

Group b streptococcus screening - diagnostic challenges

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Streptococcus Group B (GBS) colonization in pregnant women is the most important risk factor for newborn disease due to vertical transmission during delivery. GBS colonization during pregnancy has been implicated as a leading cause of perinatal infections. The pregnant ladies should be screened at 36-37 weeks of gestation for detection of GBS colonization. Multiple methods are available for the purpose. Most of the laboratories use the conventional culture method. This includes direct inoculation of the vaginal/rectal swabs on appropriate media along with subculture from an enrichment broth. But despite the tedious work of 48-72 hours the sensitivity for this method is very low i.e from 60-70 percent. Alternate methods for better sensitivity are definitely required to improve the outcome. Numerous Polymerase Chain Reaction (PCR) assays have been tested. Most of these show a sensitivity of more than 90% with a specificity above 80%. But in majority of these assays the pre enrichment step is still needed. Moreover the PCR assays have the disadvantage

that the isolate is not available for antibiotic sensitivity testing which is sometimes required for penicillin allergic women. But still the PCR assays have helped a lot to prevent the neonatal sepsis caused by GBS. Despite using all the above methods and finding GBS screening negative the obstetric risk factors like labor before 37 weeks, maternal temperature of more than 38 C, early rupture of membranes and current pregnancy with GBS bacteriuria must be considered to put the pregnant lady on prophylaxis.

Biography

Abid Mahmood completed his fellowship in microbiology from Pakistan in 1995. Till 2010 he served in various hospitals of Pakistan Armed Forces as consultant microbiologist. Now since 2010 he is serving in his present institution as consultant microbiologist. He has over 50 publications to his credit as author or co-author..

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