



IN THE NAME OF GOD

NEWBORN and PPRM

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Approach To Neonates With Risk Factors For Neonatal Sepsis



A 35 wks boy with BW of 2600 gr and Hx of chorioamnionitis in his mother (G_1, L_1)

P/E of neonate \rightarrow NL

What do you do for him?

- A. CBC diff, B/C, LP, AB therapy
- B. Routine clinical care
- C. CBC diff, B/C, AB therapy
- D. Observation for 48 h





Signs of neonatal sepsis

Yes

Full diagnostic evaluation Anti antibiotic therapy

No

Maternal chorioamnionitis ?

Yes

Limited evaluation antibiotic therapy

No

GBS prophylaxis indicated for mother

Yes

Mother received intravenous penicillin, ampicillin, or cefazolin for ≥ 4 hours before delivery

No

Routine clinical care

Yes

Observation for ≥ 48 hours

No

≥ 37 weeks and duration of membrane rupture < 18 hours

Yes

Observation for ≥ 48 hours

No

Either < 37 weeks or duration of membrane rupture ≥ 18 hours

Yes

Limited evaluation observation for ≥ 48 hours



Limited Evaluation Includes

- blood culture (at birth)
- CBC with differential and platelets (at birth and/or at 6 to 12 hours after birth)



A 36 wks girl with BW of 2700 gr and Hx of PPRM for 20 hr (without fever), mother did not received antibiotic

P/E of neonate → NL

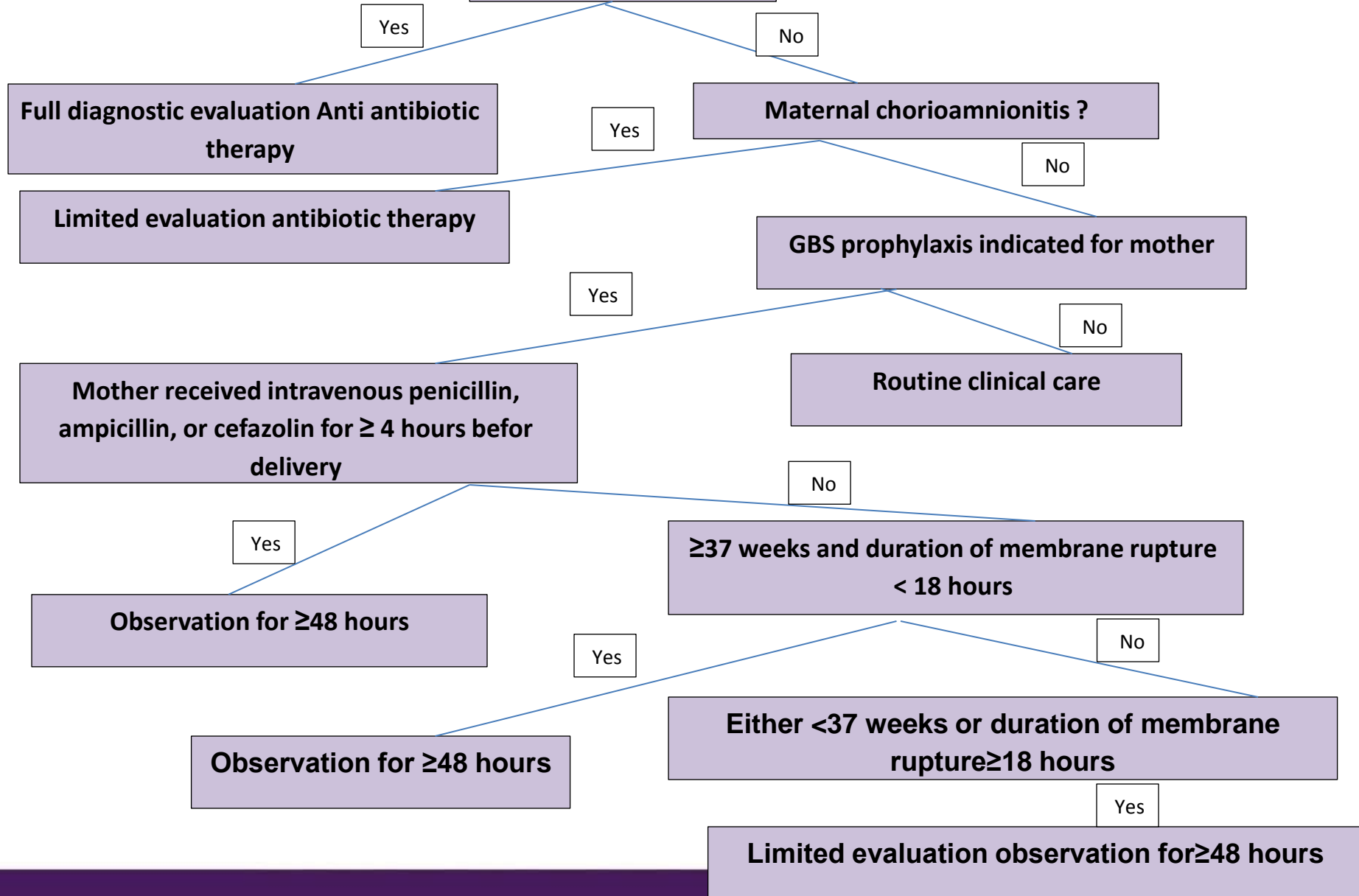
What is your recommendation for this neonate?

- A. CBC diff, BC, LP, AB therapy
- B. CBC diff , B/C, AB therapy
- C. CBC diff , B/C ,Observation for 48 hr
- D. Routine clinical care





Signs of neonatal sepsis





Full Diagnostic Evaluation Includes

- blood culture
- CBC- diff and platelet counts
- chest radiograph (if respiratory abnormalities are present)
- lumbar puncture (if patient is stable enough to tolerate procedure and sepsis is suspected)



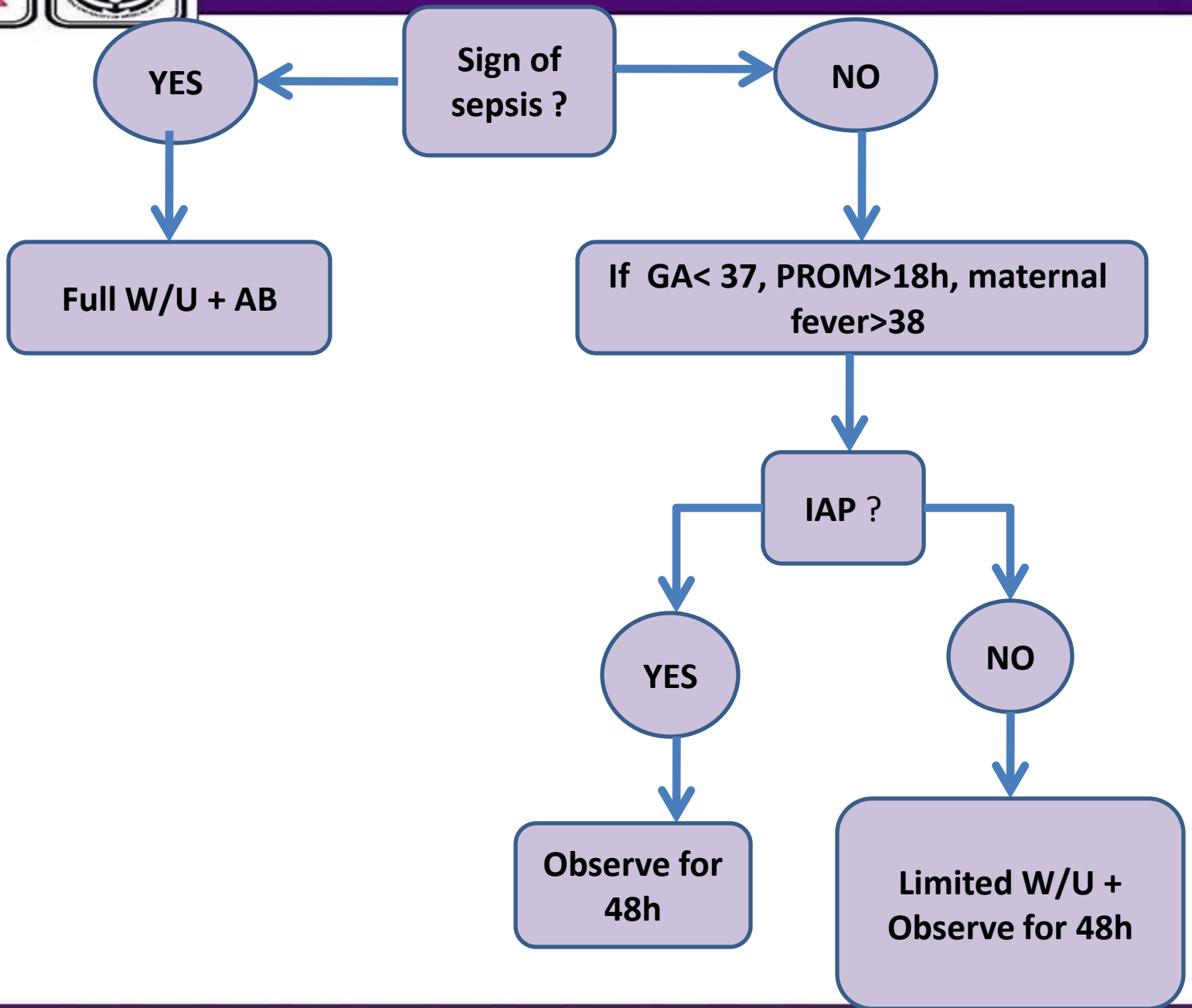
Indications For Intrapartum Antibiotic Prophylaxis To Prevent Early-onset GBS Disease

- Previous infant with invasive GBS disease
- GBS bacteriuria during any trimester of the current pregnancy
- Positive GBS vaginal-rectal screening culture in late gestation during current pregnancy
- Unknown GBS status **at the onset of labor** (culture not done, incomplete, or results unknown) and any of the following:
 - Delivery at <37 weeks' gestation
 - Amniotic membrane rupture ≥ 18 hours
 - Intrapartum temperature $\geq 38.0^{\circ}\text{C}$
 - Intrapartum NAAT (nucleic acid amplification test) Positive for GBS



NOTE

- If signs of sepsis develop:
full diagnostic evaluation + antibiotic therapy
- If ≥ 37 weeks' gestation: observation **at home after 24 hours** if other discharge criteria have been met
- Some experts recommend a **CBC- diff at age 6 to 12 hours**





Thanks for attention

