

Management of invasive and non-invasive Group A Streptococcal infection for mothers and neonates within 28 days of delivery

Invasive Group A Streptococcus (i.e. blood, CSF or sterile site) in the mother or baby within 28 days of delivery	Group A Streptococcus isolated from non-sterile site (i.e. vagina, throat, urine, skin) within 28 days of delivery
<ul style="list-style-type: none"> Both mother and baby should be examined as soon as possible Antibiotics should be started for BOTH mother <u>and</u> baby as soon as possible, even if asymptomatic. Don't wait on culture results The antibiotics should be in line with local antibiotic guidelines, and discussion with local infection specialists as required Recommend oral amoxicillin for 10 days as the first line (same as for other age groups), and the dosing (from the CHI Formulary) is: <ul style="list-style-type: none"> - < 7 days of age: 30mg/kg PO 12-hourly - 7 – 28 days of age: 30 mg/kg (max. 125mg) PO 8-hourly The mother <u>and</u> baby should be managed in line with the Sepsis Guidelines, and the HPSC iGAS guidelines Both should be isolated in a single room, but should not be routinely separated. Breastfeeding can continue The ongoing care of mother <u>and</u> baby must be discussed with local Senior Obstetricians, Neonatologists, Midwives and local infection specialists (Microbiology/Infectious Diseases/Infection Control) These cases should be notified to Public Health and chemoprophylaxis of other contacts should be considered in line with HPSC iGAS guidelines 	<ul style="list-style-type: none"> The same practices that apply to iGAS should be applied in these cases, however it may be reasonable to switch to oral antibiotics earlier or from the start. Recommend oral amoxicillin for 10 days as the first line (same as for other age groups), and the dosing (from the CHI Formulary) is: <ul style="list-style-type: none"> - < 7 days of age: 30mg/kg PO 12-hourly - 7 – 28 days of age: 30 mg/kg (max. 125mg) PO 8-hourly If a woman has Group A Streptococcus identified from a vaginal swab during pregnancy, then intrapartum antibiotic prophylaxis should be considered similar to group B Streptococcus These cases are not notifiable to Public Health, unless there is an institutional outbreak.