG Committee Opinion, Number 782. [Obstet Gynecol.](#) 2019 Jul;134(1):e19-e40.
6. Sloane AJ, Coleman C, Carola DL, Lafferty MA, Edwards C, Greenspan J, Aghai ZH. [Use of a Modified Early-Onset Sepsis Risk Calculator for Neonates Exposed to Chorioamnionitis.](#) *J Pediatr.* 2019 Jun 14.
7. [Verani JR¹, McGee L, Schrag SJ; Division of Bacterial Diseases, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention \(CDC\).](#) Prevention of perinatal group B streptococcal disease--revised guidelines from CDC, 2010. [MMWR Recomm Rep.](#) 2010 Nov 19;59(RR-10):1-36.