Centers for Disease Control and Prevention (CDC) and American Congress of Obstetricians and Gynecologists (ACOG) guidelines for prevention of perinatal group B streptococcal (GBS) disease specify co-collection of a vaginal and rectal swab specimen to maximize sensitivity of GBS detection. Per the CDC and ACOG, swabbing both the lower vagina and rectum substantially increases the yield of detection compared with sampling the vagina alone.

Penicillin G, ampicillin, or cefazolin are indicated for intrapartum prophylaxis of perinatal GBS colonization. Reflex susceptibility testing should be performed prior to use of clindamycin only on GBS isolates from penicillin-allergic women who are considered a high risk for anaphylaxis. Treatment with vancomycin without additional testing is warranted if resistance to clindamycin is noted.
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Streptococcus, group B
Centers for Disease Control and Prevention (CDC), erythromycin is no longer an acceptable alternative for intrapartum group B Streptococcus (GBS) prophylaxis for penicillin-allergic women at high risk for anaphylaxis.