

INFORMED CONSENT/REFUSAL FOR GROUP BETA STREP SCREENING

I have read the information about Group Beta Streptococcus Disease and have had a chance to ask any and all questions.

I hereby **CONSENT** **DO NOT CONSENT** (circle one) to test for GBS at 35-37 weeks gestation with a rectal/genital swab.

If I am GBS positive, I hereby **CONSENT** **DO NOT CONSENT** (circle one) to have intrapartum antibiotic therapy during labor

OR

If I am GBS negative by culture, positive by culture or my status is unknown, I hereby **CONSENT** **DO NOT CONSENT** (circle one) to have antibiotic therapy if I present with risk factors: prolonged rupture of membranes (>18 hours), fever in labor >100.4F), GBS bactiuria or preterm labor.

I understand the Center for Disease Control issued the following recommendation for newborns born to mothers with Group Beta Strep:

- Well-appearing infants of any gestational age whose mother received adequate intrapartum GBS prophylaxis (\geq 4 hours of penicillin, ampicillin or cefazolin before delivery) **should be observed for \geq 48 hours**, and no routine diagnostic testing is recommended (BIII). **Such infants can be discharged home as early as 24 hours after delivery, assuming that other discharge criteria have been met, ready access to medical care exists, and that a person able to comply fully with instructions for home observation will be present (CIII).**

I understand that the midwife does not stay with me for 24 hours following delivery of my baby. If the midwife deems the child healthy, with no risk factors presenting for sepsis, she will leave the home after 2 to 4 hours and/or discharge mother and baby from the birth center after two hours.

Signature of client

Date

Printed Name of Client

Date