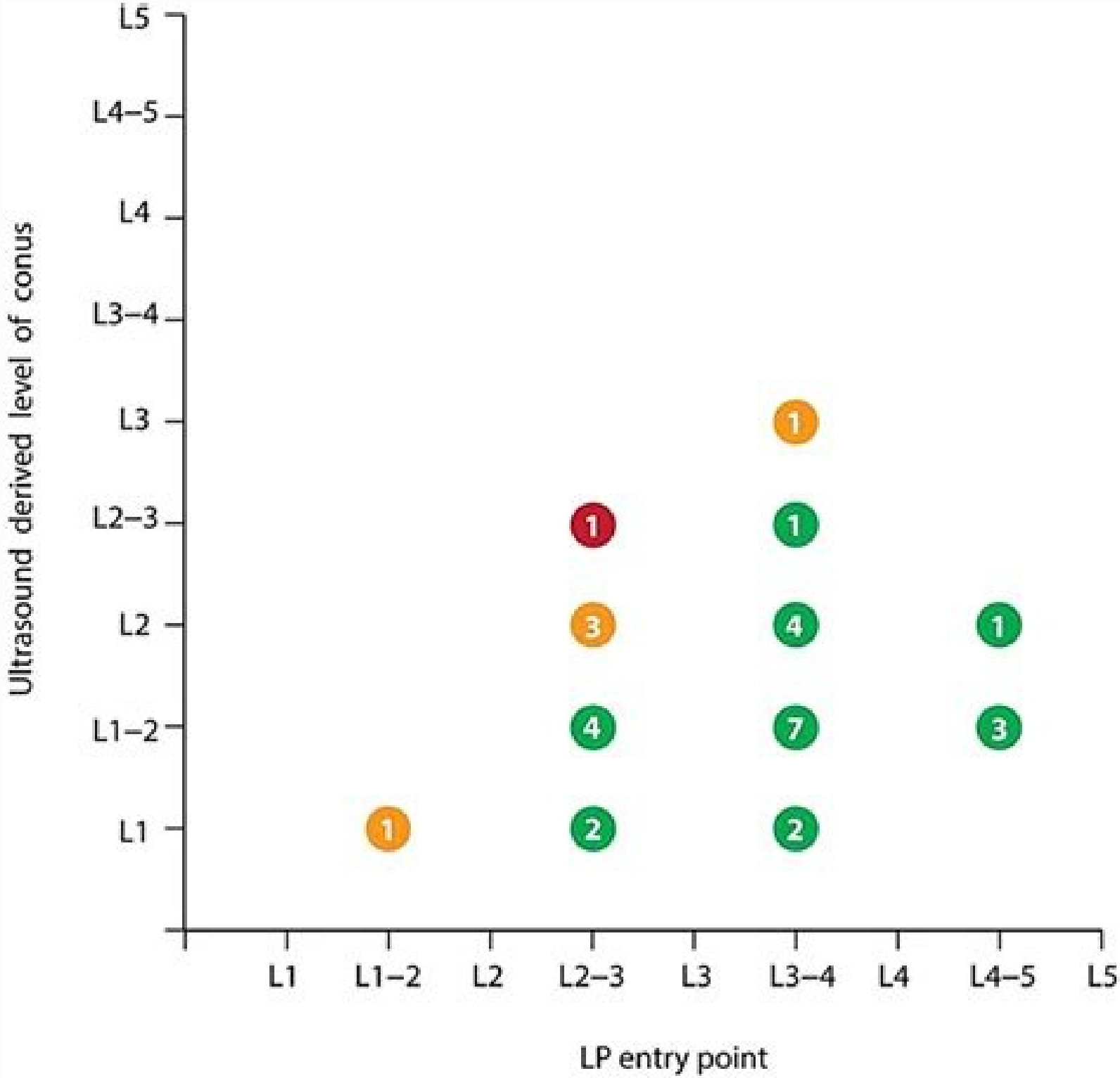
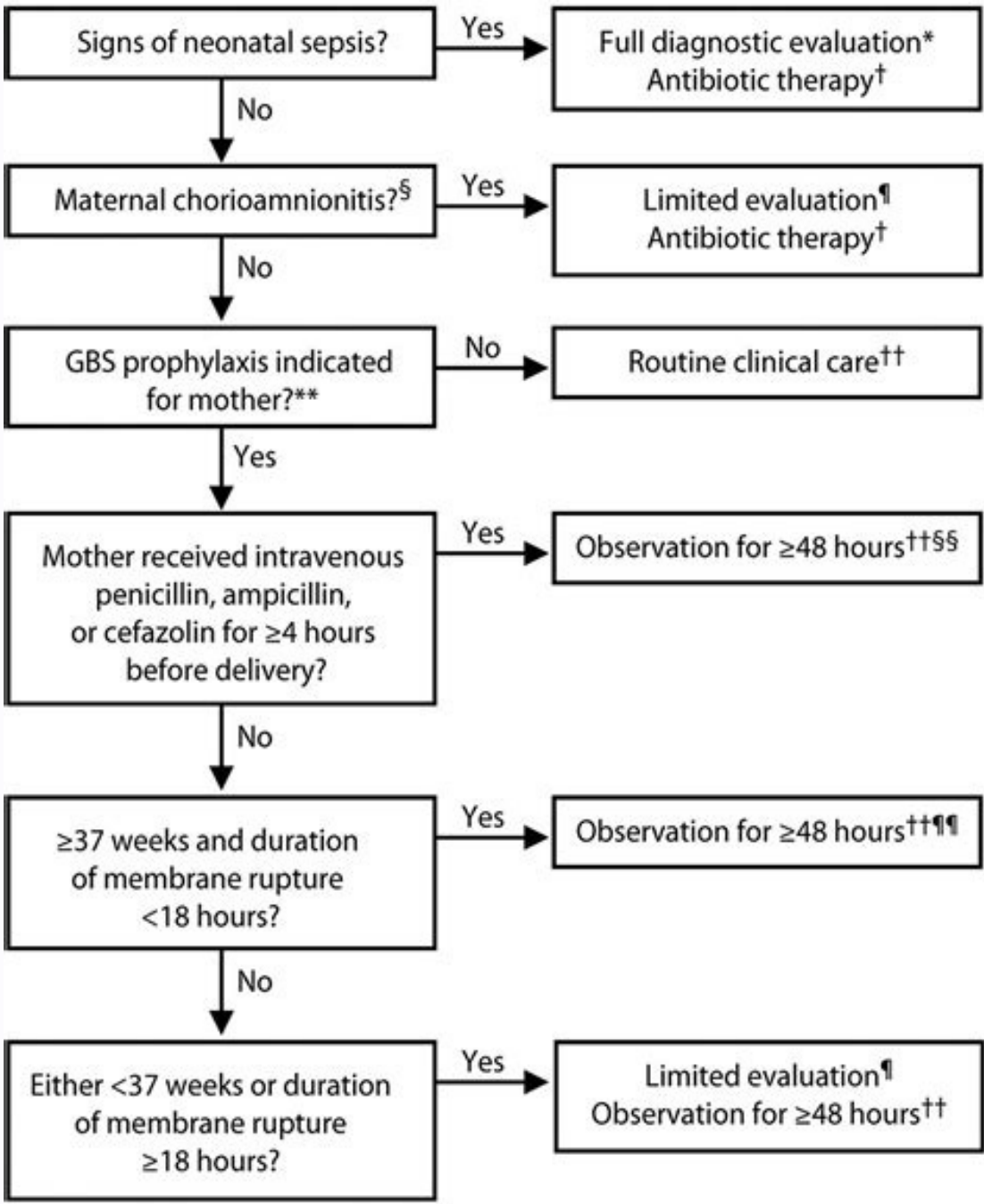


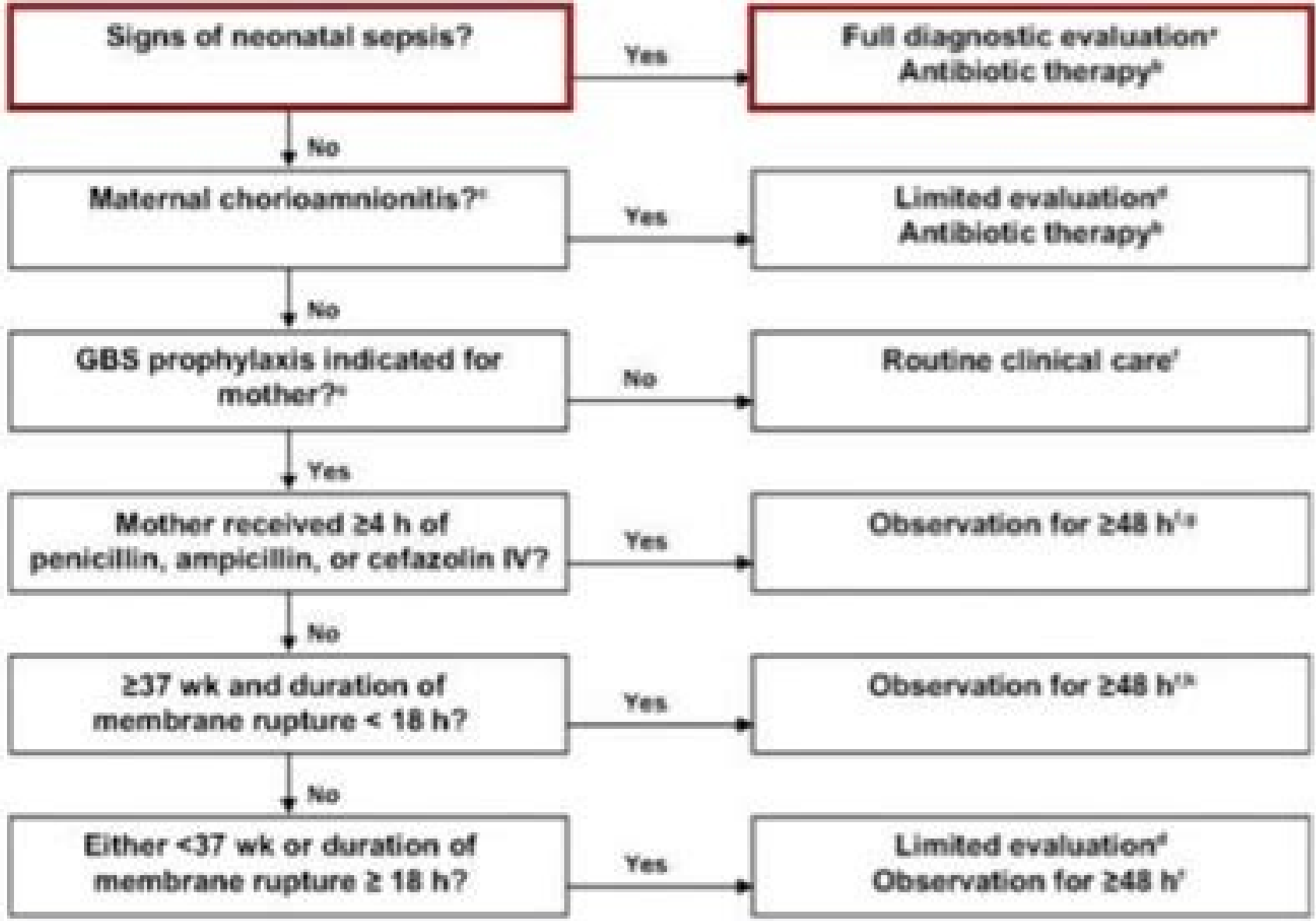
Continue

Age of presentation (days)	Hospital acquired		Community acquired	
	Meningitis <i>n</i> (%)	No meningitis <i>n</i> (%)	Meningitis <i>n</i> (%)	No meningitis <i>n</i> (%)
3-7	15 (14.8)	31 (30.4)	Nil	Nil
8-12	2 (1.9)	4 (3.9)	2 (1.9)	10 (9.8)
13-17	1 (1)	0	1 (1)	12 (11.8)
18-22	0	0	2 (1.9)	15 (14.8)
23-27	0	0	0	7 (6.8)



Secondary prevention of GBS disease

Algorithm for the prevention of early-onset GBS infection in the newborn



Neonatal management

- Well-appearing term infant
- mom GBS +
- received ampicillin, PCN, or cefazolin ≥4 hours prior to delivery (“Adequate IAP”)
 - Observation for ≥ 48 hours
 - **If other discharge criteria are met, could discharge at 24 hours IF
 - Ready access to medical care
 - Person able to fully comply with instructions for home observation will be present

What does a lumbar puncture test for in newborns. Neonatal lumbar puncture tips.

Committee of Origin: Obstetric Anesthesia (Approved by the ASA House of Delegates on October 13, 2021) Download PDF The postpartum period is characterized by numerous changes such as sleep deprivation, irregular food intake and dehydration. Headache in the post-partum period is common, up to 39% in one prospective study with only 4.7% of headaches anesthesia related.1 Epidural analgesia is commonly used to alleviate labor pain with a reported rate of over 50% at many institutions in the United States and over 85% in tertiary care labor and delivery centers with 24-hour obstetric anesthesia coverage.2 However, labor epidural analgesia is not without complication; the most common complication of labor epidural catheter placement is unintentional dural puncture (UDP) with an approximate incidence of 0.51-1.5% in obstetric patients, and 50-80% of patients may develop a post-dural puncture headache (PDPH).3, 4 Spinal anesthesia may also result in a PDPH incidence of 0.8-5% in the highest pregnancy risk group, with lower incidences for pencil point needle tip design and smaller gauges.5 In one report, PDPH was involved in 12% of obstetric closed claims.6 (Davies Anesthesiology 2009). Postpartum morbidity following PDPH include readmission (5.2%), increased relative risk for cerebral venous thrombosis (aOR = 11.4) and subdural hematoma (aOR = 76.7).7 Recent articles have found an increase in persistent headache (aOR 6.4) and backache (aOR 4.4) one year later8 as well as an increased incidence of postpartum depression, post traumatic stress disorder, and a decrease in breastfeeding (p

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