RANZCOG Regional SYMPOSIUM 2025 Albury

Intrapartum Management of Streptococcal Septicaemia

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BACKGROUND

Dural sinus Group B Streptococcus (GBS) is a commensal gram positive bacterium commonly isolated from adult vaginal flora. GBS is associated with adverse neonatal outcomes due to severe infections and sepsis, and less commonly associated with endometritis and sepsis in obstetric patients. Routine screening for GBS via low vaginal swab culture is practised in some settings, subject to practice protocols specific to different departments and clinicians.

CASE

A healthy 34 year old nulliparous female in her first continuing pregnancy known to our regional maternity service, underwent a term induction of labour for insulin dependent gestational diabetes. The induction process was uneventful, with routine artificial rupture of membranes (ARM) and use of syntocinon as per protocol.

AIMS

The aim of this study is to describe the diagnosis and management of a rare case of intrapartum GBS sepsis.

RESULTS

Approximately nine hours post ARM, the patient became febrile and tachycardic, with new onset rigoring and cough. The fetal heart rate demonstrated sudden increase in baseline rate, maintaining a significant tachycardia at 200-210 beats per minute. The patient was treated for sepsis with broad spectrum intravenous antibiotics, fluid resuscitation, respiratory swab, and vaginal and blood cultures. Due to the non-reassuring fetal heart rate abnormality, delivery was expedited via emergency caesarean section. The newborn was treated empirically for sepsis, and remained well during admission.

DISCUSSION

This case demonstrates how rapidly sepsis can develop via the genital route in the intrapartum setting. We are reminded of the importance of maternal and fetal monitoring in labour, especially when obstetric risk is increased.

FIGURE 1 | CTG abnormalities, chronologically clockwise from top left

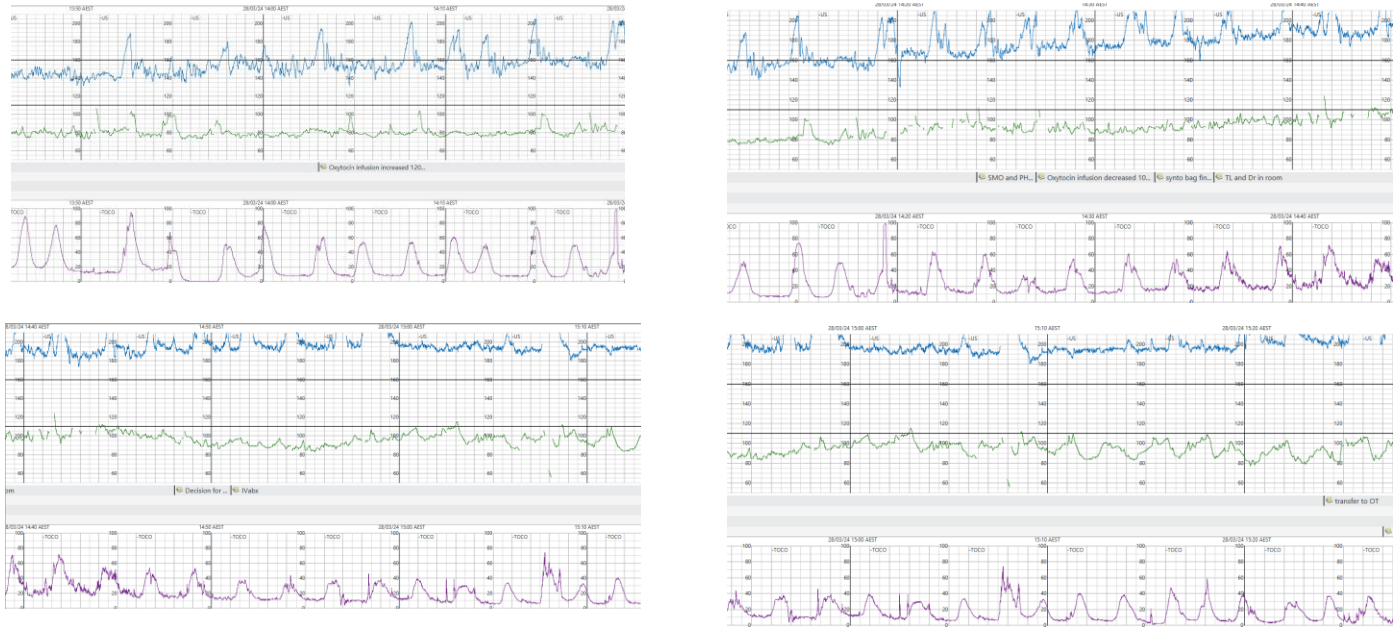

FIGURE 2 | CTG abnormalities until caesarean section