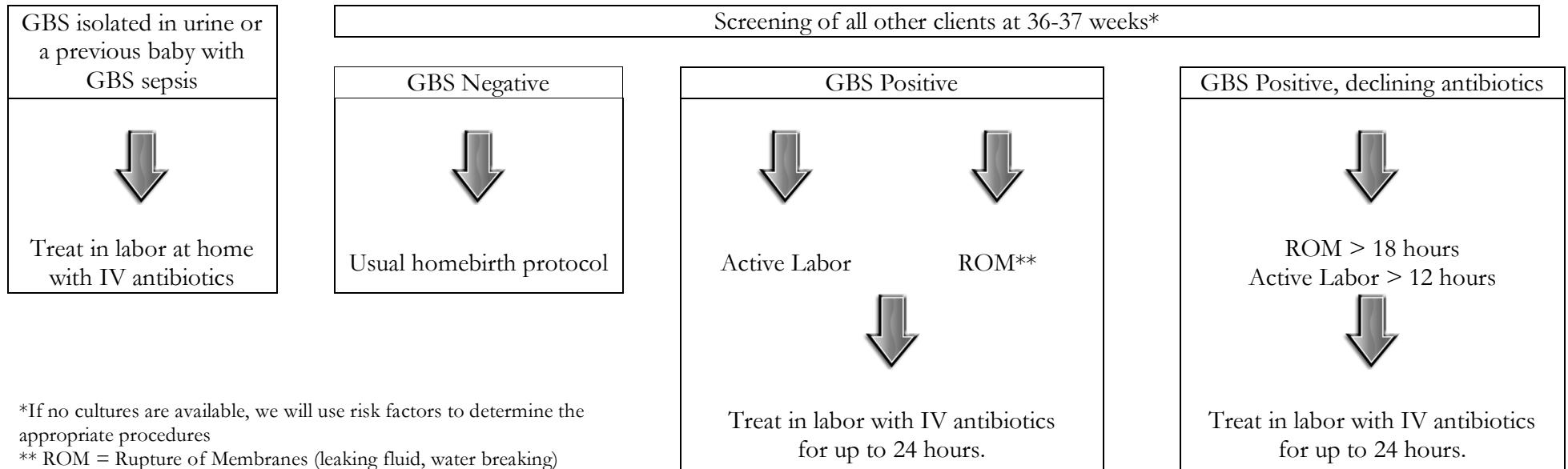


Group B Streptococcus Protocol for a Homebirth Practice

Based on the CDC's 2011 revised guidelines



*If no cultures are available, we will use risk factors to determine the appropriate procedures

** ROM = Rupture of Membranes (leaking fluid, water breaking)

I have read the information about GBS provided to me by my midwives. I understand this protocol and if I am GBS positive will treat in labor with IV antibiotics beginning soon after my water breaks or when I am in active labor. I understand that my midwives will only administer IV antibiotics for a maximum of 24 hours at home. If I have not had my baby by 24 hours after beginning IV antibiotics or develop signs of an infection at any time, I agree to transfer to the hospital. I take full responsibility for any and all outcomes that may result from choosing to follow this protocol.

Client's Signature

Date

Partner's Signature

Date

I have read the information about GBS provided to me by my midwives. I understand this protocol and if I am GBS positive I choose not to treat with IV antibiotics unless I have ROM for more than 18 hours or am in active labor for more than 12 hours. I understand that my midwives will only administer IV antibiotics for a maximum of 24 hours at home. If I have not had my baby by 24 hours after beginning IV antibiotics or develop signs of an infection at any time, I agree to transfer to the hospital. I take full responsibility for all outcomes that may result from choosing to follow this protocol.

Client's Signature

Date

Partner's Signature

Date

I have read the information about GBS provided to me by my midwives. I understand this protocol and refuse to follow these guidelines. I take full responsibility for all outcomes that may result from refusing to follow this protocol. My alternate plan is as follows:

Client's Signature

Date

Partner's Signature

Date