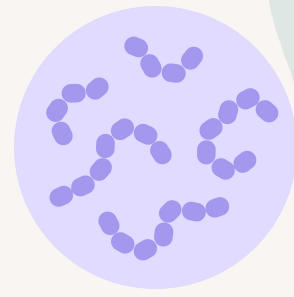


PEM: Infants in ED

GBS

WHY IT'S IMPORTANT

Group B Streptococcus is a leading cause of sepsis in neonates. Early onset (the first 7 days of life) carries a 1-3% mortality for term babies. Late onset (day 7 to month 3) is more common. Morbidity can be significant



Pneumonia



Meningitis
Hydrocephalus



Sepsis

Testing

1. At risk
2. ROM pre-labour/IOL
3. Screening w35-37



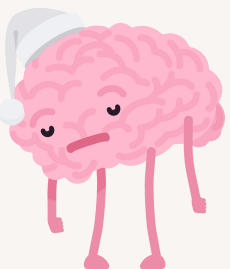
- Prematurity
- PROM
- Pyrexia in labour

RISK FACTORS

- Previous baby with GBS
- Positive antenatal swab or urine

EYES OPEN: KNOW THE SIGNS

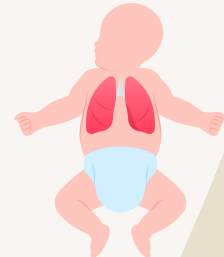
Sick neonates can present very nonspecifically, so keep an eye out. A head to toe exam will help to avoid missing important signs



- Poor tone
- Lethargy
- Inconsolable
- Seizure



- Poor feeding
- Decreased wet and dirty nappies



- Increased WOB
- Colour
- Abnormal vitals

TREATMENT

Septic neonates need aggressive resuscitation. Treatment can be de-escalated, but babies have poor reserve so when they're sick they're sick. Involve seniors early, monitor treatment response and look for support from PICU. If treatment isn't working, you may need to think of a different diagnosis



TACKLING GBS

Intrapartum prophylaxis:

Not effective vs late onset GBS infection

1. Post ROM
2. Labour onset
3. C-section with history of GBS sepsis

Maternal treatment:

carrier with pyrexia peripartum

The Future Vaccination:
pregnant women/those hoping to conceive